

ston reported a great many cases of cure of inguinal hernia by the methods somewhat similar to Dr. Marcey's, to whom he paid a high tribute of praise for his original work with the animal tendon.

Dr. A. B. Welford, of Woodstock, read an interesting paper on Hay Fever, which showed that the disease was due to a pollen, and the best way to avoid it was to go to a high altitude or on an ocean voyage. A curious point which he noted was that the disease stopped within twenty-four hours after the supply of pollen was cut off.

Dr. Jas. F. W. Ross, of Toronto, read a critical review based on clinical histories of hysterectomy without a pedicle, which gave rise to a sharp discussion by Drs. Marcey of Boston, Lapthorn Smith of Montreal, and Atherton of Toronto. The general opinion was, that although the removal of the uterus entire was the ideal operation, yet the extra peritoneal treatment of the stump was the safer operation.

Dr. Ross reported the death of one of his patients some weeks after the operation, owing to an adhesion of a knuckle of intestine to the abdominal incision, which caused obstruction of the bowel. Dr. Lapthorn Smith maintained that the advantages of fixing the stump to the lower angle of the womb were: first, giving support to the arch of the pelvic roof; second, if any hemorrhage occurred, it took place where it could be seen; third, there were no raw surfaces left to which the bowels could adhere; and fourth, there were no ligatures left in the peritoneum.

One of the most interesting and complete papers was one by Dr. J. C. Mitchell, of Enniskillen, Ont., on the "Therapeutics of Constipation," which called forth a lively discussion from Drs. McKinnon of Guelph, J. J. Farley of Belleville, Achison of Toronto, and Lapthorn Smith of Montreal, the last named pointing out the importance of habit in treating this condition. He was very particular in insisting upon his patients having a regular hour and minute for going to stool. He thought that constipation was not only directly to blame for a great many diseases of women, but was also indirectly the cause of a great many more, by interfering with the circulation of the uterus.

The meeting on the whole was a most successful one.

The President entertained over a hundred guests at dinner on the first day, and the profession of Toronto entertained the whole Association to lunch on the second day. In addition to these, a great many of the individual members were invited to dine with their friends. But the social part of the meeting was entirely subordinated to the scientific, and promptly at the hour the members proceeded from refreshments to labor.

Take it altogether, the Ontario Medical Association is a credit to the Province, and cannot fail to be of the greatest benefit to the profession. The example of the Ontario physicians should be imitated by those of the sister Province of Quebec.

Progress of Science.

HYPERTROPHIC CIRRHOSIS OF THE LIVER.

MEREDITH (*Medical News*, January 2nd, 1892) says that some writers dispute the separate existence of this from of cirrhosis. The first stage of atrophic cirrhosis is also accompanied by hepatic enlargement, but in the hypertrophic form the enlargement is progressive up to the patient's death. The degree of portal obstruction, well marked in atrophic cirrhosis, is the chief distinguishing point, whereas in the other disease the jaundice is early, intense, and permanent. Owing to the deposit of fibrous tissue about the radicles of the portal vein in atrophic cirrhosis, the nutrition of the lobules is interfered with and the liver cells atrophy, but the interlobular bile ducts survive and carry off the bile. The cell destruction in hypertrophic cirrhosis is small, and the total amount of blood in the liver is not diminished. The bile, owing to the obstructed interlobular ducts, remains in the lobules until absorbed into the blood and deposited in the tissues. Thus the enlargement of the liver in hypertrophic cirrhosis as against the atrophic form is brought about by the increased connective tissue with diminished cell degeneration and a lessened diminution in the amount of blood in the organ, as also by the greater accumulation of bile in it. A typical case occurring in a woman, aged 69, is given in detail. The author says the early stages of the two diseases cannot be distinguished from each other, but in the hypertrophic form, as the enlargement progresses, a destructive train of symptoms is produced. The disease runs its course in from two to five years, terminating in asthenia, or not infrequently in the typhoid state, with convulsions due to the toxæmia.—*British Medical Journal*.

TETANY OF GASTRIC ORIGIN.

BOUVERET and DEVIC (*Rev. de Méd.*, February, 1892) give the details of 23 cases (including 3 of their own) in which tetany was associated with dyspepsia due to gastric hypersecretion. This hypersecretion is characterized by the following symptoms: Gastralgia occurring two to five hours after food, acid vomiting at the end of the attack, the relative preservation