

operation, electric stimulation of the cortex was negative, so was unable to obtain confirmatory evidence of localization. The speaker cited a similar case reported by Ross, of Manchester, Eng., with depression in same locality, where symptoms were similar and operation successful. Replying to Dr. T. Wesley Mills, Dr. Finley said the electrodes were about one-eighth of an inch apart, and the current too strong to be borne on the lips.

PRIMARY CANCER OF THE LIVER.

Clinical notes by Dr. W. F. Hamilton ; pathological report by Dr. C. F. Martin. (will be published next month.)

PAPER ON THE TREATMENT OF INEBRIETY AS A DISEASE.

Dr. Oliver C. Edwards, Ottawa, read the paper, an abstract of which was published last month (p. 257 CANADA MEDICAL RECORD, Vol. XXIV, No. 6, March, 1896) when

Dr. Burgess said he agreed with Dr. Edwards that inebriety was a disease, but went further, and considered it a disease long before the stage at which Dr. Edwards set it down as such. Its most prominent symptom was lack of will power, and its victims usually the inheritors of unstable nervous organizations. As regarded the gold treatment, the same results could be obtained by cutting off the liquor supply and building up the system generally. Occasionally, the effect was permanent, but usually only temporary.

Dr. James Stewart said he had no faith in this treatment more than any other. A certain percentage of cures were effected by making a powerful impression on the nerve centres. Hypnotism had been equally as good,—the disease was due to paralyzed control.

Dr. J. B. McConnell agreed with Dr. Burgess in looking on the inebriate as a neurotic. He himself, in a paper read before the Society a couple of years previously, had reported identical results from the use of strychnine.