

*Enlarged Testicle.*—DR. LAFLEUR exhibited an enlarged testis recently removed by Dr. Roddick. Testicle was the size of a turkey's egg, uniformly enlarged, and very firm and elastic to the feel. On section the epididymis was found to be entirely converted into a somewhat firm caseous mass of a dull yellow colour. The body of the testis, which was of a greyish color, was studded with gelatinous-looking nodules, having the size and appearance of boiled tapioca grains, and in the centre of each of these was a minute caseating point. Towards the epididymis these caseating points coalesced, forming bands from the Body of Highmore to the circumference of the testicle. Microscopic examination showed that each caseating point corresponded to a seminal duct, the lumen of which was filled with a granular detritus, while the caseating process extended to some distance around each tubule. The intercellular tissue was greatly increased, and consisted of a coarse reticulum, in the meshes of which were small lymphoid cells and several multinucleated giant cells. The spermatic cord was thickened and hard, and showed a small-celled infiltration around its lumen which was filled with a granular debris. The case appeared to be a somewhat anomalous one of tubercular testis, the change affecting the body of the testis generally as well as the epididymis; the rapidity of the process was remarkable, and might, perhaps, account for the absence of a usual soft semi-fluid caseous matter generally found in such cases.

The following history was furnished by Dr. Roddick: The patient, a thin, anæmic-looking man about 46 years of age, good family history, had had two attacks of gonorrhœal orchitis several years before, from which he apparently perfectly recovered. The present trouble began suddenly in October last without apparent cause, the testicle becoming hard and enlarged after an emission. The pain was never great, although the swelling gradually increased until it reached the size of a large turkey's egg. It was dense in feel, with the exception of a spot on the anterior aspect which fluctuated, and from which about a drachm of straw-colored fluid was withdrawn with the hypodermic needle. Dr. Wilkins, who first saw the case, strapped the testicle, and thus gave great relief from the dragging sensation experienced. He handed the case over to Dr. Roddick, who applied counter-irritation in various forms, but with very indifferent results. Latterly the cord became firm-

er and more thickened than normal, and on the 20th of June the testicle was excised. The case was looked upon as a very obscure, and no diagnosis was made.

*Tumor of the Spinal Cord.*—DR. LAFLEUR exhibited for Dr. R.L. MacDonnell a small, oval tumor removed from the spinal cord at an autopsy. The tumor, which was somewhat bean-shaped, being 2.5 centimetres in length, 1.00 cm. in breadth, and 1.00 cm. in thickness, was situated in the anterior and right surface of the cord, at the level of the sixth pair of dorsal nerves, 17.50 cm. from the cauda equina. It lay between the layers of the arachnoid and was freely movable, being nowhere attached either to the cord or to the dura mater. Two small nerve filaments from the cord passed behind it, but were only superficially attached to it. The tumor was moderately firm and elastic, and was invested by a distinct, thin, fibrous capsule. On section, it was of uniform consistency, and of a yellowish-grey color. Under the microscope, it was found to consist entirely of irregularly distributed bands of nucleated fibrous tissue. No nerve elements and few blood vessels were found in it. The cord below the tumor was very soft and shrunken.

Dr. MACDONNELL said that the patient was a man about 50 years of age and of large frame. Three years ago he began to have difficulty in walking, and complained of severe pains in limbs. The gait at this time was spastic, the reflexes were increased, and there was marked ankle clonus. The paresis in lower extremities increased gradually, the patient becoming finally completely paraplegic, with loss of reflexes and sensation, and loss of power in the anal and vesical sphincters. He remained in this condition for eighteen months, during which time he had complete use of his upper extremities and trunk muscles. The cause of death was a double basic broncho-pneumonia. The diagnosis of spinal tumor was not made, the patient being supposed to suffer from sclerosis of the lateral columns of the cord.

DR. SPENDLOVE then read the following paper, entitled

*Some Observations upon Tapeworms.*

Having met with a number of cases of tapeworm during the past four years, I propose to make some remarks upon what I have observed in connection with them, and the treatment which I have found the most successful in their removal:

Of the several species of tapeworm, two only are