

The second case was a dermoid of the right ovary, which was held in the vesico-uterine pouch by the right tube and broad ligament on the one side, and by the omentum, which was adherent to the left side of the tumour and extended to the left pelvic brim, where it was also attached. He had frequently remarked the fact that there was less hæmorrhage from an abdominal wound in a fat person than in one who had thin parietes.

Dr. WESLEY MILLS had long held, and often expressed, the view that the study of physiology should not be confined to those who were physiologists by profession, but that everyone connected with the medical profession should endeavour to do something to throw light upon the function of parts in health as well as in disease. He referred to the scant notice taken of the omentum in text-books and discussed some of the probable uses of the organ. He also pointed out the importance of both the circular and longitudinal muscle supply in arteries as elastic structures that often served a good purpose when the elastic tissue proper had been impaired by disease.

### **Cerebellar Ataxia.**

Dr. N. D. GUNN reported the following case of a boy, aged 12 years of normal somatic development, sluggish cerebration and psychic perversions.

Family history was good, and no hereditary or familial diseases could be traced. The doctor was consulted because of inability to control movements of the legs, spasmodic incontinence of urine, and great pain in the head. Besides these there was violence of temper and sexual excitement.

The incoördination began two months after an injury to the head, which perhaps was only incidental. Besides at this time there were diplopia, vertigo, headache and cerebral vomiting, the latter lasting two months.

Examination revealed static ataxia, with inclination of the body to the right side. Speech deliberate and monotonous. Inability to stand without support. Incoördination of arms. Muscular power good. Muscular irritability increased. Deep reflexes increased. (Patellar greatly exaggerated, and very slight clonus.)

There was no nystagmus, but there was a choroiditis.

The doctor, on the authority of Brissand, considered the presence of exaggerated reflexes enough to exclude spinal ataxia.

The presence of ankle clonus and the disturbances of the higher centres, shown by diplopia, cerebral vomiting, static ataxia and zig-zag incoördination, and the absence of nystagmus, made this case