

Dr. McPhedran thought that the coal tar products had their proper place. He had not seen any organic cardiac cases.

Dr. McCallum believed in administering strychnia and digitalis.

### *Surgical Section.*

"Thrombosis of the Femoral Vein following an Aseptic Laparotomy."—Paper by E. R. Secord, Brantford.

Discussion. Drs. Olmsted and J. H. Cameron.

Paper by Dr. Olmsted (Hamilton) on "Gastro Enterostomy with Report of Cases."

Discussion. Dr. Howitt (Guelph) and Carstens (Detroit.)

### AFTERNOON SESSION—AUG. 26TH.

Address in Surgery—H. A. Ferguson (Chicago.)

### *Medical Section.*

Dr. McCallum presented a case of adherent pericardium.

Dr. Dickson (Toronto) exhibited the Finsen light.

Dr. Benedict (Buffalo) read a paper entitled "Multiple Visceral lesion.

Dr. McPhedran gave the history of an interesting nervous case.

Dr. Hodge showed two cases of muscular dystrophy.

### *Surgical Section.*

Paper—"The Relation between the General Practitioner and the Specialist in regard to the treatment of Intra-Nasal Disease."

Unfortunately, in the past, the sense of smell has too often been considered the only great function of the nose, and its respiratory function has been forgotten. The triple functions of the nose, purifying, heating and saturating the air of respiration are now well known. In a normal nose, the two nasal passages should be nearly equal in size and potency, the septum should be nearly straight, the turbinal bones should stand straight from the septum, leaving an open chink, the passages should be free of accumulated secretions, and nasal breathing should be efficient.

If the treatment required can be done by the family physician, he should do it. Every doctor should be familiar with rhinoscopy, anterior and posterior. The instruments required are head mirror, throat mirrors, nasal speculum, scissors, cotton applicators, tongue depressor, saws, snares, insufflators and atomizers. The most satisfactory treatment for atrophic rhinitis is first to spray the nasal chambers freely with Dobell's solution, then to wash out from behind with hot water by means of a post nasal syringe at a temperature of 100° F. Applications may then be made with a cotton carrier, and treatment ended by syringing with albolene. Many cases of catarrh can be satisfactorily treated by the general practitioner.

Regarding operations which the general practitioner may do safely. Small spurs can be removed with the saw, nasal polyps may be