Judge. In concluding his address, Dr. Hilliary welcomed the visitors present from the other side of the line, and hoped they would be treated by the members of the Association with the same cordiality and good feeling which Canadians received over there.

The chairman then introduced the Hon. G. W. Ross, Minister of Education, to the Association, who said that he did not come to discuss medical questions, but to inquire whether the members of the Association were comfortable in the hall. It was an honour to have them present, and he welcomed them. They would, he said, be welcome at all times they wished to honour the institution with their presence.

Dr. DeGarmo, of New York, said his chief duty was to present the greetings and good will of the New York Medical Association, the next was to read his paper on "THE TREATMENT OF HERNIA BY THE GENERAL PRACTITIONEL." He began by saying that it was impossible to fully discuss so extensive a subject in the short time allotted. Too much time had been spent on the surgical side of the question; he proposed to devote his time to the palliative treatment -- means within the reach of every practitioner. He then gave a short account of the history of trusses, pointing out the good qualities and the defects in them. Various trusses were shown. A good truss should hold the hernia completely within the abdominal cavity. No truss for inguinal hernia should have its pad attached by a descending arm; the centre of the pad should correspond to the centre of the spring. He also pointed out the value of the crossbodied truss, The English truss, however, which had this good point, had too strong a spring. He then showed a truss of his own invention for femoral hernia. which filled the necessary requirements demanded in a truss for femoral hernia. After getting a perfectly fitting truss, the practitioner should watch his patient until cured, seeing him at least once a month to see that the hernia was securely held. In infants, the springs used were usually too strong. They should be light, waterproof, and should be left on at nights. The doctor had treated infants as young as ten days old. There was no lack of appliances, the doctor concluded, but there was of medical men who understood the application of them.

Dr. Barrick said that they were all indebted to Dr. DeGarmo for his able address, but he wished to refer to two or three points mentioned by Dr. DeGarmo. The first was with regard to the pad being in line with the spring; the second, the relation of the pad to the internal ring. He said that in all cases of hernia the internal ring was dragged down towards the external ring, therefore he thought that the English truss, condemned by the reader of the paper, was constructed on the right principle, the pad below the line of the spring.

Dr. Grasert said that he agreed in the main with what Dr. DeGarmo had said, but did not like to hear the English truss condemned so strongly, as in many cases of failure it was not the fault of the truss but was due to some accident by which it was broken or disabled.

Dr. Harvie then read the report of the Committee on Ethics, which carried.

The President then called on Dr. Fowell, of Ottawa, who addressed the Association on "The Management of Abortion." He said he had no new and startling developments to tell them of, but that he merely wished to bring this important subject under their consideration. Syphilis, either through the mother or the male parent, was one of the most frequent causes of abortion, and that in these cases mercury had been found to be very beneficial. Endometritis, fibroids, malignant disease, an everted or patulous os and malpositions were other causes. The last condition was readily treated by