

Act, except clause 4, meet with our approval, and that instead of appointing a taxing officer, this meeting recommends the adoption of a uniform tariff for the whole Province, legalized by the Medical Council, signified by the Seal of the College, and the signature of the President, as provided in Section XVI. of the Ontario Medical Act.

That all Medical Students, after the year 1887, shall be required to matriculate and attend a course of at least two full sessions in the Arts department of some University recognized by the Medical Council.

That the members of this Divisional Association, now assembled, desire to express their approval of the course pursued by the Medical Council, and also of their present representative, Dr. Douglas, during the past five years.

Referring to the tariff lately issued by the Grand Trunk Railway, as regards medical attendance upon their employees and passengers: That the medical tariff rates issued by the Grand Trunk Railway be disapproved of, and that we recommend that no medical practitioner in this Division do sign it.

(Signed)

R. DOUGLAS,
Chairman.

LLEWELLYN BROCK,
Secy. Treas.

Selected Articles.

THE METHOD OF EXAMINING ABDOMINAL GROWTHS.

The following clinic by J. Ewing Mears, M. D., Jefferson Medical College, reported in the *Med. News*, will be read with interest:

The presence of this patient to-day affords me the opportunity of speaking to you with regard to the methods to be pursued in the examination of patients suffering from abdominal growths. Having the patient prepared in this way and placed on her back on the table, the first step in the examination is inspection.

Inspection: The surface of the abdomen is inspected in order to ascertain whether it is uniform in shape. Its contour is observed and any enlargements or projections are to be noted. In practising inspection we should note not only any irregularities of the surface, but also the condition of the integument and any marks which may be found in the integument. For instance, your at-

ention is called to a line which frequently exists between the umbilicus and the pubes. Formerly this line, which has a brownish color, was regarded as diagnostic of pregnancy, it being usually found, or almost as a rule, in women who are pregnant. This line is also observed in the patient before you and I have seen it in a number of cases of abdominal tumors. It is, therefore, not pathognomonic of pregnancy, but it also exists in other cases of enlargement of the abdomen. This line is due to a pigmentary deposit, and, so far as I can recollect, I have never seen any satisfactory explanation why it should exist. In a recent case of ovariectomy not only did this line exist prominently between the umbilicus and the pubes, but brownish spots were also found on different parts of the body, face, chest, and right side of the surface of the abdomen and on the lower extremities. In this case the patient stated that the brown line and spots appeared after the development of the growth. Further, after pregnancy to full term has occurred, the surface of the abdomen may be marked by cicatrices, which indicate undue stretching of the integument. I call attention to this point, since it has happened in cases which have been presented at the clinic, that pregnancy has occurred in unmarried females and the history of the case has been entirely opposed to any such condition.

Having learned all that we can from inspection, the next step in the examination is palpation.

Palpation: By palpation we mean pressure with one, two, or three fingers upon the abdomen, carrying this, if necessary, to some depth. In order to facilitate this manipulation, it is desirable that the patient should be directed to inspire and then make a forcible expiration. By this means the diaphragm is drawn up and the walls of the abdomen are relaxed and deep palpation can then be made. By means of palpation we ascertain whether the cavity of the abdomen or the cavity of the pelvis is occupied by a growth, and, further, whether the growth is hard, soft, or elastic.

Percussion: The next step is to percuss the abdomen. Percussion is familiar to you all as one of the methods employed in the examination of the thoracic cavity. Beginning in the median line, we percuss downward from the ensiform cartilage to the umbilicus and pubes. The patient is then turned on her left side and percussion made over the right lumbar region. She is afterwards turned on the right side and the left side percussed in a similar way. Percussion gives us an idea in regard to the character of any growth in the cavity of the abdomen. The percussion note obtained over the intestine is resonant, or even more than resonant, tympanitic in character. Over a solid tumor the percussion note would be dull or flat. Over a cyst containing fluid it would also be dull or flat. By percussion, therefore, we determine whether the abdominal cavity contains anything more than the