

wounded, and as no opening could be found into the joint, it is believed that it escaped.

Three amputations were performed, two through the middle of the arm and one at the surgical neck of the humerus, also one excision of the elbow joint shattered by a shot, but vessels intact. All were doing well when they left for the base hospital at Saskatoon, on May 1st. The total casualties were 31 wounded and 10 killed, including 1 officer killed and 3 wounded. The wounded were transported to the rear in stretchers made of hides slung in waggons. They were all comfortable on starting.

Camp, Fish Creek, N. W. T., May 2nd, 1885.

### Reports of Societies.

#### HAMILTON MEDICAL AND SURGICAL SOCIETY.

May 5th, 1885.

Dr. Stark, Vice-President, in the chair.

Dr. Mullin exhibited a pathological specimen— an ovum of two months.

Dr. Leslie then read a paper on "The Germ Theory." The paper went very extensively into the subject from a theoretical point of view, dealing with the researches of different observers as to the nature of cells, and from these proceeding to a description of the various kinds of germs. The subject of spontaneous generation was then taken up and the question of disease germs was considered. After a lengthy description of Lister's views and system, and the various opinions with regard to it, reference was made to Koch's investigations as to the nature of cholera and the discussions that had arisen. Drs. Mullin and Malloch both supported the germ theory, the latter especially speaking with reference to Listerism, which he considered to be increasing in favour and had exerted a beneficial influence. Dr. Rosebrugh gave the particulars of an interview had in Edinburgh with Keith as to the sufferings of the latter when using the carbolic acid spray, and the necessity arising for its discontinuance. Dr. Rosebrugh also spoke of his observations in London and Birmingham, all of which tended to show how much operations now depend on cleanliness. Dr. Leslie, in responding, stated that though at present he thought the evidence was against the germ theory, yet the growth and multiplication of germs in the body was a strong argument in its favour.

May 12th.

The President, Dr. White, in the chair.

Dr. Malloch presented a pathological specimen— carcinoma of the pyloric end of the stomach. Dr. McCargow showed a finger which had been opened for whitlow, but too late, as there was denudation of the cartilage of the articular ends of the first phalanx and the adjoining metacarpal bone of the left fore-finger, while there had been a large abscess formed under the pectoral muscles of the same side extending from the axilla, its original site, to within an inch or two of the sternum, and extending downwards over a space corresponding to three or four ribs.

Dr. Rosebrugh then read a short paper on "Intra-uterine Medication." The paper began by referring to the fact that in the greater number of cases of apparent disease of the inner surface of the organ there is, as a rule, some special cause for the symptoms, such as a flexion or version, which removed, the symptoms will soon disappear under very mild treatment. Consequently in all uterine diseases great pains should be taken to make a correct diagnosis, for experience shows that when the case is thoroughly understood the treatment is simplified and more easily accomplished. As an instance, was given the alarming symptoms presented by a case of chronic retroflexion with laceration of the cervix, so easily relieved if these primary conditions are only remedied. The class of cases requiring intra-uterine medication were summarized as follows: 1st, chronic endometritis with the following characteristics: general enlargement of the body of the organ; considerable dilatation of the corporeal cavity, and the endometrium in a condition of fungoid or cystic degeneration, giving rise to a muco-purulent leucorrhœa and frequently to a profuse menorrhagia. 2nd, uterine catarrh, with an albuminous secretion that persists, despite ordinary treatment. 3rd, habitual abortion, independent of syphilis and ovaritis, and seemingly due to some morbid condition of the endometrium. 4th, membranous dysmenorrhœa. 5th, the flabby uterus frequently associated with subinvolution. Having spoken of the difficulty of separating the treatment of the endometrium from that of the os and cervix, while often if the disease of the latter is removed there is no further trouble with the former, the essayist stated that he no longer used tents to dilate the cervical canal, as he found that the applicator