hernia was securely held. In infants, the springs were usually too strong. They should be light, waterproof, and should be left on at night. The doctor had treated infants as young as ten days old. There was no lack of appliances, the doctor concluded, but there was of medical men who understood the application of them.

Dr. Barrick said he wished to refer to two or three points mentioned by Dr. DeGarmo. The first was with regard to the pad being in line with the spring; the second, the relation of the pad to the internal ring. He said that in old cases of hernia the internal ring was dragged down towards the external ring, therefore, he thought that the English truss, condemned by the reader of the paper, was constructed on the right principal, the pad being below the line of the spring.

Dr. Grasett said that he agreed in the main with what Dr. DeGarmo had said, but he did not like to hear the English truss condemned so strongly, as in many cases of failure it was not the fault of the truss but was due to some accident by which it was broken or disabled.

The president then called on Dr. Powell, of Ottawa, who addressed the Association on "The Management of Abortion." Syphilis, either through the mother or the male parent, was one of the commonest causes of abortion, and in these cases mercury had been found to be very beneficial. Endometritis, fibroids, malignant disease, and everted or patulous os, and malpositions, were other causes. The last condition was readily treated by keeping the fundus in its proper position for about three months. Sub-involution was another cause of the aborting habit, and in these cases local applications and general medication were needed. In other cases no cause could be given. Rest was an essential part of the treatment, particularly in threatened abortion. He also recommended absence of sexual intercourse, the use of opium, bromide of potash and viburnum for the aborting habit. In primiparæ, where abortion had taken place, hæmorrhage was often arrested by the ovum itself filling up the cervical canal. In multipara the tampon was often necessary. He advised curetting where there was continued hæmorrhage accompanied by retention of a portion of the membrane which were beyond the reach of the finger.

Dr. Temple said he did not agree with the paper in one or two points:—First, hæmorrhage, in his experience, was more severe in primiparæ, than in multiparæ, therefore he would in treating them use the tamon. Second, in primiparæ, he believed that abortions were more frequently due to the patients not taking care of themselves, and were not so often due to syphilis. Third, he considered that the after results, septicæmia, etc., were far more to be dreaded than the hæmorrhage at the time of the abortion.

Dr. A. H. Wright said that he did not agree with Dr. Temple that accident was the chief cause of abortion, as working women in his experience were least likely to abort. To prevent abortion his treatment was rest, opium and pot. brom. as an adjuvant. It was, he said, very difficult to decide that any given case was one of inevitable abortion. When it was inevitable he emptied the uterus of its contents as soon as possible. If those was undilated he used the tampon, but if dilated he generally used his finger to get rid of the contents.

Dr. Powell then closed the dissussion. He said that he did not agree with Dr. Temple, as he had found that hæmorrhage in primiparæ was not so severe as in multiparæ, that the ovum filled the canal, and therefore no tampon was needed. He had not said that syphilis was the great and only cause of abortion, but that it was one of the most fruitful sources of it.

The Association was now addressed by Dr. Wilson, of Richmond Hill, on "The Treatment of Diphtheria." The doctor strongly advocated the use of prophylactic treatment in the way of removing all sources of irritation from the mouth, nares and tonsils, and anything that would cause hyperæmia of these parts. The general condition of the system should be kept in the best possible condition and the hygienic surroundings perfect. Early treatment, the doctor said, was necessary in order to lessen the vitality of the germs, and their virulence and power of reproduction. When the membrane was small in amount it was possible to keep it rubbed off and the denuded surface then sprayed with bi-choloride solution. The membrane could be dissolved by papoid, hydrogen peroxide, etc. In many cases where we could not kill the bacilli, we could lower their vitality so that their virulence needed not to be feared. In cases with pain the cold coil should be used. The constitutional treatment consisted of rest, liquid diet, and the adminisiration of tinct. ferri. perchlor.

Dr. Milner, of Toronto, now read a paper on "Diphtheria, Its Cause and Treatment." In speaking of treatment, he said an external application of turpentine was useful, and that among solvents the peroxide of hydrogen was the most reliable. If the membrane formed very rapidly, obstructing respiration, it should be removed. Tincture of iron, he affirmed, was our sheet anchor in treating the constitutional symptoms. Stimulants, also, should be given from the first. The diet should be chiefly iced milk. Speaking of tracheotomy and intubation, he said that intubation should be used in infants under three and a half years old, also in adults. Tracheotomy should be performed in those between three and a half and five.

A paper was now read by Dr. Bryce on "The Public Schools in Relation to the Dissemination of Diphtheria." He showed by statistics gathered,