

gonorrhœa, that produces it." The patient will complain of symptoms similar to those of stone or prostatitis, such as pain at the neck of the bladder, frequency of micturition, pain on evacuating the bowels, and consequent discharge from the penis, etc. Erection may be frequent and painful. The discharge from the meatus may be copious and without any apparent cause, and the case may be easily mistaken for a relapsing clap. The doctor stated that no diagnosis could be made without a rectal examination. This should be done while the bladder is full, the patient standing with his body bent at right angles over the back of a chair. When the vesicles have been mapped out, downward pressure should be used. The patient should then be directed to urinate in two vessels. The first will contain whatever fluid has been squeezed out of the vesicles, and the second will contain normal urine if there is no inflammation existing in the bladder. Dr. King then gave a summary of the literature and teachings regarding seminal vesiculitis, proving that the subject has evidently never been given much investigation. For treatment, the doctor advises, first, a lateral movement with the fingers while the patient is in the position above described, and then a downward pressure to express the contents of the vesicles through the ejaculatory duct to the urethra. This should be followed by micturition and then an astringent injection. The manipulation should be repeated every fourth day until the trouble is relieved. In conclusion, the doctor said: "I would draw from the foregoing: (1) That seminal vesiculitis is an analogous disease with salpingitis; (2) that it is of very frequent occurrence; (3) that it is the so-called cystitis, prostatitis and prostatic abscess which follows gonorrhœa; (4) that with proper treatment it is a curable disease; (5) that it is easily recognized per rectum. The doctor then gave the histories of some very interesting cases of the disease.

Antitoxine, by Dr. J. D. EDGAR, was the subject of a paper which followed.

Movable Bodies in the Knee-Joint, by Dr. BINGHAM, describing two cases on which he had operated. The first case healed readily, but the second was much prolonged, owing to what the Doctor thought was syphilitic cachexia.

A Case of Infantile Scurvy was read by H. T. MACHELL. Herewith is a short synopsis of the paper:

On the 25th November last, Mrs. B.'s baby, of 11 months, was seen, and the following history obtained: The baby had been perfectly well up to five weeks ago, when the mother went away for a short holiday, leaving the baby at home. While the mother was away the baby and high-chair fell over, and within a day or two of her