death of the child. He spoke of the old method of plugging with a silk handkerchief advised by the early teachers.

Dr. Powell reported having eight cases of placenta prævia centralis with seven recoveries. He emphasized the point that no two cases could be treated alike. He thought the statistics would be materially improved if the process of inducing labor in all cases were adopted where the diagnosis has been satisfactorily established.

Dr. Bruce Smith said that plugging should be the last resort in placenta prævia; the uterus should be emptied at once. He cited cases in proof of the value of this proceedure. He repeated that the patient should be very carefully watched.

Dr. Temple said he had not found *post-partum* hæmorrhage occur after these cases any more than after ordinary ones. In reply to Dr. Mitchell he said he took it that the diagnosis had already been made; the subject he was to discuss was the treatment of the condition. As to the use of Barnes' bag, he said they were not usually at hand. He contended in favor of plugging, where it was well done, to check hæmorrhage and induce dilitation of the os. Of course, the silk handkerchief would not fill the bill at all. He deprecated the use of ergot in ordinary cases of labor, but in these cases where the child was not viable its use was alright.

WEDNESDAY AFTERNOON.

The first item of interest on the programme was the President's address, which was a very able one, and was listened to with marked attention. He referred to the history of medicine in the past, gave an idea of its present position, and referred to its future possibilities. He outlined the rise and fall of the various schools of medical thought, dwelling more particularly on the present one, the principles of which depended upon a knowledge of physiology, pathology, and the kindred sciences. He spoke of the immense strides that had been made in the development of these special branches, and of the immense aid they were to scientific diagnosis and treatment. He paid a high tribute to the late Dr. Hodder's influence upon his students in stimulating them to the study of scientific medicine. He referred to the wonderful accuracy with which the educated physician of the present day can detect the presence of disease in the most occult parts of the human frame. He also paid a tribute to the workers in the line of preventive medicine, and to those who were studying the effects of the action of the attenuated virus of certain specific bacilli in the treatment of diseases caused by these bacilli. We were not in a position, he said, to speak of the value of animal extracts in the curing of disease. He advocated the establishment of an institute similar to Koch's and Pasteur's for the advancement of the studies, the results of which tended perhaps more than any others to the well being and happiness of the people. This should be under government control, and outside the influence of party politics. He argued that if we had institutions for training farmers, schools for civil engineers, etc., aided by government, why not an institution of this sort, whose objects were the saving of life and the prevention of disease. If the Province would take such in hand, he was sure generous aid would be given in the way of bequests by many who are in sympathy with such a work.

Dr. McFarlane, on motion of Dr. Temple, seconded by Dr. Harrison, President of the Dominion Medical Association, was heartily thanked for his splendid address.

"The Treatment of Strangulated Hernia," was the title of the next paper, read by Dr. J. Wishart, of London. Dr. Wishart's first point was a reference to what Mr. Jonathan Hutchinson had said regarding the fatality of strangulated hernia, how that, while mortality in all other surgical proceedures had materially lessened in recent years, the mortality following operations for strangulated hernia had increased. This he attributed to the fact that the step of performing taxis had been left in the background, surgeons being too desirous of using the knife. Dr. Wishart gave a tabulated statement of some seventeen cases he had had during the past twelve years, in sixteen of which he had operated with twelve recoveries. He detailed the special points of interest in each operation.

Dr. Whiteman, of Shakespeare, discussed this paper and cited some interesting cases he had had, outlining the symptoms diagnosis and treatment. He spoke of the ease with which the operation could be done, and its freedom from danger. It was often difficult to know how much taxis should be used. If operation were done, and the bowel looked suspicious of gangrene, the question as to whether to return it or not was also difficult.

Dr. Rennie, of Hamilton, followed. He spoke of the high mortality in these cases. He believed there was a decrease instead of an increase. All cases have not been reported, and we have no large tabulated statements regarding the question. He believed too that taxis should not be placed in a subordinate position. Chloroform should not be given any oftener than necessary, as it tended to excite vomiting. Where the bowel was gangrenous it was because operation had not been done early. In this condition of affairs the use of Murphy's button would be a favorable form of treatment.

Dr. Grasett said that the importance of this subject was shown from the fact that it had come up for discussion so often during the meeting of the Association. He would not like to dispute such an authority as Mr. Hutchinson, yet he was