

for treatment in the intervals, with amyl nitrite to relieve attacks. Valerianate of ammonia in neurotic cases, and iodide of potassium in atheromatous conditions, he had also used with fair results.

Dr. Graham had found in a country practice that the aged, broken down by hard labor, were specially susceptible to angina pectoris.

Dr. Eccles had observed that, in a patient to whom he had given nitroglycerin continuously for nine months, a tolerance of the drug was created, the frontal headache did not accompany its use, and the patient's nutrition was markedly improved.

Dr. Jento recalled a case in which the patient was relieved of her angina coincident with the expulsion of a uterine cast (membranous dysmenorrhœa).

Dr. Gardiner's experience was that true angina pectoris was most frequently due to cardiac dilatation, and he had always found the application of the old-fashioned mustard plaster a good sedative and regulator of the disordered cardiac mechanism.

Dr. Ferguson was treating a case of gastric dilatation in which attacks of angina were induced apparently by flatulent distension of the stomach, causing pressure upon the distribution of the phrenic nerve to the diaphragm, and interference with the movements of the heart.

Dr. Jento reported a case of dislocation of the femur on the dorsum ilii, which he reduced twelve and a half weeks after the occurrence of the accident by pulley traction, after failure to reduce by manipulation. The case had been treated for two months before he saw it for fracture of the head of the femur. He found the thigh slightly flexed, abducted, and everted. Fixation splints, with rest, was the after-treatment for four weeks; then the patient went about on crutches. In two months he could walk without the aid of a cane, and in six months he resumed his ordinary work.

Dr. Campbell had never found manipulation of service in reducing dislocations.

Dr. Wishart thought the mode of reduction depended altogether upon the kind of dislocation. Dislocations of the shoulder, for example, were not generally reducible by manipulation, as the movable scapula did not afford leverage for manipulation. Regular dislocations of the femur, however, were effectively reduced by manipulation. The eversion of the foot in Dr. Jento's case showed that the dislocation was irregular, and that there was rupture of the ilio-femoral ligament. In that case the leverage afforded by the ligament was wanting, and, consequently, manipulation would have been unavailing, even if the dislocation were recent.