

growth was protruding through the bone. He closed the wound and left it. He thought that what appeared to be the cyst was the dura mater. The growth in the eyeball was dark in color.

Dr. Osler spoke of a case, of which this reminded him, reported in Knapp's work on Intraocular Growths. It was a glioma of the eyeball, which was removed and recurred along the dura mater.

J. D. CLINE, B.A., M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.
MEETING HELD, June 8th, 1877.

Dr. F. W. Campbell, 1st Vice-President, in the Chair.

Dr. Reddy read a paper on a case of vascular heart disease. The patient, forty-two years of age, had enjoyed good health up to the summer of 1876, was regular in habits, never had had articular rheumatism. Had been treated for syphilis nineteen years ago. Had had a family of five children, all of whom were healthy; wife was healthy. Had always been a very active man in business, and had suffered a good deal of anxiety in business lately, and had exerted himself very much in London, England, in the spring of 1876, at which time he began to suffer from shortness of breath, &c. On June 8th, Dr. Reddy visited him and found aortic obstruction and regurgitation with some dilatation of the heart. The case rapidly went through the consecutive stages of heart disease up to tricuspid regurgitation, and proved fatal in November. Dr. Reddy remarked that the question of the influence of syphilis occurred to him. He stated that he had found present in this case what Durosier had first drawn attention to as occurring in aortic insufficiency, namely, the development in the femoral artery of a reduplicated sound, systolic and diastolic, by pressure with the stethoscope. Naube says, that in marked aortic insufficiency a reduplicated sound is found in the femoral without artificial pressure, which he explains by the fact that membranes begin vibrating audibly during a transition from maximum to minimum tension.

Dr. Osler then read a report of the autopsy. The heart was very large, weighing 23 oz. All the cavities were dilated; the thickness of the wall of the right ventricle anteriorly was $\frac{2}{3}$ to $\frac{3}{8}$ in.; tricuspid orifice measured $5\frac{1}{2}$ in.; pulmonary orifice, $3\frac{1}{2}$ in.; pulmonary artery, normal; length of the left ventricle was $4\frac{1}{2}$ inches, the normal length being 2 inches;

the anterior wall was $\frac{7}{8}$ inch thick; mitral orifice measured $4\frac{1}{2}$ inches; aortic orifice, $3\frac{3}{4}$ inches; the aortic valves were incompetent, and consisted of only two segments; there were three coronary arteries; the aorta was dilated, measuring above the valves $4\frac{3}{8}$ inches, at beginning of transverse portion of arch 5 inches, and at beginning of thoracic portion $2\frac{3}{4}$ inches. All this portion of the aorta was atheromatous. By microscopic examination the muscle of the heart was found to be fatty.

A short discussion followed, particularly as to the treatment of such cases by digitalis and the use of acupuncture to relieve the anasarca.

Dr. F. W. Campbell remarked that a writer in the *Dublin Medical Press and Circular* had been lately recommending the use of the tincture of digitalis in doses of say xxx. to xl., every four hours as very serviceable, particularly where much hypertrophy existed.

Dr. Hingston spoke highly of the relief afforded by acupuncture, and upon its freedom from danger of producing sloughing or erysipelas if an ordinary round sewing needle were used and not three-cornered needles or cutting instruments.

A vote of thanks to Drs. Reddy and Osler was moved by Dr. H. Howard, seconded by Dr. Hingston.

Dr. H. Howard related a case of violent mania in a subject in whom there was a hereditary syphilitic taint. He had treated the case by iodide of potassium in x. gr. doses three times a day, with a night draught of bromide of potassium ʒiij. and tincture of digitalis m. x. The patient had recovered from his insanity entirely, but had a large tumor in neighborhood of the parotid gland which he was thinking of treating by injections of tincture of iodine.

Dr. Trenholme thought that it would produce sloughing, and suggested electrolysis.

MEDICO-CHIRURGICAL SOCIETY.

June 22nd, 1877.

The president, Dr. Fenwick, occupied the chair.

Dr. Osler exhibited a heart from a patient who had died in the Montreal General Hospital, under the care of Dr. Reddy. It was a beautiful specimen of the "button-hole contraction" of the mitral orifice, first described by Corrigan. There were vegetations along the edges of the orifice, and also along the edges of the aortic valves, which were thickened. The case had been one of acute rheumatism with peculiar