referred to the epigastric region. The Doctor then outlined the case. It proved to be much like Dr. Ferguson's, only that the stones were in the duct, instead of in the bladder, and adherent to each other. In closing, the edges of the bladder were stitched to the sides of the wound. He was of the opinion that cholecystectomy should be preferred to cholecystotomy.

Dr. Meek had seen and helped with Dr. Ferguson's case, and agreed with him as to the causation of the recurrence of pain after the first operation. Dr. Meek cited another case in which the peculiarity was the immense dilatation of the bladder, one they had recently operated successfully upon. He was surprised to hear that Tait had adopted cholecystectomy instead of cholecystotomy.

Dr. Praeger told of a similar case he had to that of Dr. Mack; the bladder contained one and a-half pints of bile and some forty stones.

Dr. Smith, of Fingal, then reported on Dr. Mack's last case, which was under his care. Patient was doing well. A point he dwelt on was that the temperature, at the time of operating, was 105. In three hours it was normal, and had remained so.

Dr. Cameron then spoke of the propriety of removing the gall-bladder. In cases, especially where there was great distension and the presence of a number of stones, that operation was preferable. There would thus be less danger to the peritoneum after the operation; the persistence of a biliary fistula is done away with. The bile, instead of escaping externally, should take its natural course and thus carry out its digestive function in the intestines. Dr. Cameron spoke of the administration of very large doses of glycerine, two or three ounces each hour of the paroxysm, for the relief of cases of gall-stones. He supposed it acted by its hydragogue effects—dehydrating, and thus relieving, the swollen mucous membrane. He had seen satisfactory results from its use.

Dr. Ferguson said he had tried equal parts of glycerine and succinate of iron (about half an ounce of glycerine), four times a day.

MEDICAL SECTION.

"Some of the Uses of Sulphurous Acid," was the subject of a paper read by Dr. Arnott, of London. He began by saying that he had in his experience profited most by learning new applications of old remedies. Sulphurous acid was an old remedy. Homer spoke of its use in fumigation. The Doctor spoke of its application in typhoid fever. It was particularly useful in that class (for he held typhoid had different causes) of typhoid due to "rapid multiplication of bacteria in the blood." The remedy should be freshly prepared and administered early in the disease. He would give from half a drachm to a drachm every two hours if the patient could stand it. With it he had not lost one per cent. of his cases, and his patients, he said, were never given alcohol. To his mind it was the remedy in typhoid. In early phthisis it was useful. It did not hurt the stomach. He had almost discarded the use of cod-liver oil. It had been noted that consumptives who labored in sulphuric acid works improved in health.

Dr. Hodge presented three cases of Friedrich's ataxia in one family: two sisters and a brother. Father had eczema of the legs so badly that he was obliged to use crutches, also had leucoderma of hands. A paternal uncle suffered from hemeralopia. These were the only neurotic points in the family history. The first, M. W., æt. 41, had a history of falling down stairs, having since then a weakness in the legs. Got worse since she was ten years of age. Now patient could not walk without support. Staggers while standing, even with eyes open. Left alone, falls forward. Gait like one drunk. Leg muscles suffer only atrophy of disuse. Legs sensible to pain, touch, and temperature variation. Has pain now and then in right hip. Plantar reflexes normal; patellar increased. Feet in condition of talipes varus. Marked curvature of spine. Upper extremity normal. Pupils act normally. When she fixes to either side, there is marked horizontal nystagmus. Face not symmetrical—mouth drawn to left side. Tongue, on protrusion, turned to right and exhibits fibrillar twitching. All senses normal. The second, Sarah, æt. 37, has suffered since she was 13, but nothing wrong with the gait till six years ago, at which time she received a hurt in the knee. Now she cannot walk without a cane. She would fall forwards, if unsupported. In most respects she resembles her sister. Her speech is slow and not very plain.

The brother, æt. 36. Feet began to deform at 15. When eyes were closed he would fall backwards. Gait wide-legged and zig-zag and somewhat stamping. Lying down, he can do all the ordinary movements of the legs. In prominent symptoms, much like sisters. Right hand is claw-shaped. Atrophy of muscles of hands. Left hand somewhat affected, too. Curvature of spine. Suffers with excessive sweating.

Drs. Meyers, Macallum, Mills, Arnott and Moorhouse took part in the discussion; Dr. Hodge replying.

Dr. McKeough then followed by reading a paper on "Puerperal Eclampsia." In all cases the urine should be examined, more especially in primipara who make up $\frac{7}{8}$ of the cases. Albuminuria, however, was not always followed by eclampsia. The prophylactic treatment should be directed to diet, and the use of eliminatives. Fluid diet—milk being best—should be recommended. Salines should be given to keep the bowels free;