

Dr. Harrison closed the discussion by saying that he had tried nitre-glycerine and was not so satisfied with it as was Dr. McPhedran, he preferred the lancet.

Thursday morning.

The Association, after the opening business, listened to an instructive paper by Dr. Holford Walker on the subject of massage and its application in general practice. He defined massage to be the communication of motion to the tissues of the body "at best accomplished by the hands," the motion controlled by the various movements adopted and the force used. Strange to say, it would help directly opposite conditions—it would fatten the thin and reduce the fat. Unlike drugs, it did not unpleasantly affect the system. Its effects were mechanical, reflex, thermal, and electrical. The doctor explained how the body cells were stimulated, the movement of the blood quickened, the absorbents stimulated by the first; how the nervous system was soothed by the light stroking used in the second; how the muscular exercise induced the thermal effects; and, lastly, how the electrical effects were manifested in effecting cures, in an inexplainable way, of various paralyses of the body. Massage was particularly useful in neurasthenia, rheumatism, rheumatoid arthritis, fractures, sprains, constipation, sciatica, and many other diseases. Even the weakest patients could stand it.

Dr. Hunter endorsed all that Dr. Walker had said. He had tried it with gratifying success in fractures. It had given splendid results in the various neuralgias.

Dr. McKinnon, of Guelph, then followed on the subject, "Acute General Peritonitis, Laparotomy, and Recovery." The subject was a pale girl, and the attack sudden and severe. Morphine gave only partial relief, and, after consultation, operation was decided upon, pulse being 100, temperature 101°, and tympanites great. After incision, it was discovered that on the lower anterior wall of the stomach, about two inches from the left extremity, adhesions were found, which on being separated disclosed an old ulcer. The edges were trimmed and scraped away and the peritoneal cavity washed out with hot water. The distension made it extremely difficult to close up the incision; so much so, that the prepared silk worm gut broke and unprepared silk was used. A drainage tube was left in until the second day; the patient subsequently developed an attack of pneumonia, followed by phlebitis, occurring successively in the left, the right leg, and the left arm. These attacks he considered were septic and due to the suppuration arising from the stitch holes of the unprepared silk. The question, when to operate, is a serious one. In idiopathic and some forms of puerperal peritonitis, the opium treatment was sufficient; but in the perforated variety, unless considerable shock be present, operation was indicated.

"The Failures and Successes of Bromoform, in the Treatment of Whooping-cough," by Dr. Duncan, was the next paper read. He cited cases where it had been used with little or no effect, and some cases where it had had a toxic effect. Being narcotic, it somewhat unfavorably influenced the general condition of younger children. It was found by some who tried them, that bromide of potassium and chloroform did better. The Dr. then gave some reports of its successful use among Toronto and outside men. Some reported that it did not shorten the disease, but cut short the paroxysms. In his own practice he had found, where a small dose was ineffectual, that increased doses gave great relief. It should be carefully prescribed, as there was a case reported where one drachm had been prescribed with four ounces of water, a teaspoonful being the dose. The last dose killed the patient.

Discussion now went on in the medical section.

Dr. Stalker, of Ridgetown, said that he had had an epidemic of pertussis in his practice, and that he had tried bromoform, but he found quinine to be better. His treatment was quinine and fresh air.

Dr. Duncan closed the discussion by saying that he would not use bromoform to the exclusion of all other drugs. He would not give it more than three times a day, and once during the night.

The nature of fever and its phenomena and treatment was the subject dealt with by Dr. Holmes, of Chatham. The processes which govern the maintenance of the normal temperature, he said, were but imperfectly understood, and that heat loss was not always uniform, neither was heat production; and in order that a uniform temperature might be kept, the mechanism governing it must be in intimate relation with heat production and heat loss. Heat production was the result of retrograde tissue change. Four-fifths of the body heat was generated in the muscles. The increased respiratory and cardiac action he explained to be dependent on the increased temperature of the blood. There might be rise of temperature without fever, and also fever without rise of temperature. Dr. Holmes wondered why the profession were hunting around for new remedies when the cold bath was at their disposal. By using it in one hundred cases of typhoid fever his death-rate was only two.

In discussing this paper Dr. McPhedran said that the cold baths were a means, but not a specific in fever. This he said was excellent treatment in the summer diarrhoea of children. The baths ameliorated the symptoms in typhoid but did not eliminate the poison.

Dr. Hunter fully agreed with Dr. Holmes and Dr. McPhedran.

Dr. Bromley said that he had used jars filled