

*Muscular Atrophy.*—Dr. Wilkins brought before the Society a man, aged 21 years, who was under his care in the Montreal General Hospital, affected with muscular atrophy, limited to the upper arms and thighs. The muscles of the fore-arms and leg are well developed, and presented a remarkable contrast to the wasted appearance of upper arms and thighs. There are no disturbances of sensation, but with the wasted appearance is associated more or less complete loss of power in the affected muscles. Patient was able to walk by a sort of shuffling movement; could mount the stairs, but only with assistance, and when kneeling or seated on the floor can rise only by grasping some support, such as a chair, to aid his legs by the use of hands and arms. In this condition his one elbow (the right) must be raised above shoulders; the left elbow being held firmly on left knee. Patellar tendon reflexes are absent. The plantar reflexes are diminished. Faradic excitability is absent in muscles of thigh and front portion of upper arm. No bladder disturbance; no muscular tremors; nor does he complain of pain. Patient refers his trouble to a fall which he had about three years ago. He fell on his buttocks from a height of ten feet, after which time he noticed himself gradually becoming weaker. About a year subsequently he had another fall while carrying a heavy weight on his head. The lesion Dr. Wilkins considered to be strictly limited to the anterior cornua of the gray matter, and to only a few groups of ganglion cells, and histologically to be exactly the same as those in *anterior poliomyelitis* of children. The course of the disease and the grouping of the muscles affected, however, he considered presented no similarity to that affection; nor did feel inclined to associate it with *progressive muscular atrophy*, owing to the absence of tremors and the perfect development of all the muscles of legs and feet and forearms and hands.

*Pernicious Anæmia.*—Dr. Osler exhibited the spleen and bone marrow from a patient who died in Hospital. She was 60 years of age, profoundly anæmic, with lemon-colored skin. Examination of blood during life showed irregular ovoid and baloon-shaped red corpuscles; also many microcytes. No Schultze's granules. P.M.—The microscope revealed the marrow to be rich in lymphoid cells—that from the vertebræ had abundant red corpuscles, nucleated red blood corpuscles and also microcytes. Spleen, which was not enlarged, had an extraordinary number of microcytes, the

mode of origin of which was probably by buds from ordinary cells. Dr. Osler had watched this take place in three cases of this disease. There was atheromatous disease of lower abdominal aorta, the bifurcation was bony, and ulcers were found in the right common iliac. Dr. Osler said this was the oldest person in whom he had found Pernicious Anæmia.

*Physometra.*—Dr. Ross gave the following particulars: Was sent to attend a woman in labor; was told she had had a rigor some hours previous. Found she had fever and rapid pulse. Abdomen much distended, not much pain, but complained of distressing feeling of tension. Percussion over uterus was as resonant as the stomach. Said did not feel movements of child. Diagnosed dead foetus and uterus filled with gas. Patient was delivered same night. It was a breech case. Had some difficulty to get child through, as its abdomen was filled with gas also; had to use a fillet. With each contraction of uterus detonations of gas and gurgling took place. As the head was delivered, most frightfully offensive gas came away. The child was much decomposed. Had never seen a similar case, and why so in this case, or why not oftener seen when the foetus dead, he could not say. Patient recovered fully. No disinfectant was used at any time.

Dr. Roddick read a report of two cases of *Purpura Hamorrhagica*, ending fatally, of which the following is a brief extract:

CASE I.—Early on the morning of Sept. 21st, of last year, I was called to see a child, aged 7 years, said to be suffering intense pain in one eye, which was also swollen. I learnt on the way that the little girl, who had just recovered from an attack of scarlet fever, had been brought from Quebec the day previous, and appeared to be pretty well, but on going to bed was noticed to be feverish, and had vomited. The mother was aroused about midnight by the cries of the child, and noticed immediately that the right eye was considerably swollen and the lids ecchymosed. I found the upper lid especially enormously distended with blood, while on the cheek was a discoloration of the same nature. She had not passed urine for some hours, if at all during the day. Pulse weak, but not rapid; temperature was not taken. Ordered iced cloths to be applied to the ecchymoses, and internally, gallic acid, with iced milk as food. 8 a.m.—Ecchymoses previously noted not increased in size, but others have