

tion of the stools for fat. I suppose the explanation of the vomiting was that pressure on the stomach caused stasis as well as the presence of lactic acid.

F. R. ENGLAND, M.D.:—I would like to ask if Dr. Armstrong associates the fact of jaundice a year ago with the diagnosis.

TORTICOLLIS SECONDARY TO HYPERTROPIA.

W. GORDON M. BYERS, M.D.:—I thought perhaps the members of this Society would be interested in seeing this very marked example of the condition to which Landolt has given the name "Ocular Torticollis." The primary lesion is a vertical separation of the eyes of from 40° to 45° ; and the tilting of the head to the side is to overcome the diplopia which must necessarily arise when the erect position is maintained. Doctor Turner has gone over the case very carefully, and assures me that there is no other possible cause for the torticollis, and no fixed changes in the spine. Other cases of this kind have been noted secondary to astigmatism, and have been cured by correcting lenses. I propose advancing the superior rectus of the right eye, and later tenotomizing the superior rectus of the opposite side if necessary.

W. G. TURNER, M.D.:—The muscle action is quite symmetrical on both sides; the X-Rays showed a little asymmetry in one transverse process, but the condition is entirely functional because the correction is so readily obtained without spasm of any muscle involved.

J. M. ELDER, M.D.:—I would like to ask if there is any actual shortening of the sterno-mastoid muscle.

F. M. FRY, M.D.:—I would like to ask Dr. Byers at what age the muscular error appeared; has it always been that way or was it brought on by close vision at an early age?

RENAL TUBERCULOSIS.

R. P. CAMPBELL, M.D., read the paper of the evening.

WESLEY MILLS, M.D.:—I desire to congratulate Dr. Campbell, one of our youngest members, on such thorough work so admirably presented; and I could have wished that all the oldest members of the Society had been here that they might rejoice together at the progress of the profession. We are passing rapidly from foggiess and uncertainty to positive scientific accuracy, and the manner in which knowledge and skill has been combined in this case is certainly most encouraging for the future.

J. M. ELDER, M.D.:—I should like to add my word of appreciation of this paper, and also to express my personal gratitude to Dr. Campbell for the great assistance he has given us in the solution of the problems connected with renal tuberculosis. I think we all know how