

Dr. Smith, remarked that, with regard to the beneficial action of the different bromides, it was practically of little difference which was used, as they were all converted into sodium bromide. Some bromides, however, were more irritating than others. The production of acne was not due to any particular salt used, but to the decomposition of the bromide and the elimination of the bromine. In reply to Dr. Armstrong, he had mentioned the forceps as one of the rarer exciting causes of epilepsy. Sometimes the slightest injury, without effecting any gross change, produced a molecular disturbance which was sufficient to cause epilepsy. Dr. Stewart referred to the interesting nature of Dr. Mills' paper and the good results that were being obtained by the line of treatment advocated.

Dr. Mills based treatment on causation. He attached much importance to afferent impulses. Taking as a unity the nerve cell with its afferent and efferent nerves, we get what exists in all complicated organisms. These are subject to disturbance whether produced by disease or not. A brain may be perfectly normal as far as the eye or the microscope can detect, and yet be abnormal. Dr. Mills referred to the instability of the nerve cells mentioned by Dr. Stewart. When tired, the nerve cell became irritable, which called for rest. He believed that ingoing impulses modified outgoing impulses. So in treating the insane we should alter the environments, give good food, and prescribe rest. He considered the drill exercises excellent. It sets energy off and cultivates the will.

Dr. Duquet agreed with Dr. Mills in the treatment of the insane. It was not by the use of drugs that the greatest progress was to be made, but by suitable amusement and employment. He believed that the curable should be separated from the incurable. He praised the system of housing the insane practiced in Basle, and since adopted in Ogdensburg, N. Y. Three separate buildings were erected—a hospital for curable cases, an asylum for chronic cases, and an infirmary for the weak-minded.

Dr. Alloway exhibited the following pathological specimens:

(1) *A Small Ovarian Cystoma and Hydrosalpinx of Left Side; Hematosalpinx with Cystic Ovary of Right Side.*—The subject of this specimen was referred to him by Dr. Buller. She complained of asthenopia, no organic disease of the eye existing. She was referred to him for examination of pelvic organs. Under ether, considerable enlargement of the left ovary was detected, but nothing abnormal was apparent on the right side. The specimens exhibited showed how much disease of this nature could exist with so few subjective symptoms. The patient, now nine months since the operation, writes to say that her eyesight is sufficiently improved to allow her to read and do needlework, and that her general health has been quite restored.

(2) *A large Interstitial Fibro-myoma with Necrotic Centre.*—This patient was 50 years of age, and suffering, when brought to Dr. Alloway, from septicæmia. She was bloodless, high temperature, rapid pulse, unable to stand from exhaustion, and, generally speaking, in a dying condition. Had spent the past two years off and on in foreign hospitals for the relief of menorrhagia. Examination revealed a large myomatous mass about the size of a child's head at term, occupying the vagina. At its lower extremity was an opening leading to a necrotic centre with intensely fetid discharge. Urine was albuminous with fatty and granular casts. Loud cardiac bruit with dilatation. Dr. Alloway stated that at first he refused to operate under these unfavorable circumstances, but was eventually importuned by the relatives of the patient to give her a chance of recovery by removal of the tumor. The operation was completed as rapidly as possible, piece-meal, by the scissors and vulsellum. Very little blood was lost, but she died comatosed twenty hours after the operation. There was complete suppression of urine during this time.

(3) *Small Pedunculated Myoma.*—This patient was unmarried, aged 37; suffered from metro-rhagia during the past three months. The small growth was twisted off with the vulsellum. The cavity of the uterus was dilated, thoroughly curetted with a sharp instrument, and packed with iodoform gauze. Patient left hospital in three weeks, restored to health.

*Tuberculosis of the Knee.*—Dr. James Bell exhibited a specimen of the synovial membrane from a case of tuberculosis of the knee in a child. The patient had previously been treated with injections of tuberculin. On opening the joint two suppurating points were noticed, one on each side. There was a good deal more hyperæmia, and the tissues were much more fragile than is usually seen in such cases, and separated more easily from the surrounding tissues.

Dr. Johnston reported that the pus was more like muco-pus, probably due to an admixture with synovial fluid. It contained no tubercle bacilli, nor were there any micrococci, which was unusual when pus was found. The gelatinous changes were well marked. There was no eruption of milary tubercles.

*Stated Meeting, March 20th, 1891.*

F. J. SHEPHERD, PRESIDENT, IN THE CHAIR

*Thrombosis of the Portal Vein.*—Dr. J. A. Springle exhibited this specimen from a patient, aged 30, who had died with symptoms of peritonitis. There had been ascites and hæmatemesis. At the autopsy was found an extensive adhesive peritonitis. The hepatic artery was considerably dilated, and its walls thickened. The portal vein appeared as a flattened fibrous cord about the thickness of a slate pencil, sending fibrous