

the right hand and forearm, and also slightly above the elbow, as was shown when the nail was drawn over, a feature which is noticed in basal meningitis. He had no ptosis. But he had a tendency to divergent strabismus. The eyes were drawn outwards, and held in that condition, until attempting to talk with him, when he would then move his eyes and look at you : but I do not think he could see or understand, because he did not appear to notice a light or any object put before his eyes. The pupils showed no change. They were not sluggish. There was marked retention of urine and feces as well.

Kyphosis.—Dr. SHEARD—The patient, from whom this specimen was taken, eight years ago met with an accident, receiving a severe blow in the lower dorsal region. After this he suffered a good deal of pain and tenderness, even after getting up. This persisted for several years, when an abscess developed, which presented itself at the iliac crest in the lumbar region, and was opened up by Dr. Bryans, and a small amount of pus escaped. After a week it healed up kindly, and the symptoms practically disappeared. His occupation was a sailor, and he worked a couple of years when he began to develop a kyphosis. This was accompanied by a small amount of tenderness and pains. He was placed in the House of Providence. On the 4th of November he began to have acute symptoms, marked by weakness in the legs, which soon became paralyzed in feeling, but he could move them and there was no increase of reflexes. He had also a marked tendency to semi-coma, and died comatose on the 12th of November, after four days' sickness. He had strabismus and ptosis, the lid covering the upper half of the cornea. In both of these cases there was general tuberculosis. In case number one the diagnosis was meningitis. Adhesions were found in the pons, and the upper medulla was thickly coated with lymph and congested. Examining the sylvian fissure and the sylvian artery, a quantity of lymph will be seen deposited there. Looking very carefully at the meningeal membrane, you can scarcely see the tubercle.

In connection with number two, I have one or two very interesting specimens. First, the kyphosis. You will see a softened condition of the vertebral body. It is perfectly carious, and can be easily broken down, and there are adhesions between the spinal meninges and vertebrae, and also inflammatory deposits. The most interesting thing was the caseous condition of the prostate. It shows a central caseous condition, which is very rare in it. The lungs of that patient showed cavities in the apex of the left lung. Then the brain shows basilar changes. The deposit of lymph unites the convolutions all through, especially in the sylvian fissure separating the tempero-