motor area on the left hemisphere, situated about the upper end of the fissure of Rolando, along the ascending frontal, and extending to the inferior frontal sinus. The character of the convulsive seizures, unilateral, the monocrural rigidity, the dissociation of the paresis, leg and face and gradual extension, point to a cortical lesion; but whether connected in any way with the old injury is somewhat doubtful. The question of trephining in such a case naturally suggests itself, and may come after further study of the case.

Dr. Roddick stated that he had known the patient for some time and he had suggested the advisability of trephining at the site of the old injury, but had been overruled by his colleagues.

Chyluria, not Parastic; Autopsy.—Dr. McConnell read the report of the case. A woman, aged 33, native of the Province; married ten years, two children. Eleven years ago she noticed that the urine was milky Had been healthy up to that time, but ever since had not been so strong. The white appearance of the urine has persisted, with occasional periods of intermission, two of which were while she was pregnant. Came under observation on October 27th. Was pale, anæmic, moderately emaciated. Appetite good, is constantly hungry, and eats five or six meals a day; sleeps well; bowels very constipated. Has to make water very frequently, nearly every half hour, and is of the color of milk. Sometimes very painful to pass from the presence of thick, clotted portions. A sample passed was quite fluid when fresh, but in a few minutes a large part of it curdled. Examination of abdominal organs negative. In chest, râles at apices of lungs. On three occasions the blood was carefully examined by Dr. Osler and myself, a number of slides at a time, and the blood taken after midnight, but no filarian embryos were ever discovered. The quantity of urine passed was estimated for several days, and ranged from six to eight quarts; often the clots were blood-stained. Microscopically, it presented fatty molecules, like the molecular base of the chyle a few blood-cells and leucocytes. Repeated examinations failed to detect any parasites. The condition of the patient grew gradually worse through the winter; the cough became more distressing, and the digestion much impaired. Death took place on the 5th of March. For three days before dissolution the urine was bloody and not so abundant. The *Post-mortem* was held on the 18 inst., the body, which had been in vault of the cemetery, was in a good state of preservation. A careful dissection was first made of the thoracic duct and receptaculum, but, as the specimen shows, it appeared perfectly normal, perhaps a little small, but pervious throughout, and contained a bloody lymph. No dilated lymph vessels about the kidneys, or any special connection between renal and abdominal lymphatics. The mesenteric and retro-peritoneal glands were a little enlarged and firm, and, on section, presented opaque areas of fatty degeneration. No caseous or calcareous glands. Lacteals not distended. Kidneys were of average size, capsules detached easily, substance a little blood-stained, but looking very natural. Ureters normal. Bladder contained six or eight ounces of bloody flood, which had clotted. Mucosa normal. Inguinal and pelvic lymph glands not enlarged. Turbercular cavities at apices of lungs and a few ulcers in the ilium. The lymph glands, retro-peritoneal tissues, mesentery, and kidneys were subjected to prolonged microscopical examination without producing a trace of anything parasitic, or, indeed, of anything which threw any light on the nature of the affection.

Dr. Roddick asked if it were not possible that in the course of the disease the filaria might disappear?

Dr. Osler thought it not probable, without leaving some trace of the presence of the adult worms which live in and about the lymph glands in pelvic and peritoneal tissues. The value of this case was considerable, as it showed that we should not regard, as some recent writers do, chyluria and the filarian disease as identical.

Inflamed Umbilical Hernia.—Dr. F. W. Campbell read the notes of the case: Stout woman aged 64, had had irreducible umbilical hernia for fifteen years. Had been seen four years ago, with a painful attack in the hernia which subsided in a few days. On the morning of April 9th was sent for, and found her suffering great pain in the sac. The pad had got off, and without waiting to replace it, she had jumped out of bed, and was at once seized with severe pain. The hernia has been getting a little larger of late, and the pad was too small. It was at once reduced to the usual size without difficulty, but the pain continued. Liq. opii. sed. was given (hypodermic). An enema brought away many scybala. In the afternoon, she was not so well, and vomiting set in. On the 10th she was easier, and on the 11th pain was well kept down, but the vomiting was excessive. An