

Opisthotonos was generally present, then remittent and intermittent types of fever. Large doses of quinine did harm.

Dr. Osler said that the diagnosis of cerebro-spinal meningitis must be received with great caution. Of four cases submitted to him for *post mortem* examination only one showed a true inflammation of the meninges.

Dr. Mullin said that the cases observed in Hamilton occurred within four months. Isolated cases seen since were probably typhoid.

Dr. Lett, of Guelph, read a paper on "The Opium Habit and its Treatment," describing its ill results and the treatment which he found most beneficial.

Dr. Pickup enquired as to the value of coca leaves in the treatment. Dr. Lett replied that no substitute or antidote could be considered reliable.

Dr. H. Howard said that he never saw an opium-eater who had not been previously a drinker. He recommended gradual diminution of the dose of opium together with supporting treatment.

Dr. R. P. Howard next read a paper on "Some Varieties of Dyspnoea met with in Bright's Disease," referring especially to Cheyne-Stokes' respiration.

Dr. Geo. Ross described two cases bearing upon the case. The first was an elderly gentleman, suffering from spasmodic asthma. Examination of the urine showed the existence of Bright's disease. Subsequently there was typical Cheyne-Stokes' breathing, which continued during three or four months. The second case was a lady who had long suffered from asthma, but its dependence on Bright's disease was overlooked. A peculiar feature of her case was the sudden development, during these attacks, of pulmonary congestion, as shown by universal rales and bright blood in the sputa.

Dr. Osler referred to Cheyne-Stokes' breathing in a little girl one year old. He examined the urine, but found nothing. It passed off, and the child is now in its usual health.

Dr. Howard had never observed congestive symptoms. He also suggested that the child mentioned by Dr. Osler should be watched still, as the disease may develop. Frequent examination of the urine was absolutely necessary to make a real diagnosis. As regards treatment, he limited himself to treating the disease itself, as usual, with diaphoretics, vapor baths, etc. Sometimes nitroglycerine was useful.

Dr. W. Gardner, of Montreal, then read a paper on "Common Errors in Gynæcological Practice." He stated that the slighter forms of pelvic peritonitis and cellulitis were often not recognized. In regard to pessaries much misconception obtained. Some practitioners had unbounded faith in them, while others, of equally small experience, decried them as of little or no value. He thought that while pessaries and other therapeutic agents were

often of the greatest value in the treatment of displacements, such affections when chronic, were rarely completely cured. Constitutional treatment in addition to appropriate local treatment was often overlooked.

Dr. Trenholme did not agree in regard to the great frequency of chronic pelvic inflammations or their influence on uterine affections. He also approved of the use of pessaries in displacements.

Dr. Heywood Smith, of London, Eng., endorsed most of the author's view, but believed that perimetric hæmatocele was the starting point of many cases of pelvic inflammation.

In reply to Dr. Brown, of Acton Vale, Que., Dr. Gardner said that he believed in the efficacy of hot water vaginal douches in the treatment of chronic pelvic inflammations.

Dr. H. Howard read a paper entitled "Materia Cogitans," giving his views on the relation between thought and brain-matter, after which the section adjourned.

SURGICAL SECTION.

The first paper was presented by Dr. Blackader, on "Case of Congenital Lipoma of the Foot." The enlargement which was noticed at birth, had increased in spite of continual elastic pressure by Martin's bandage. At the age of fourteen months the hypertrophied toes and tumor were removed by Dr. Roddick, and the wound healed kindly. Reference was made to the history of similar cases, their etiology and pathology, and to the views of Dr. Busey, of Washington, who referred the changes to congenital defect or disease of the lymphatic system.

Dr. Osler referred to a case in which there was congenital and progressive enlargement of the right upper extremity, the bones, muscles, etc., all being enlarged. In this case the palm of the hand was especially enlarged, owing to an increase in the amount of fat.

Dr. McGraw, of Detroit, mentioned a case which he had seen in Langenbeck's clinic in 1861, where there was enlargement of the left lower extremity and left side of pelvis. There was simple hypertrophy, uncomplicated with any tumor, involving all the tissues of the limb, which became so large that the girl was unable to walk.

Dr. Fulton, of Toronto, then read his paper on the "Thoraco-plastic Operation of Estlander." This paper will be published in a future number of the LANCET.

Dr. Hingston thought the question of operating in empyema a difficult one, for we seldom find two cases exactly alike. Estlander's operation would be more successful if portions of more ribs, but to a less extent, were excised. He recommended the thorough washing out of the chest with carbolic lotion and the free exposure of the whole surface as the best methods of treatment.