

the practice of making regular quinine bottles of patients.

Dr. C. C. Rice read a paper on "The Surgical Treatment of Diseases of the Throat," exhibiting and explaining the latest instruments used in operations in that department of medical science.

Dr. Palmer, Dr. J. E. Graham, and others took part in the discussion.

#### SECOND DAY.

The first paper read was one by Dr. Hunt, of Clarksburg, on "Idiopathic Glossitis." He referred to a patient, a farmer, *æt* 35, who having contracted a cold, complained of pain at the root of the tongue and soreness of the throat. The tongue swelled rapidly and deglutition became impossible. The pulse was rapid and feeble. The neighboring glands were swollen. Two deep incisions were made on the dorsum, from which blood flowed freely, but no pus. The swelling increased so rapidly that laryngotomy had to be performed. The patient died the fifth day after the operation. The reader said that so far as he was aware this disease was very rare.

The paper was discussed by Dr. McPhedran, of Toronto, Dr. Brock, of Guelph, and Dr. Metherrill, of Freeltown, who advocated the use of ice in the treatment of the disease.

The next paper was read by Dr. C. M. Smith, of Orangeville, on "Fractures of the Humerus." The mode of treatment advocated was illustrated by the introduction to the Association of a young man whom Dr. Smith successfully treated by the aid of the splint.

*Ruptured Tubal Fœtation*, was the title of a paper by Dr. Gardner, of Montreal. He related the case of a woman, aged 29, in whom an extra-uterine gestation was diagnosed. One attack of pelvic and abdominal pain was partially recovered from, but a recurrence taking place two weeks later, an operation was decided upon. The application of electricity was precluded in this case by the evident hemorrhage and peritonitis. The abdomen was opened and a quantity of blood clot of varying age, and bloody serum removed. A ragged, friable, granular mass—an expansion of the right fallopian tube—was torn away in attempting to raise it to the edge of the wound to apply a ligature. No ligature was applied. The abdomen and pelvic cavity were washed out and drained. Though the patient's condition was alarming at

first, she steadily rallied and made a complete, though tedious, recovery, the tediousness being due to cystitis. On examining the substances that had been removed, a blood-stained fœtus about one inch in length was discovered, as well as ample evidence of chorionic villi. The fœtus had evidently been dead for some time, probably from the date of the first urgent symptoms. The state of things indicated clearly that electricity would have been of no use at any time after the patient called in her doctor.

Dr. Gardner remarked on the difficulty of diagnosis, which probably, however, is not so great as often imagined. The diagnosis having been made, the question of treatment may practically be considered under three heads—fœticide by electricity, abdominal section to remove the fœtation, and expectancy.

*Electricity*.—The faradic current is to be selected on account of the easiness and simplicity of the application, and the fact that apparatus is almost always to hand. Though opposed by some eminent abdominal surgeons, there is such a mass of evidence in its favor that its position seems unsailable. A successful case has been published by the author (*Canada Medical and Surgical Journal*, August, 1885).

*Abdominal Section*.—Mr. Lawson Tait, Dr. Imlach, Dr. Johnstone, and others, say that as soon as diagnosis is made we must open the abdomen. Unfortunately, and this is the strong point of the case for the advocates of immediate section, the first symptoms demanding medical aid may be those of the fatal rupture. There is no doubt that extrauterine fœtation is far more common than is generally supposed, and that rupture with hemorrhage often occurs, and is recovered from by absorption of both blood and fœtus. The author's case goes to prove that even after there is every evidence of the death of the fœtus by electricity, symptoms may subsequently arise to render necessary abdominal section. It may be premised that the earlier the stage of pregnancy at which fœticide is effected, the less likely are after symptoms to arise.

*Expectancy*.—Presuming the case to occur in thoroughly experienced and competent hands, the diagnosis to have been made and the symptoms to be severe, an expectant treatment must be condemned. It will be proper only in doubtful cases with mild symptoms.