

that the next meeting of the Association be held at Toronto on such date as may be deemed advisable by the officers of the Association, and that, in addition, an excursion to Banff be organized by them to take place immediately after the meeting.

The amendment to the amendment, and the amendment to the Report of the Committee were lost on division, and the recommendation of the committee carried that the next annual meeting be held at Banff in the early part of August, 1889.

Dr. Bray, Chatham, moved, seconded by Dr. Trenholme, Montreal, that the Executive make satisfactory arrangements with the railway authorities for members to go to the end of the line.—Carried.

Dr. H. P. Wright, Ottawa, thanked the Association for the honor conferred upon him in electing him President for the coming year.

The meeting then adjourned to meet in Sections.

JAMES BELL, M.D.,
Secretary.

MEDICAL SECTION.

Thursday, September 13th, 1888.

Morning Session.

Dr. Bray in the Chair.

Dr. Graham, Toronto, was called upon to read his paper on a case of extreme rapidity of the heart's action. He reported two cases, one of which was characterised by a rapid beating of the heart, the beats numbering over 140, and being uncountable. His illness lasted three weeks, and the peculiar features in the clinical history were the absence of dyspnoea, the absence of renal changes, discoverable on examination of the urine, and any physical signs directly referable to the lungs. The case was treated by rest, regulation of diet and the administration of digitalis, and after a comparatively short treatment, the patient recovered his accustomed health. The second case was more prolonged and peculiar in the fact that continued muscular exertion reduced the heart's beat to normal. This had been discovered by him only after repeated examinations, and during a period of rest, the heart again became accelerated. There was nothing in this case to account for such acceleration.

Dr. Mills explained in extenso the influence of the cardiac nerves upon the heart's action, dealing mainly with the sympathetic and vagi.

He spoke also of embolism in the coronary arteries as a possible cause of such acceleration. He referred to blood pressure, as slowing the heart's action rather than accelerating it. Dr. Sheard discussed the case, and suggested embolism, or toxic matter in the blood as a possible cause for such acceleration, and referred also in commendation of digitalis as a method of treatment, particularly the infusion of digitalis. Dr. Mullin thought it was an important case, and had direct bearing upon the importance of acceleration of the heart as affecting a life insurance risk. He would like to ask Dr. Graham what influence he thought such acceleration of the heart would have in shortening the ordinary duration of life. Dr. Milne, Victoria, also spoke, referring to a case of modified heart's action associated with tetanus, and stating that such cases were evidently due to a close association between the nervous and cardiac action.

The section then adjourned to meet at 2 o'clock.

CHARLES SHEARD, M. D.,
Secretary.

SURGICAL SECTION.

OTTAWA, Thursday 13th, 1888.

Morning Session.

Only one paper was read at this session, that by Dr. Fenwick, of Montreal, upon Retropharyngeal Tumors. The operation is formidable and its literature rather scanty. Dr. Cheever, of Boston, Mass., appears to have been the first who operated on these tumors. Velpeau operated in 1836 on a large tumor, operating by the mouth, tying the common artery first. The patient died on the seventeenth day. Dr. Fenwick was early convinced that operating from the outside is the correct method. These tumors are usually sarcomatous or cancerous, and in a large majority of cases recur. Dr. Fenwick then proceeded by diagrams to illustrate Dr. Cheever's method by cutting from without. A long, straight incision is made, beginning on a level with the lower border of the ear, and extending down the neck in the line of the great vessels. If sufficient room is not thus given, he makes a transverse incision from the straight incision across the jaw. The jaw is not divided, the vessels and nerves are drawn aside, and the tumor enucleated in the usual way. Czerney's operation is modified from Cheever's. He opens the trachea and keeps up respiration in this way during the operation. He divides the jawbone