Meeting of Medical Societies.

THE ONTARIO MEDICAL ASSOCIATION.

(Continued from page 292).

Thursday morning, June 4.

MEDICAL SECTION.

Dr. A. B. Osborne, Hamilton, read a paper on

"PATHOLOGICAL WEEPING,"

which appears at page 275 of THE CANADIAN PRACTITIONER.

Dr. Birkett, of Montreal, emphasized the statement concerning the necessity for the examination of the nose in seeking for the cause of epiphora. He had seen cases due to contact between a hypertrophied middle turbinated bone and the septum.

Dr Trow, of Toronto, believed that the dilatation of the stricture often proved unsuccessful because no attention was paid to the catarrhal condition of the mucous membrane, which, unheeded, kept up the disease.

Dr. McWilliams, of Thamesford, read the history of five cases of

PHLEGMASIA DOLENS,

treated chiefly by salicylate of soda, in which recovery had occurred more quickly than usual.

Dr. Adam Wright, of Toronto, also read the history of a case of

PHLEGMASIA DOLENS.

The salicylate, he thought, was useful, but the weakness and depression of septicæmia contra-indicated it. He had found it one of the most difficult drugs to administer, because the patient was so soon nauseated by it. The pain makes the patient worse and prolongs the disease. Opium he thought, for that reason, to be the best drug. Purgation by epsom salts in small doses, and support in the form of quinine and other tonics, formed the treatment he would recommend.

Dr. Barrick, of Toronto, believed that opium should be the mainstay.

Dr. Cronyn, of Buffalo, said that the salicylate might be made very acceptable by combination with the aromatic spirits of ammonia, and Battley's solution.

SURGICAL SECTION.

Thursday morning, June 4th.

Dr. Primrose read a paper on

FATTY TUMORS IN THE INGUINAL CANAL.

He stated that the origin of fatty tumors in this neighborhood was often somewhat obscure, and it had been suggested that they were derived from the extra peritoneal fat. The subserous fat bears to the peritoneum a relation very similar to that borne by the subcutaneous fat to the skin. Lipomata in the latter situation are very common, and we are not surprised to find like developments in connection with the subserous fat. Lipomata have been described by Mr. Bland Sutton occurring in connection with the colon, developed from the subserous fat of the visceral peritoneum. Dr. Primrose has in his own practice found a fatty tumor lying on the rectus muscle, pedunculated, the pedicle passing through the abdominal wall, and apparently continuous with the subperitoneal fat. This tumor was under the deep fascia, was lying in a very thin capsule, which presented septa passing between the lobules; there was no peritoneal covering. The tumor had been looked upon as a ventral hernia, and possibly this error in diagnosis is not infrequently made, the subserous fat being mistaken for omental, until the true condition of affairs is revealed at the operation. If, therefore, we have instances of tumors developing from the subserous fat both in connection with the parietal and visceral peritoneum, we are not surprised to find a like condition in the inguinal canal. Dr. Primrose then described a specimen which he had dissected in the anatomical rooms of Toronto University. A fatty tumor was found projecting from the external ring, lying on the anterior aspect of the constituents of the cord and within the coverings of the cord; it was entirely devoid of peritoneal covering, and a careful dissection from within the abdomen demonstrated the fact that there was no hernia and no pouching of the peritoneum, whilst the tumor was attached to a pedicle which lay in the inguinal canal and was continuous with the subperitoneal fat in relation to the internal ring. Fatty tumors in the inguinal canal may of course be omental, and a case was described in which an omental hernia, the size of a duck's egg, was found within the