

Meetings of Medical Societies:

TORONTO MEDICAL SOCIETY.

Sept. 23.—After calling the meeting to order the minutes were read. Dr. Davidson was proposed as a member of the Society.

Dr. GRAHAM related the history of a case of Leucocythæmia.

W. F., æt. twenty, farm labourer, admitted to the General Hospital, September 10, 1880, in a semi-comatose condition. Has had ague for three or four months. About a week ago began to get very stupid. Patient is very sallow, slightly jaundiced, œdema of face and extremities, and some ascites; albumen in the urine. The blood was examined on September 10th, and found to contain 1 white corpuscle to 20 red. Again on the 13th, 1 to 150. A heart murmur was discovered, but was considered a hæmic murmur. There were chills, epistaxis, diarrhoea and abdominal tenderness; the ascites disappeared. The temperature varied from 95° to 103°.

The post-mortem was made by Dr. Zimmerman, who exhibited the specimens. There was considerable fluid in the arachnoid cavity; the brain substance was pale. Heart large and flabby; the pericardium contained 4 oz. of fluid. On the tricuspid valves were some extensive vegetations of a fibrinous nature, and might have been in existence for some weeks. Spleen double its normal size, friable, weight 1lb.; mesenteric glands enlarged and indurated; elevation and congestion of Peyer's patches.

Drs. Oldright, White, Cameron, and others took part in the discussion to which this case gave rise.

Dr. ZIMMERMAN exhibited a tumour of the testicle, weighing 3lbs. 3oz., which he had removed from a subject without a history; there seemed to be an extension of the disease into the abdominal cavity.

Dr. MCPHEDRAN exhibited a piece of oyster shell one inch in its shortest diameter, which had been swallowed, and stuck low in the throat, whence it was pushed downwards into the stomach. Three days afterwards, the patient, while at stool, feeling something that he could not pass, hooked his finger round it and extracted it.

Dr. OLDRIGHT mentioned a case in which a plate of false teeth had been swallowed. Plasterer's hair and thick porridge was ordered, and in a few days the plate was passed, well enveloped in hair.

Dr. PALMER would hesitate to push onwards into the stomach a body which might have cutting edges, and would prefer extraction by the mouth with forceps.

Dr. GRAHAM reported a case of abscess of the throat which burst into the trachea, causing suffocation.

Dr. CAMERON remarked that in Angina Ludovici, an early mesial opening was advised, and if no pus was found, a director or forceps should be pushed laterally backwards between the tissues until the abscess was reached and free exit given to the pus.

Dr. MACDONALD exhibited a vesical calculus which he had extracted from a man, aged 53. He had attempted to crush, but failed. Three days after the operation there was considerable hæmorrhage, which was controlled by a neighbouring practitioner by plugging. The clots in the bladder caused great tenesmus and prostration, almost collapse, from which he was rescued by hypodermic injections of sulphuric ether.

Dr. REEVE then read a paper upon Diseases of the Naso-Pharynx, Tympanum and Mastoid Cells.

Beginning with an anatomical description of the parts, he took up naso-pharyngeal catarrh. He deprecated the neglect of the colds and sore throats of children, tracing many cases of catarrh and deafness to this cause. He then passed on to the various growths of the nasal passages, showing some specimens which he had removed, and detailing the various methods of diagnosis and treatment.

The meeting then adjourned.

Oct. 7.—At 8.30 Dr. Covernton called the meeting to order. The minutes were read and confirmed. Dr. Davidson was elected and Dr. Sheard proposed as a member of the Society.

Dr. MACHELL reported a case of cancer of the stomach in a man thirty-four years of age, who had complained of dyspeptic symptoms for ten years. Four months ago aggravation of all the