

Dr. I. H. Cameron stated that pain under the scapula was emphasized as a symptom by Dr. Brinton.

Dr. Atherton believed perforation might occur without death resulting. He had met with two such cases.

Dr. I. H. Cameron presented a specimen of nutmeg liver. There had been no symptoms during life.

#### STATED MEETING, April 12th.

Dr. G. S. Ryerson presented a female patient with

#### CONGENITAL DISLOCATION OUTWARDS OF BOTH LENS.

There was no history of injury. The lesion was due to non-development of the suspensory ligaments. Vision was imperfect. As a rule, in these cases the lens subsequently became catarrhus. The lesion was extremely infrequent. Instrumental delivery as a cause was doubtful.

Dr. F. W. Cane then read a paper, entitled

#### THE RELATION OF GOITRE TO INSANITY

(See page 145).

Dr. Duncan in his remarks dwelt upon the increase in salivary secretion, and its change of quality, consequent upon the extirpation of the thyroid.

Dr. Nevitt stated, on the authority of Mr. A. Smith, V.S., that 90 per cent. of the city horses became goitrous. Very many people had single or double enlargement without other symptoms.

Dr. Graham had seen but one case of myxœdema in this city, and that was a doubtful one.

#### STATED MEETING, April 19th.

Dr. Nevitt mentioned two cases of syphilitic cachexia in children, with lingual ulcers, which disappeared under mercurial treatment.

Dr. McCullough exhibited the specimen, and gave the history of a case of aneurism of the aorta, with rupture, occurring in a young man. Besides a dull area, three inches in diameter, under the manubrium, the symptoms were negative.

D. J. GIBB WISHART, Sec'y.

## Correspondence.

To the Editors of THE CANADIAN PRACTITIONER.

### TAX ON SURGICAL INSTRUMENTS.

DEAR SIRS,—Will you kindly permit the attention of the general profession being drawn, through your columns, to the enormous import tax put by our Government upon surgical instruments and appliances, and the injustice done thereby, not only to the public, but also to the profession at large.

How many of the poorer of patients the physician would gladly and gratuitously alleviate, was the high price of the instrument required not a stumbling block? Every one has had such cases, and in this manner, unless some kindly-disposed friend comes forward and pays for the instrument, many cases continue to suffer year after year.

There are no surgical instrument manufacturers, properly so-called, in Canada. The field is too small, and we are compelled to pay almost double (in some cases more), for everything we do not smuggle.

In England and the Continent the great bulk of instruments are to be bought for one-half, or less, than in Canada, and even those made in the United States, high as their prices are, we can't secure without paying thirty to forty per cent.

Many of our junior practitioners, from this cause, are sadly equipped with instruments, not only for emergency cases, but also those ordinarily required for precision of diagnosis, or relief, and those only of our seniors, who fortunately can afford to pay the burdensome figure demanded, are at all likely to be even fairly equipped. The results are obvious—the general public suffer. No doubt, many medical men are aware of cases untimely ended, for want of a particular instrument, beyond the purchasing power of the doctor.

I believe, if proper representation is made to the Minister of Customs, that all those instruments and appliances, intended for the relief of our fellow-countrymen, which are not made in Canada, would be placed on the free list.

Already the profession in the United States is making an appeal for a similar release from