

for purely nervous symptoms, but when such symptoms existed with local diseases the results as far as they were concerned, had not been very satisfactory.

Dr. Powell, Ottawa, before reading his paper on "Pelvic Hæmatocele" (see page 205,) said he had an apology to offer the Association as the framer of a resolution which had been adopted some time ago in the local society at the Capital, setting forth that the Ontario Medical Association would ultimately crush out its more useful parent, the Canada Medical Association, to the detriment of local organizations. This, Dr. Powell was happy to say, had not been the case, and instead of crippling its parent the child had brought it strength. He extended a hearty welcome to the Association to hold a meeting in Ottawa.

Dr. Palmer, Toronto, explained O'Dwyer's method for intubation of the larynx, and exhibited the instruments.

EVENING SESSION.

Dr. McDonagh, of Toronto, read a paper on "Tuberculosis of the Larynx." The point of greatest importance urged by the writer was the necessity of examining the larynx in all cases of suspected phthisis, arguing that many cases of phthisis could be diagnosed by the laryngoscope before the signs in the lungs were sufficiently marked to allow of a diagnosis being made by the ordinary physical examination. The history of a case in practice was read to illustrate this point. It was also argued that tuberculosis may occur primarily in the larynx, and if recognized at this stage by the laryngoscope, the disease might be arrested before the lungs became affected. The importance of using the microscope for the detection of tubercle bacilli, was referred to and strongly urged.

Dr. Palmer introduced the subject, "Intubation of the Larynx," and spoke of the result which has followed his use of the intubation process, and of the confidence he had thereby been led to repose in it, to the disadvantage of tracheotomy. Professor Packard, of Philadelphia, on the other hand could not see how it was possible for the tubes in this process not to become choked with desiccated mucus. He entered a strong plea for tracheotomy, ac-

knowledged the difficulty and danger which often beset that operation, but urged that the only thing for the physician to think of was how most efficiently to relieve his patient. He should always, if he thought the operation necessary, advise the friends of the patient to have tracheotomy performed. If they refused, then his responsibility was over. His opinion was that tracheotomy in general could not entail more suffering than the patient was already undergoing, and if the operation were properly performed, the chances were largely in favor of great relief being given. It was also his opinion that it is very possible to quite overdo the necessity of keeping the atmosphere of the room where the patient is moist and warm. Dr. McFarlane stated that his experience with tracheotomy had been so painful that he had abandoned it. Since coming to this conclusion he had had two cases, in which, according to past analogies, the probabilities were all in favor of the patients dying, but he had done nothing but adhere to the ordinary treatment, and both recovered.

Dr. Shaw presented the report of the Committee on Public Health. The report favoured the placarding of houses where infectious diseases existed, and the exclusion of children from schools for at least twenty-eight days after infection from diphtheria, and forty-nine days after scarlet fever.

The report of the Standing Committee on Ethics, sent in by Chairman A. McLean, of Sarnia, was tabled on motion of Dr. William Oldright, the latter stating the report had not been submitted to the other members of the committee. In its place, Dr. J. E. Graham of this city, presented the report of the special committee on the same subject. The committee advised the adoption of the code of ethics of the American Medical Association. They also advised the embodiment of the following article in the above-mentioned code, and recommended its proper enforcement by the Association:

It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills, inviting the attention of individuals affected with particular diseases; publicly offering advice and medicine to the poor gratis, or promising radical cures;