

PATHOLOGICAL SPECIMENS.

A. LAPHORN SMITH, M.D., showed the following pathological specimens: 1. Fibroid tumour from the left broad ligament; 2. Multiple fibroid tumour; 3. Large fibroid tumour removed for hæmorrhage; 4. Multilocular ovarian cyst in a young girl.

APPARATUS FOR THE CURE OF PAIN IN FIRST METATARSO-PHALANGEAL JOINT.

J. APPLETON NUTTER, M.D. A description of this apparatus will be found on page 162 of the JOURNAL.

NEURITIS.

NORMAN VINER, M.D., read the paper of the evening.

A. T. MUSSEN, M.D. I would like to congratulate Dr. Viner on the able way in which he has dealt with this subject. Having treated many of these cases he was in a position to observe the course of the events which he has so clearly described.

In regard to neuritis there is still a great deal that is yet uncertain.

The work of Drs. Head, Rivers and Sherren on traumatic neuritis has explained much that was obscure, and I feel that if their suggestions are followed and a careful and systematic examination of other forms of neuritis carried out, we will be able to eventually account for some of the peculiar conditions found in this disease.

A. G. MORPHY, M.D. One point about the diagnosis is, I think, that it is possible sometimes to get confused between anterior poliomyelitis and multiple neuritis. I remember having the case of a child who suddenly fell ill with intense pain in the four extremities, in fact hypodermic injections of morphia had to be given to allay the pain. It was only a few days later when the trouble began to localize itself in certain groups of muscles in the lower extremities that the diagnosis of anterior poliomyelitis was possible.

N. VINER, M.D. The onset with fever and the suddenness are much more suggestive of acute anterior poliomyelitis than of multiple neuritis. However, cases like Dr. Morphy's do occasionally occur, but a few days of observation rarely fail to clear up the diagnosis, as the case seldom fails to settle down to its permanent characteristics in a very short time.

PERFORATIVE APPENDICITIS, VENOUS THROMBOSIS, PARATYPHOID, INTESTINAL OBSTRUCTION.

OSKAR KLOTZ, M.D. There are several points in this case of Dr. Bell's which are interesting from a pathological point of view. You will firstly