

pressed yeast, a small quantity of which was introduced into the eprouvette and allowed to remain over night, when all the sugar would be found to be converted into carbonic gas and alcohol. By comparing the specific gravity before and after fermentation, the amount of sugar could be ascertained by referring to a table which had been prepared for this purpose. He also demonstrated Eichbach's method of estimating the quantity of albumen by means of graduated test tubes which showed the actual percentage of albumen. The old habit of saying that there was one fourth or a third of albumen was erroneous, as the blood itself only contained 4 per cent. of albumen, while the worst specimen of urine never contained more than 0.7 per cent. As nitric acid had the effect of precipitating urates, Eichbach used a solution of citric and picric acids.

Dr. Wilkins asked whether mucus could not be got rid of by filtering.

Dr. Laphorn Smith emphasized the importance of heating both the nitric acid and the urine, when testing for albumen, by carefully pouring some of the filtered urine on to nitric acid in a test tube, and in which case a fine white cloud would be seen between the two limpid fluids.

Dr. Armstrong asked whether the old plan of letting down urine on top of nitric acid was not good.

Dr. F. W. Campbell said that as principal medical examiner in Canada for the New York Life Insurance Co., and others, he had had a large experience in testing urine, and he had been often struck with the fact that there was frequently no relation whatever between high specific gravity and sugar, nor between a low specific gravity and albumen.

In reply Dr. Ruttan stated that the precipitate with nitric acid represented the total proteids in the urine, while picric acid only threw down the albumen. The reagent referred to consists of 10 per cent. of citric acid and 20 per cent. of saturated solution of picric acid.

*Stated Meeting April 5th, 1889.*

THE PRESIDENT, DR. W. GARDNER, IN THE CHAIR.

Dr. Williams was elected a member of the Society.

Dr. Sutherland exhibited an extreme case of nevus, or angioma, in which the vascular growth was formerly flat, but was not pedunculated.

Dr. Laphorn Smith inquired what surgical resources were available in cases of this kind.

Dr. Sutherland replied that we might dissect out the whole diseased growth and replace it with healthy skin, by Thiersch's method, but the patient in this case had lived for 60 years with his blemish, and no longer cared enough about it to wish for an operation.

Dr. Byaler recommended electrolysis. He

had had a case of vascular tumor at the base of the orbit which he had treated very successfully by that means, as far as the nevus was concerned, although it had unfortunately set up optic neuritis and the patient had partially lost the sight of that eye.

Dr. Hingston said that he had treated these cases in a great many different ways, and that he now preferred either to remove the peduncles with the knife and hemostatic forceps, and then to remove the flat part with the actual cautery used, very boldly. This would leave a white scar instead of the red patch. When very deep he was in the habit of scarifying it either with parallel or right angle cuts, so as to completely cut off the circulation in the growth.

Dr. Gardner asked Dr. Hingston if he would not fear hemorrhage with the cautery at a white heat?

Dr. Hingston replied that he would not.

Dr. Laphorn Smith believed that since we thoroughly understood the hemostatic action of the positive galvanic pole that electricity offered the easiest, safest and best method of treating these blemishes.

Dr. Gardner thought that it would be difficult to use a strong enough current so near to the cerebral centres.

Dr. Smith replied that if we placed the inactive pole on the patient's hand or foot then the current would have to go through the nerve centres in order to make a circuit, but by placing the inactive pole on the skin as near as possible to the active pole, and by employing moist clay of sufficient surface and by taking care to increase and diminish the current gradually, so as to avoid shock, there would be no danger in getting up to twenty-five or thirty milliamperes, which was more than sufficient to make the positive needle destructive.

Dr. Finley showed a phthisical lung, also a urinary tract, including the kidneys, ureters, bladder and urethra, which were loaded with tubercle.

Dr. Armstrong showed a dilated Fallopian tube which he had removed. Its condition could not be diagnosed before the operation, owing to its being curled around the back of the ovary, to which it was intimately adherent, and which was removed with it. Still, as the woman's life was rendered wretched by pain and fever, he decided to operate and was well pleased with the result, as she already felt much better. Following Tait's advice, he removed the other appendage, which was also diseased, but not so much so as the first.

Dr. Armstrong also showed a blood clot which he had removed from the internal saphenous vein; it had been occluded for over a year on both sides, and he had no difficulty in removing it.

Dr. Gardner said, with regard to the case of diseased tubes, he thought that it was sometimes