hereditary syphilis, and advised putting the affected joint at rest.

Laryngeal Phthisis.—Dr. Major introduced to the notice of the Society the treatment of Laryngeal Phthisis by the injection of lactic acid into the substance of the larynx.

He briefly referred to the success that had, last winter, attended the use of that acid as a pigment in private and hospital practice. The discovery of lactic acid as a means of local cure was due to Kausa of Berlin, at whose Klinik during the past summer he had ample opportunity of observing the excellent results attending this remedy, when inserted beneath the mucous membrane of the larynx. Dr. Major employed for the purpose Dr. Theodore Herring's (Warsaw) syringe as modified by Kausa. Lactic acid when used by the latter method was particularly prompt in its action, deposits of tuberculous matter underwent rapid absorption, and the local lesion quickly disappeared. It was especially effectual in the early stage of swelling and œdema, cutting the disease short before ulcerative changes had begun. Eight or ten operations, extending over a period of 20 days, would, in the majority of cases, prove sufficient to completely restore a tuberculous larynx.

Dr. Major used a 20 per cent. solution, and injected from 10 to 20 minims at each sitting. The use of lactic acid was not particularly irritating, and did not interfere with the carrying out of other means of a sedative nature. A case under treatment was demonstrated to the members present, in which one side only had at first been acted upon, and the marked difference in the degree of swelling, etc., was very manifest. Other cases undergoing treatment by injection were doing equally well, and would be shown at an early day.

He considered that this plan had already been established as more speedy and permanent than any of its predecessors.

Discussion.—Dr. R. J. B. Howard congratulated Dr. Major on the marked effect of this mode of treatment in the case exhibited. In the earlier stages of laryngeal phthisis he usually applied a weak solution of silver nitrate, and later, iodoform and boracic acid. In all cases of ulceration he found this treatment very efficacious. A relapse of the disease was, in his experience, the general rule.

Dr. F. W. Campbell considered the tendency of modern methods of treating phthisis to be direct applications to the seat of the lesion, but did not believe in neglecting general treatment at the same time.

Dr. Geo. Ross called attention to the beneficial effect of the treatment in the case exhibited. The interesting point about the mode of treatment is the prospect it opens up of being able to destroy the tubercular focus in cases where pulmonary tuberculosis originates in the larynx. Patients have escaped general tuberculosis by excision of an affected joint. Even in pulmonary tuberculosis, where the laryngeal phthisis is secondary, the relief of the intense pain and distress would be a great boon.

Tumor of the Optic Nerve.—Dr. Buller exhibited the tumor and gave the following particulars of the case:—This growth was removed on the 16th of April from the orbit of a little girl 7 years of age. The history of the case and the objective signs were sufficiently distinctive to warrant a diagnosis of tumor of the optic nerve before the operation for its removal was undertaken. The child was well developed and in excellent health. About six months previously an undue prominence of the right eye was noticed, and this had slowly increased. Two months previously the vision was tested by a physician and the eye found to be entirely blind, just as it was when I first saw it on the 15th of April. The amount and character of the proptosis can be pretty well estimated by a glance at this photograph taken the same day. The protrusion was considerable, and almost directly forwards; the movements of the eyeball were slightly impaired, but not more so in one direction than another. No signs of any deep-seated inflammatory process existed, nor was there pulsation or bruit, or change in degree of proptosis from placing the head in such a position as would favor congestion of the parts. The ophthalmoscope showed a greatly swollen optic nerve—unilateral choked disc. This, with the complete and early blindness, were strong points in the diagnosis. I hoped to be able to remove the growth and return the eyeball in position. After dividing the attachment of the outward rectus, and passing the finger between this muscle and the eyeball, it was easy to feel the enormously swollen nerve and trace it to the optic foramen, where it was removed with curved scissors and afterwards separated from the eyeball. There was only moderate bleeding, and, as far as the manipulative procedure was concerned, it would have been easy to return the eyeball; but,