

REPORTS -OF SOCIETIES.

Toronto Medical Society.

The meeting of November 9th was devoted to the relation of cases in practice, in which Drs. Burns, Wilson, Spencer, Machell, McPhedran, McKenzie and Atherton took part. Dr. Foxton was elected to membership.

STATED MEETING, Nov. 13th, 1888.

President in the chair.

Dr. McMartin was elected to membership.

Dr. Reeve related a case of patient complaining of severe tinnitus. The patient thought he had an insect in his ear; sent for family physician, who blew in vapor of chloroform, then instilled warm oil, and afterwards used a syringe. Dr. Reeve examined the patient, and found a cockroach, which he removed in pieces; the tentacles were embedded in the membrane. In such cases the best plan is to kill the insect with as little injury to the ear as possible, and afterwards remove it.

Dr. Doolittle reported a case of fracture of anatomical neck of humerus in an old lady sixty-seven years of age. The fracture had the appearance at first of a dislocation, but a fracture was found three-fourths of an inch from the end of the bone.

Dr. Davidson reported a case where he had removed a pessary from a woman, which had been *in situ* for ten years. Excrescences had grown up, and embedded the pessary.

Dr. Miller then read a paper on "Infantile Diarrhoea," which occurs during the summer, and is caused by micro-organisms and ptomaines, as germs increase rapidly only when temperature is above 60° Fahrenheit. Children artificially fed are made subject to the disease, as their food contains germs. The difference in composition between mother's and cow's milk will not account for the milk not agreeing with the artificially fed children. Prophylaxis—Indication is to render food sterile. This is best accomplished by boiling half an hour. Feeding bottles must be thoroughly clean, have no rubber tubing; the atmosphere must be pure, and infant's person kept perfectly clean. Treatment—Calomel and ol. ricini. When stomach is very irritable, mustard blister to epigastrium; ice to suck; linseed meal poultices to abdomen; only barley water in small quantities. Antiseptics inter-

nally—Preparations of mercury, sodii salicyl., naphthalin, creosote, salol. Baruch recommends washing out the rectum and colon with warm, sterilized water. Cold baths are recommended when temperature is above 103° in rectum. Diet for first twenty-four or thirty-six hours—Barley water; then sterilized peptonized meat broths; and still later, when necessary, peptonized milk; stimulants must be given when indicated, and in sufficient quantities to overcome exhaustion.

Dr. Oldright asked for the experience of members with Jersey milk. He had exceptionally good results at first, then a change came, and the results varied. He used the morphia and atropia treatment, as the dose could be made so small that the child could not vomit it.

Dr. Wilson thought the only advantage in Jersey milk was that it contained more fat, and less casein, than ordinary milk.

Dr. Carveth mentioned having had good success with egg albumen and one cow's milk.

Dr. Acheson remarked that the casein of cow's milk curdles with a much firmer curd than that of mother's milk; water will not dissolve it; barley or lime water are sufficient.

Dr. Spencer gave $\frac{1}{2}$ gr. ipecac. and rhubarb to a child one year old.

Dr. Wilson had used santonin and morphia.

Dr. Atherton had successfully used suppositories of opium instead of enemata.

STATED MEETING, Nov. 20th, 1888.

President in the chair.

Dr. Dobie was elected to membership.

Dr. Graham related the following case of ataxic paraplegia. E. T., aged twenty-six, married, after birth of first child was troubled with headache from time to time at short intervals. Two months before second confinement it almost completely disappeared. Four months ago she noticed a pain in her back and limbs after exertion, gradually lost power in limbs of left side, pain in pelvis shooting down thighs, patellar tendon reflex increased, cannot stand steady or carry forefinger of left hand to nose with eyes closed, spastic gait, marked ankle clonus, numbness in upper extremity, double sight, left pupil does not respond to light as promptly as