

tivated, the forests cut down and the land drained, it assumed a much milder type. He did not believe in typho-malaria. If the two diseases were concurrent it was only a coincidence.

The paper was discussed by Dr. Christie, of St. John, N. B., and Dr. James Ross, of Toronto.

Dr. Gardner, of Montreal then read his paper on "Pregnancy Complicated with Ovarian Tumors," placing three cases on record in which he had removed ovarian tumors without in any way interfering with pregnancy. One of these patients was operated on the third month, another the first month, and the third at four and one-half months. The prognosis of the operation was just as good in pregnant women as when there was no pregnancy, but leaving the tumor there increased the danger of pregnancy very much.

Dr. Barbour, of Edinburgh, who was introduced as a visitor, referred to a case of torsion of the pedicle of an ovarian cyst on which he had operated while the woman was pregnant, and, although the operation was followed by the bursting of stitches, escape of the bowels and an attack of peritonitis, there was no miscarriage.

Dr. Alloway referred to the great difficulty sometimes experienced in inducing the uterus to empty itself under certain conditions, while on the other hand it sometimes empties itself very easily with little provocation. This depends, he thought, on the stage of pregnancy and also on the endometrium. If the pregnancy goes past the third or fourth month a miscarriage is very unlikely to occur.

Dr. Laphorn Smith wished to lay particular stress on the possibility of pus tubes and ovarian cysts being present at any confinement, for two serious reasons. 1st, because the slightest force used upon the uterus, such as in Crede's method, might rupture the cyst or the pus tube. 2nd, if this occurred and puerperal peritonitis set in, no time should be lost in opening the abdomen and washing out, otherwise death

was almost certain. In any case the operation would not increase the danger.

Dr. Sloan enquired if Dr. Laphorn Smith advocated abdominal section in all cases of puerperal peritonitis, to which Dr. Laphorn Smith replied he most certainly did—if possible by a specialist, but if not, by the general practitioner.

In replying, Dr. Gardner thought the point raised by Dr. Laphorn Smith was a most important one as in one of his cases the cyst was not suspected and might have been ruptured during labor had it been left. In reply to a question by Dr. Ruttan, Dr. Gardner said, if the practitioner, on taking charge of a case of labor, found an ovarian tumor in the pelvis, he should endeavor to lift it out before the head was engaged. If on the other hand the tumor were in the abdomen, he should leave it alone until labor was over.

Dr. Gibney, of New York, then read a paper on "A Plea for the Early Diagnosis of Spinal Diseases." He had had 20 years' experience and had come to the strong opinion that if these cases were obtained early and immobilized they might be cured. He reported a number of cases bearing out this opinion.

Dr. Phelps, of New York, was in favor of immobilizing young children by placing them on a hard mattress with extension and counter-extension sufficient to overcome muscular spasm.

Dr. Shepherd, of Montreal, urged that every patient should be stripped and carefully examined.

Dr. Bell spoke in favor of the plaster of Paris jacket.

Dr. Roddick thought the best way to examine these patients was to place them across the knees, face downward, and then separate the knees while the painful vertebra was sought for.

At the evening session the President delivered an address on "Montreal as a Medical Centre," in which he showed the great amount of clinical material at present available in this city. He also described the