

He also cited Dr. Roach, of Boston, for the statement that water will do as well, if not better than, barley water, the function of it being to get in between the casein, and prevent it from becoming lumpy. He advocated, as well, the Berlin bottle, obtainable in all drug stores at a cost of 15 cents.

Dr. McCullough in reply said that pearl barley did not come up to the mark as the virtue of the ordinary barley was, the misciline principle which is the most active. It was contained near the surface of the hull. In pearl barley it was removed. The amounts mentioned in his paper were only guides, and not intended to apply in every case. He did not think, in the case of a child, any more than in that of an adult, should food be taken till vomiting results.

Dr. Price Brown read a paper on "Atrophic Rhinitis," which was exhaustive in the cause and treatment of this trouble. Though believed by some, it is by no means incurable, but requires a long and careful course of treatment.

Dr. Wilson, of Fenelon Falls, asked if any constitutional treatment was used. He thought in some of his patients he obtained good by using some of the alternatives. He thought the origin of the disease was in infancy, and caused by the carrying of the infant with bare head or by exposing it to drafts or cold temperature, also later on in life by the clipping of the hair to the scalp.

Dr. Price Brown said he used the ordinary prescribed tonics. Patients improve in health without any medicine if the offensive discharges can be got rid of, but these foul secretions do injury to the system. Where a tonic was required he generally gave iodine and strychnine. Douches of water in large quantities were objectionable. Where secretion took place was where cleansing was required. He did not approve of covering children's heads, he considered it well, indeed, to give them cold baths.

Dr. Doolittle explained the operation of electrical massage, worked by a small storage battery, which he showed.

Dr. Campbell, of Seaforth, read a paper on "Placenta Prævia," giving the history of cases in his practice, and touching on most of the points raised on a discussion of the subject at an early part of the Convention.

Dr. Temple wished to know as Dr. Campbell advocated early termination of labor, why in a case he cited, he did not follow this rule. He did not see either the rational of giving of sulphate of magnesia after delivery, as blood had been lost, and the patient was weak, unless it was to prevent milk fever.

Dr. Spence agreed with Dr. Temple. He spoke of the difficulty of the diagnosis. Good common sense was necessary in the treatment, and by the exercise of this, one would get as near the subject as by following any particular treatment laid

down. He reported the different stages of an important case in his practice. He thought sufficient aseptic precautions were taken by thoroughly washing the hands with soap and water.

Dr. Scadding described the method of dilating the os, followed by Dr. Harris, of New Jersey,—the thumb being placed at one side of the cervix, while the first and second fingers are flexed,—thus getting the strongest muscles with which to dilate. In a series of 8 cases, he was able to dilate the os in each of them within 25 minutes.

Dr. Mitchell asked the reason for using injections so frequently after labor terminated. He did not think injection of antiseptics necessary, unless there was reason for it, and this could be readily ascertained if the patient were watched.

Dr. Campbell, in reply to Dr. Temple, stated that the patient was being watched by him, and there had not been enough loss of blood to weaken her; otherwise he would have operated. His object for delay was that the patient was not in a fit state to be delivered, the os and the cervix being rigid. He gave chloral to soften the os and relax the parts, accompanied with a small dose of morphine, in this way preventing laceration. The reason he syringed out the vagina afterwards was to prevent sepsis.

(To be continued.)

Selected Articles.

PNEUMONIA OF THE AGED.

The title, Pneumonia of the Aged, is used in contra-distinction to Pneumonia in the Aged. The essential differences between the two clinical types were recognized and carefully described by the older clinicians, notably Grisolle and Trousseau. The distinction established by the two terms has been preserved, as it promotes the object of this paper. Any argument in support of the use of the term "pneumonia of the aged" seems unnecessary at this time. It has been called asthenic, latent, and senile, with reference to its peculiar symptomatology. Latent pneumonia occurs as a complication of various conditions and diseases, and the term senile pneumonia is employed in a manner too broad to encourage proper discrimination. Pneumonia affecting the aged may be characterized by the usual clinical history of the disease as manifested in earlier years, and resembles the so called sthenic or frank type. It attacks the strong and well-preserved individual and is accompanied by reliable indications for diagnosis. The extreme type is not common, but corresponds with the affection in middle life. This form has been designated as pneumonia in the