

months. A little pain had been felt in the tumor, but not lancinating in character. On examination, a tumor was felt, somewhat circular in outline, with a diameter of about three inches. It was situated with its lower border just above the nipple, and between it and the sternal end of the clavicle. It was not painful on handling, and felt firm and somewhat nodular, giving an impression of hardened gland tissue. The tumor was freely movable over the subjacent tissues, not attached to the skin, and the nipple not retracted. From these signs and the age of the patient, it appeared more, as Dr. Roddick remarked, like an adenoma-fibroma, or an adenoma-sarcoma. At the operation, on cutting into the tumor, it was so evidently malignant that the whole breast was removed. Several glands in the axilla which were found slightly enlarged were also removed.

Dr. Shepherd had examined the patient previous to the operation, and had also thought it a benign growth, though suspicious of some enlarged glands in the axilla. He had seen one case of carcinoma in as young a patient. He believed that all tumors of the breast should be removed in young or old.

*Urinary Calculi.*—Dr. Roddick exhibited two calculi removed from a man aged 71. Owing to the patient's age, he had selected the lateral operation in preference to the supra-pubic. The perineum was very deep, which made it somewhat difficult to reach the bladder. The large stone weighed four drachms and thirty-eight grains, the smaller sixteen grains. Symptoms of stone had existed for one year only.

*Enlarged Bursa.*—Dr. Bell brought before the Society a man aged 38, farmer, with enlarged bursæ in each ham, beneath the inner head of of the gastrocnemius. These had been aspirated several times without benefit. Dr. Bell had made an exploratory incision with the intention of removing the bursæ, if practicable. He found that these had a direct communication with the knee joint, and appeared somewhat like a hernia of the synovial membrane of that joint.

Dr. Shepherd considered the dissection of the bursæ in these cases very difficult, with possibly no good result.

*Glycosuria.*—Dr. J. H. B. Allen read a report of a case of glycosuria.

Dr. Jas. Stewart asked if the knee-jerk had been tested, and if any paresis, had been noticed. He thought the case one of multiple neuritis, which may occur with glycosuria.

*Molluscum Fibrosum.*—Dr. Bell showed to the Society a case of molluscum fibrosum which had followed a peculiar course. The patient had developed sarcoma of the sciatic nerve, which was removed last December, but recurred; and the limb was amputated three weeks ago. Such cases were very rare; two only were mentioned in *Virchow's Archives*. Dr. Bell had met with three cases within two and a half years.

*The Diagnosis and Treatment of Epilepsy.*—Dr. Jas. Stewart read an interesting paper on this subject.

Stated Meeting, 6th March, 1891.

F. J. SHEPHERD, M.D., PRESIDENT, IN THE CHAIR.

*Notes on the Insane and their Treatment.*—Dr. Wesley Mills read a paper of interest on the above subject.

*The Diagnosis and Treatment of Epilepsy.*—Dr. James Stewart gave a synopsis of his paper read at the previous meeting of the Society.

*Discussion.*—Dr. Laphorn Smith had noticed a loss of will power in epileptics, in whom slight irritation produced fits. He narrated the case of a woman, an epileptic, with dyspeptic symptoms, who had considerably improved upon suitable diet. In the medicinal treatment of epilepsy, he used bromide of sodium in preference to bromide of potassium, as being less irritating, and less apt to produce acne. He considered hystero-epilepsy a modification of epilepsy.

Dr. Alloway, referring to the application of forceps to the head in difficult cases as a factor in the production of epilepsy, thought the results now obtained by the Cæsarian operation worthy of consideration; besides, avoiding the great liability of injury to the pelvic floor and the danger to the child. By the Sanger-Leopold methods of operating, the mortality had been reduced to five per cent. Dr. Kelly, of Baltimore, had had four cases of Cæsarian section with good results.

Dr. Armstrong wished to know if there were any statistics to prove that the majority of epileptics among children, apart from heredity, was found amongst those who had been delivered by forceps. He considered this of importance to the general practitioner. He had knowledge of two cases of epilepsy in children on whom forceps had been used. One, 3½ years of age, had died a short time ago from pneumonia. The post-mortem, performed by Dr. Johnston, failed to reveal any signs of injury which could be attributed to the forceps. The skull, membranes and brain appeared normal. He considered Cæsarian section too severe and dangerous an operation to adopt in such cases where forceps could be used.

Dr. McConnell believed that both cases of epilepsy could be traced to some reflex irritation. By some, the cause was believed to exist in an ocular defect. He asked if it were not possible, in all cases of epilepsy, to find some cause of irritation, which, if removed, would bring about a cure, without the use of bromides.

Dr. Fogle considered that diet was more important than bromides in the treatment of epilepsy.

Dr. Jas. Stewart, in his reply, in answer to