developed afterwards. The difficulty with him (Dr. Robertson) was as to the situation of the lesion in these cases—whether they were to consider the lesion was really in the lower part of the motor apparatus, or if it had commenced in the convolutions.

Dr. RUTHERFORD said that there might be mental weakness, although it was not very well marked. He thought that mental symptoms would follow. As to the first case, two years ago, the symptoms commenced in the lower limbs. He thought if we could examine just now, there would be great degeneration in the posterior columns of the cord. In the second case, we have the epileptic form of the attack. He had no hesitation in saying these are cases of general paralysis, and the chances are that mental symptoms will follow.

REPARATIVE POWER IN INSANITY.

Dr. CAMPBELL read a paper on the "Reparative Power in Insanity." (See p. 222., "Original Articles.")

Mr. WICKHAM also thought that the reparative power of the skin was wonderful, while Dr. YELLOWLEES was of opinion that their experience must corroborate the statements of Dr. Campbell.

Dr. CLOUSTON had a case under his care of a female general paralytic who was not merely paralysed, but had contraction of the muscles beginning on one side and extending to the other. The digestive power was extraordinarily perfect. The chief actions were when you got near her mouth, she opened it like young birds which wanted food. Possibly this perfection of the digestive power of general paralytics, with advanced paralysis and advanced enfeeblement of mind, was a proof that the disease was in the convolutions of the brain. He was not aware that in locomotor ataxy the digestive power was at all so good. Did it occur to the members that this power of repair was in the soft parts and not in the bony tissues. He had noticed in general paralysis, where there were bed sores, that spinal symptoms were most apparent. When you have spinal symptoms developed you have a tendency to bed sores.

MASTURBATION.

Dr. YELLOWLEES said that they would all agree that of all cases those of masturbation were most obnoxious. There were many cases which they were not able to cure if they could not correct the habit. It seemed to be the vexation of asylum life that patients should, before their very eyes, get by this habit from bad to worse. They had all perplexed themselves about this vice, and endeavoured to prevent it. Recently he had tried something in the way of a preventive, which he brought forward, in order that the members might be got to essay it as well. He had tried this mode in a dozen cases, and so far as it had gone he was very much satisfied with the results. The oldest case was 18 days. The suggestion was founded upon the anatomical fact that the prepuce was anatomically necessary for the erection of the penis. Its anatomical use was to give a cover for the increased size of the organ. If you prevented the prepuce going to that use, you would make erections so painful that it would be practically impossible and emission therefore extremely unlikely. What he had done was to deal with the prepuce at the very root of the glans, to pierce it with an ordinary silver needle, the ends of which he tied together. He had the case of a lad who was so extremely addicted to masturbation that his mother begged him to do what he could to prevent it. He used the apparatus first in the case of this boy, with most excellent results. He had been masturbating night and day, and he was now so well that he was working as a carpenter. Dr. Yellowlees further said that he had eleven more patients all going about with wires in their penises. There was only one case where he had to take it off, the wire causing a good deal of irritation. But he took it off with

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