prive him of his salary I do not suppose he would serve the Council any further. And I, as a member of the Council, should be very sorry indeed to lose his services. We must remember, as Dr. Bergin says, when the new Council is elected we shall be able to pay our way very well, as the future will show.

(*To be continued.*)

Meetings of Medical Societies.

ONTARIO MEDICAL ASSOCIATION—FOURTEENTH ANNUAL MEETING.

The Fourteenth Annual Meeting of the Ontario Medical Association was held in the Educational Department of the Normal School, Toronto, June 6th and 7th, 1894.

Dr. L. McFarlane occupied the chair. This meeting was one of the most successful that has ever been held. There were in attendance some 160 members, twenty four new members being added.

After the usual routine business of opening, Dr. A. J. Johnson presented a resolution asking that a committee be formed to take into consideration the question of contract and lodge practice. This was unanimously consented to

Dr. J. H. Duncan, of Chatham, gave the opening paper on the "Use of Strychnia in Pneumonia and Chronic Heart Disease." He pointed out that it acted upon the vital nerve centres, making them more susceptible to external stimulation, that the heart weakness was due largely to the affection of the nerve centres by the pneumonic poison. This drug increased the irritability of the motor centres. No rule could be laid down as to dosage, but he had given in average cases a thirtieth of a grain every three hours, with marked benefit. He referred also to the statement made by certain investigators that its use increased number of white corpuscles, and thus the phagocytic action of the blood would be materially increased.

Drs. Saunders and Gaviller took part in the discussion.

Dr. Temple followed with a paper on "Placenta Praevia." He gave an account of the history of the treatment this condition had received in the past, and outlined the present lines of treatment. No hard rule could be laid down, but each case had to be treated according to the symptoms presented. The great weight of evidence was in favor of the termination of gestation, especially if it were the first attack, and severe, and prior to the seventh month. He considered that where hæmorrhage occurred in the early months there should be no hesitation if the mother's life were in danger, in sacrificing the life of the fœtus. It would only be justified to prolong gestation where the woman was near the seventh month, the hæmorrhage slight, the placenta laterly situated, and the woman in reach of a medical man. The patient should be put to bed, kept physically and mentally quiet; and an opiate might be administered. He did not consider there was any virtue in astringents. The procedure, if hæmorrnage occur severely after the seventh month, he repeated, was to deliver, the membrane should be punctured, the cervix dilated if possible, the placenta around the os separated, and ergot administered. If the cervix were hard and undilatable and hæmorrhage persistent he advocated plugging, and that thoroughly and antiseptically, the woman being closely watched.

Dr. Burns alluded to the occurrence of post-partum hæmorrhage in these cases and the necessity of taking extra precautions. Another point he referred to was the greater frequency of the placenta prævia in multipera than in primipera.

Dr. Mitchell coincided with Dr. Temple in the main but referred to the difficulty of always being able to diagnose these cases, he thought possibly there was a danger of considering that whenever hæmorrhage occurred during gestation, that it was due to placenta prævia when perhaps this might not be the case. He had used for dilating the os Barne's dilators. He referred to one or two cases he had had, and considered the great gravity of all such cases to be very great.

Dr. Oldright pointed out the dangers of plugging. The uterus was a dilatable structure, and after the plug was inserted there was danger of intra-uterine flowing. He thought in most cases the os could be dilated by the fingers.

Dr. Harrison, of Selkirk, spoke of the difficulty country practitioners had in these cases by living, as a rule, so far from them. His plan was to dilate the os and deliver as soon as possible.

Dr. McLaughlin wished to know why ergot should be given, as it produced tetanic spasm of the uterine muscle, not producing expulsive efforts. There was thus danger of causing the death of the child. He spoke of the old method of plugging with a silk handkerchief advised by the early teachers.

Dr. Powell reported having eight cases of placenta prævia centralis with seven recoveries. He emphasized the point that no two cases could be treated alike. He thought the statistics would be materially improved if the process of inducing labor in all cases were adopted when the diagnosis has been satisfactorily established.

Dr. Bruce Smith said that plugging should be the last resort in placenta prævia; the uterus should be emptied at once. He cited cases in proof of the value of this procedure. He repeated that the patient should be very carefully watched.

Dr. Temple said he had not found post-partum hæmorrhage occur after these cases any more than after ordinary ones. In reply to Dr. Mitchell he said he took it that the diagnosis had already been made, the subject he was to discuss was the treatment of the condition. As to the use of Barnes' bag, he said they were not actually at hand. He contended in favor of plugging, where it was well done, to check hæmorrhage and induce dilitation of the os. Of course, the silk handkerchief would not fill the bill at all. He deprecated the use of ergot in ordinary cases of labor, but in these cases where the child was not viable its use was all right.

WEDNESDAY AFTERNOON.

The first item of interest on the programme was the President's address, which was a very able one, and was listened to with marked attention. He referred to the history of medicine in the past, gave an idea of its present position, and referred to its