

paralysis of the intestinal walls. This paralysis, attended, as it is, by vaso-motor changes in the bowel wall, is favorable to the absorption of septic matter from the intestine, and permits (if persistent) of a filtration through the intestinal wall of septic material, of bacteria or of their products. These are readily taken up by the very absorbent peritoneum, and a septicæmia commences. This is the explanation of Olshausen Verchière and others, so that this is the greatest danger of the distention.

The advocates of puncture and incision are many, but I will only quote a few remarks made within the last six months :

C. B. Lockwood says, to empty the distended intestine of gas, each coil is punctured with a fine trocar and canula. diameter $1\frac{1}{2}$ to 2 millimetres, and the fæces let out by an incision which was afterwards closed. He reports three successful cases of diffuse septic peritonitis.

Knowsley Thornton said for many years he had been accustomed to puncture by trocar, and to make incision into distended gut, but not in a detached method.

Mr. Marmaduke Shield says : " It is of immense importance to use a fine trocar and canula, which should be passed obliquely through the muscular coat, so as to produce a valve-like opening, and prevent leakage."

Mr. Barker : " I am in favor of free incisions into the intestine rather than puncture, on account of the immediate relief to the distended intestine."

These remarks were all made in speaking of diffuse septic peritonitis.

In conclusion, let me say that success will be greatest when we direct surgical measures against causes and beginnings of the evil, rather than against effects and drainage done.

A very full discussion of the paper followed, in which Drs. Garrow, Malloch, Sir James Grant Rogers, Small, Horsey and A. T. Shillington took part.

It was agreed that it should be published in the *ONTARIO MEDICAL JOURNAL*.

The consensus of opinion was that troubles in the neighborhood of the appendix, and the surgical interference to which they had given rise, had been instrumental in rationalizing the treatment

of peritonitis, both general and local, and as a consequence many valuable lives had been saved. While all were agreed as to the importance of early interference in appendicitis, some difference of opinion prevailed as to the advisability of searching for and removing the appendix in every case. All were unanimous as to the necessity of flushing out the abdominal cavity and providing free drainage.

Meetings of Medical Societies.

EST TORONTO TERRITORIAL MEDICAL DIVISION ASSOCIATION.

The annual meeting of the West Toronto Territorial Medical Division Association was held in Broadway Hall on January 12th, at which a large representation of the members of the Division was present.

The subjects of lodge practice, account collecting (including a black-list of bad-pay patients), and repetition of prescriptions by druggists were discussed, and committees appointed to consider each of these and report at the April meeting.

The election of officers resulted as follows : President, H. T. Machell ; 1st Vice-Pres., A. A. Macdonald ; 2nd Vice-Pres., A. Hamilton ; Sec.-Treas., Geo. H. Carveth. Council : A. McPhedran, J. Spence, J. Ferguson.

The next regular meeting of the Association will be held in the Broadway Hall, on Wednesday, April 10th, at 4 o'clock.

Correspondence.

The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

Re PROSECUTIONS.

To the Editor of *ONTARIO MEDICAL JOURNAL*.

DEAR SIR,—The following have been prosecuted by me during the last month :

John McIntosh (Black Horse), fined \$25 and costs.

F. W. Coulson (Toronto), Manager of M. V. Lubon Medicine Co., \$75 and costs.

Mrs. A. H. Keith, wife of manager of Viavi Medicine Co. (Toronto). Magistrate reserved judgment for a week.