

Limelight Views of Anatomical Sections, by Dr. PRIMROSE, were then presented.

THURSDAY MORNING.

Dr. CHARLES TAYLOR, of Goderich, occupied the chair.

Hydrotherapy in the Treatment of Exanthematous Fevers. Dr. A. K. STURGEON read a paper with this title.

Home and Foreign Climates in Consumption, by Dr. PLAYTER, of Ottawa, was the subject of the next paper.

Some Unusual Cases in Practice, by Dr. GEORGE ACHESON, of Galt. He gave a brief account of half a dozen cases of unusual occurrence which he had met with during the last three years. The first was an example of double cephalhæmatoma with enlarged thyroid, occurring in a second confinement after forceps delivery. Complete recovery with practically no treatment.

The second was a case of leucœna in a woman, occurring on the inner side of the lower jaw and floor of the mouth, resulting probably from the irritation of a badly-fitting tooth plate.

The third was a case of retro-pharyngeal abscess, complicating capillary bronchitis, in an infant five months old. The patient was at death's door before the diagnosis was made, but after the condition was recognized and the abscess opened through the pharynx, the recovery was rapid and complete.

The fourth case was one of deep atheromatous cyst in the neck. A rare tumor of congenital origin developed in connection with the fourth bronchial cleft. Simple evacuation would not effect a cure, so the whole cyst was dissected out.

The next was an instance of complete loss of sight in one eye, following acute dacryocystitis, with stenosis of the nasal duct. The blindness persists.

The last case was one of membranous colitis in a little girl.

Nephrectomy.—Dr. L. McFARLANE presented a paper on this subject.

Seminal Vesiculitis.—Dr. E. E. KING read a paper on this subject. He described the functions of the seminal vesicles as not being clearly defined, some authorities claiming that they act as reservoirs for the semen; but it is certain that they secrete an albuminous fluid which dilutes the testicular secretion. In treating with the symptoms of seminal vesiculitis, the doctor asserts that the seminal vesicles being the analogous of the fallopian tubes, it is clear that seminal vesiculitis and salpingitis are analogous. In continuing, he said: "They are rarely or never primary diseases, but are secondary to some inflammatory trouble, and in a large number of cases it is a common factor, viz.,