In all these cases there was some irregular elevation of temperature; pallor, with the "lemon" tint, but without emaciation, high-colored urine of low sp. gr., the characteristic blood changes, and the gastro-intestinal disturbance. The disease appears to consist essentially of excessive blood destruction in the portal system, due to some poison absorbed from the intestinal tract, in which there is probably greatly increased putrefaction going on. What the poison may be is uncertain.

In the treatment of these cases, the bowels should, as far as possible, be kept clear of decomposing matter, and disinfected. In most cases an occasional mild calomel purge will do good, followed by an intestinal disinfectant, such as beta-naphthol gr. 5, or thymol gr. 3, three or four times a day.

Of the first importance, however, is the administration of arsenic; few cases get well without it. It is best given in small doses, say gr. $\frac{1}{10}$, every two or three hours after food. If not well borne, smaller doses, even a half drop of Fowler's solution, should be tried, every hour. Most cases bear it given freely. It probably acts on the blood, rendering the hæmoglobin more difficult of being dissolved out of the corpuscles. When it fails, after being perseveringly tried in all the different methods iron should be tried—it sometimes succeeds. Hydrochloric acid should be useful in preventing decomposition in the stomach, increasing peristalsis and promoting digestion and absorption. The diet should be highly nutritious, consisting of the iron-bearing foods, as yelk of egg, milk, meat, and cereals of all kinds. It is said that these foods increase the blood destruction, so that if a case is not doing well, it would be desirable to confine the patient to the farinaceous, omitting the nitrogenous foods. As all cases of pernicious anæmia are distinguished only after they have lasted some time, it would be well to treat all grave persistent anæmias with arsenic, as it is useful in all kinds. By so doing, some cases of pernicious anæmia might be prevented possibly.

Dr. Stewart, of Montreal, spoke of the treatment of pernicious anæmia with arsenic. He administered it in doses of m. ½, Fowler's solution, every hour, and given in this way it does not cause gastric irritation.

Dr. Graham classified cases of pernicious anæmia, as (1) those cases which prove fatal, (2) those cases amenable to treatment, and (3) those occurring after confinement. The disease is a very obscure one.

Dr. McPhedran replied.

Thursday morning.

Dr. Lapthorn Smith read a paper on

APOSTOLI'S METHOD.

He first of all described the proper way of carrying out the treatment scientifically and efficiently, and spoke of the causes of failure, one cause being that of not applying the positive electrode to the whole of the uterine surface. Sounds are sometimes inefficient, because in many cases there exists several curves in the cavity of the uterus. Dr. Smith has used a flexible bougie, by means of which he has been able to overcome the difficulty. The cause of failure in these cases is that the whole of the bleeding surface is not treated; by means of the flexible bougie, however, this can be done most efficiently. Two cases of failure were narrated, due to the curves in the cavity. A projecting fibroid may cause an extra curve in the uterine cavity.

Dr. Holford Walker then read a paper on the same subject, and narrated several cases which he had treated successfully.

In the discussion which followed, Dr. Walker referred to a case in which Dr. Smith's flexible bougie would have proved of great service to him had he known of the instrument.

Drs. Dickson, of Toronto, Sloane of Blyth, and Henderson, of Kingston, took part in the discussion, and Drs. Smith and Walker replied.

Dr. B. E. MacKenzie, of Toronto, then showed

A CASE OF LATERAL CURVATURE OF THE SPINE.

Boy, 11 years. Five years ago the boy's mother noticed the shoulders and hips not held symmetrically in relation to the spine. There is now a marked dorsal curve to the left, with rotation and lumbar curve to the right.

He has been under treatment six weeks, and under Dr. MacKenzie's supervision takes exercises selected for the purpose of developing such muscles as make greatest correction of the deformity. By an effort it is found that the boy can now almost straighten the spine, and can hold himself so as to measure three-fourths of