

a syringe might determine the destiny of an exudation. One which might have remained serofibrinous, could in this way become purulent.

After some further discussion of the subject by Dr. Whiteman, of Shakespeare, the President, Dr. Graham, read the annual address, the major portion of which appears in this number.

The address on Surgery was then delivered by Dr. Grasett. It appears in this number. Dr. Hingston, of Montreal, and Sir James Grant, of Ottawa, took part in the discussion of the paper.

In the Medical Section, Dr. Macdonell, of Montreal, read a paper on "Knee-jerk in Diphtheria," in which he stated that, of eighteen severe cases of diphtheria which he had under his care in the Montreal General Hospital, the knee reflex had been absent on the day of admission in ten cases. He believed that in many cases absence of this reflex is the only sign of nervous disturbance, that it often precedes other nervous symptoms, and remains after they have disappeared. His conclusions are:—(1) That in a considerable number of cases knee-jerk is lost from the first beginning of the disease, and thus affords a valuable means of the diagnosis of the nature of the throat affection. (2) That loss of knee-jerk is the first evidence of the disease having attacked the nervous system. (3) Absence of the knee-jerk has no influence on the prognosis.

Dr. W. H. B. Aikins then gave some interesting facts relating to the epidemic of Anthrax at Guelph, and a paper on the "Detection of Typhoid Bacilli in Drinking Water."

In the Surgical Section, Dr. Malloch, of Hamilton, read a "Report of Nineteen Cases of Tracheotomy in Diphtheritic Croup." He advocated: 1. The high operation. 2. Frequent cleansing of the tube with a solution of sodæ carb., followed by one of bichloride. 3. Early operation.

After much interesting matter, given by Drs. Atherton, of Toronto, Trenholme, of Montreal, Bell, of Montreal, Dr. Malloch closed the discussion.

Sept. 1st.

The President took the chair at 10 a.m. After routine business, it was moved by the President, seconded and carried, that Drs. Ross and Stewart, of Montreal, and Graham, of Toronto, be appointed a "Committee on Organization," to consider the best means of maintaining and increasing the use-

fulness of the Association, and report at next meeting.

Dr. Eccles, of London, then gave an excellent address on "Subinvolution of the Uterus." It provoked an animated discussion, which was taken part in by Dr. Powell, of Ottawa, Dr. Cameron, of Montreal, Dr. Trenholme, of Montreal, Dr. Holmes, of Chatham, and Dr. Bantock, the celebrated surgeon of London, England, whose contributions to the *Lancet* have made his name well known in this country. He did not recommend the use of such powerful agents as nitric acid, which he believed was a dangerous remedy in many cases. Neither did he advocate excision of a part of the cervix as a necessary procedure. He used applications of iodine and glycerine in varying strength, corrected existing misplacements, and in some cases of lacerated cervix adopted Emmet's method.

At the special request of the members, the paper of Dr. Gardner, of Montreal, on "The Year's Work in Abdominal Surgery," was transferred from the surgical section to the regular session. Dr. Gardner is an ardent admirer of Dr. Bantock, and after the reading of his paper, in which a number of exceedingly interesting cases in abdominal surgery which had come under his notice were fully described, Dr. Bantock consented to deliver an impromptu address before the Association, taking as his text some of the points raised by Dr. Gardner in his paper. He deprecated the giving of opium and stimulants after cases of abdominal surgery, and also took occasion to object strongly to men performing such operations, unless they have extended knowledge and experience in this class of surgery. He advised young men who get such cases to send them to older practitioners having large experience. When he himself began the treatment of cases in abdominal surgery, he was unsuccessful in nineteen cases in the first hundred, while in later years the ratio was only about one per cent., showing that practice and experience is an important factor in this description of surgery.

Dr. Rosebrugh, of Hamilton, and Dr. Hingston, of Montreal, followed with further illustrations and descriptions of cases, and then Dr. Bantock answered a number of special questions from the members present.

The Association then adjourned until 2 p.m.

At 2 p.m., the President being in the chair, Dr. Stewart gave an address on "The Present State of Cardiac Therapeutics," of which the following is an abstract:—The means to be employed when treating an acute inflammatory process of the endocardium is to give as much rest as possible to the inflamed valves, and in order to effect this, measures must be taken to lower the blood pressure. To accomplish this, the patient should have complete bodily rest in bed and have as little fluid in his diet as possible. During the continuance of