

that school life is the particularly susceptible age. The doctor showed both from epidemics at home and abroad that the schools are a fruitful source of dissemination of the disease. Density of population, bad ventilation, lack of sunshine, decaying matter, etc., are all helpful in spreading the disease. The doctor showed that the cubic amount of air space in the rooms used, the cleanliness of the floors, the frequency with which the air is changed, entered largely into the prevention of its spread. The altered humidity of the air in school-rooms in winter, he thought was a potent factor in the spread of the disease, as it materially affected the condition of the mucous membrane of the respiratory tract.

Dr. Wilson then asked how it was that sanitation had decreased all other diseases, but diphtheria had increased.

Dr. Spencer said he would like to know why the most unsanitary parts of the city were free from diphtheria, while the parts perfect in sanitation were constantly having cases.

Dr. Bryce answered by saying that if the germs could be kept out of the school from the first there would be no danger. But in the most healthy parts of the city, germs had got into the school-rooms from some one affected, and were thus spread by the school, and in this way those parts of the city were infected.

Dr. E. A. Spilsbury read his paper on "Deflection of the Nasal Septum and its Surgical Treatment." The etiology he considered was traumatic, the symptoms were those of catarrh, buccal respiration, with its attendant evils, a change in the voice, etc. The treatment he recommended was removal of the obstruction by incision or by crushing. He gave a history of the different methods employed in operating on a projecting septum, and entered into the details of Delstanché's method, which consists in crushing the septum by using a pair of forceps, having the limb which enters the occluded nostril and which comes in contact with the obstruction, armed with a stellate knife. After being thus straightened, he inserts a splint whose two arms entering the nostrils and brought into contact with the nasal septum, hold it in position till healing takes place. The doctor then gave a history of several cases in which he had employed this method with marked success.

Dr. Primrose then followed, his subject being "The Anatomy of the Child." This paper was highly interesting, because he had frozen sections wherewith to illustrate his paper, also photographs of the same. He said this method of studying anatomy was particularly useful in learning the anatomy of the viscera and the structure of the joints. Many interesting points were to be seen, such as the relations of the antrum, the straightness of the nasal septum, the fascia of the eyeball, the horizontal position of the Eustachian tube, the

relative position of the temporary and the permanent teeth, the immaturity of the mastoid cells, the "sucking cushions" so-called, the mediastina, the high position of the apex of the heart, the highly developed diaphragm, the relatively large kidneys and suprarenal bodies, the small pelvis, the abdominal position of the bladder, the vertical position of the rectum, and many other interesting features.

Wednesday evening.

Dr. Arnott, of London, read a paper entitled "A Review of the Diagnosis and Treatment of Asiatic Cholera." He pointed out the difficulty of recognizing the disease before it got a foothold in the community, by reason of its similarity to sporadic cholera. He recommended that every case of diarrhoea be treated with all the sanitary precautions with which cholera is. In such a case the appearance of marked nervous phenomena should make us suspicious. The doctor portrayed vividly the various symptoms of the various stages, and emphasized the necessity of becoming absolutely certain of the diagnosis by a bacteriological examination. He described various conditions of the body and of the surroundings which favored the spread and strength of the disease. In regard to the treatment, he went fully into the discussion of the merits of the different plans employed—the eliminative, the astringent, the sedative and the antiseptic, dwelling on the futility of any and all of them in many cases. The disease ought to be studied from cases uninfluenced by drugs. He opposed the use of alcohol in its treatment. His leanings were toward the eliminative treatment and the application of heat externally and hot douches per rectum.

Dr. Sloan said that he did not agree with Dr. Arnott when he said that opium and alcohol were narcotics and not stimulants. He, Dr. Sloan, had treated many critical cases with alcohol and opium and consequently proved to him that they were stimulants.

Dr. Temple then said that he had seen several outbreaks of cholera in India, and had found that in many cases drugs were worthless; he thought alcohol was the best remedy for it. Warmth should also be applied. Dr. Spencer said that he had seen cholera when in the east, and he agreed with Dr. Temple in every particular. Dr. Hunter than asked Dr. Temple if he would treat the disease among Europeans as he would the people of India. Dr. Temple replied that he would. Dr. Barrick said that he had seen an epidemic of cholera in London, England, and that it depended on the severity of the epidemic and not on the treatment as to the number of deaths. At the beginning of that epidemic the patients got alcohol and died. But as the epidemic got milder they lived in spite of the alcohol. He closed by saying