Meetings of Medical Societies.

THE MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

The third annual meeting of this Association commenced in the theatre of the Normal School on Wednesday morning, June 6th. Dr. Macdonald, the President, being prevented by illness from being present, Dr. J. H. Richardson, on motion, occupied the chair.

A communication was read from Mrs. D. B. Chisholm, President of the Ontario Women's Temperance Association, with reference to the use of alcoholic stimulants. It was referred to the Committee on Public Health. After the receipt of the reports of committees on arrangements, publication, etc., the meeting adjourned.

Afternoon session, 2 o'clock.

The second Vice-President, Dr. D. Clark, occupied the chair.

Dr. Burt, of Paris, presented a patient in whom he had successfully treated traumatic tetanus by neurectomy.

Dr. Campbell gave a history of a case of primary lateral sclerosis.

A paper was read by Dr. Mackay, on jaborandi in the treatment of congestions of the mucous membranes of mouth, throat, and chest. Detailing cases illustrative of its action in the early stages of tonsillitis, asthma, congestion of the lungs, scarlet fever, measles, and common colds. The remedy being given in quantities of from ʒss. to ʒiss., in divided doses, and no evil effects following therefrom. An animated discussion followed, several members taking part, a general opinion being that the remedy should be given with caution, and especially in cases with heart complication.

Dr. Covernton said that he had used jaborandi combined with aconite in the treatment of tonsillitis and successfully, but had been inclined to give the greater credit to the aconite.

Dr. Ryerson gave some of his experience with the pilocarpin in eye disease.

Dr. Mullin asked if it would be given in albuminuria, following scarlet fever? and whether or not it increased the amount of albumen in the urine, as some authorities maintain.

Dr. Mackay was not prepared to say how it affected the quantity of albumen in the urine. Would not recommend its use in the advanced stages of disease; had stated in the paper that it should be given "before damage to structures had taken place;" had known the medicine to be given, and great benefit following, in two cases of puerperal parenchymatous nephritis.

Dr. Burrowe's read a paper upon the wedge plaster treatment of Talipes.

Dr. Woolverton then read a paper on Fatty Diarrhœa, in which he gave a history of a case in which this was the most prominent symptom, and which terminated fatally. He discussed the pathology of such cases.

Dr. Sheard stated that he had met with three cases of fatty diarrhœa, upon which he had held *post mortem* examinations. In one of these cases he found a cirrhotic condition of the *liver* and kidneys, also interstitial thickening of the pancreas, the latter organ being injected and enlarged, causing pressure upon the receptaculum chyli and obstructing the free circulation of chyle through it, and hence impeding absorption.

In the second case there was scirrhus cancer of the pancreas, which had begun in the pancreas, and which was limited wholly to that organ, producing an enlargement which also pressed upon the receptaculum chyli.

In the third case there was disease of the mesenteric glands, attended with fibroid thickening of the tissues of the mesentery and thickening also about the spine, leading to obstruction to the circulation of chyle.

These pathological conditions appeared to him to suggest obstructed absorption rather than the non-digestion of the fat as the real cause of fatty diarrhœa. He was of the opinion that the bile, if secreted, with the secretion from Brunner's glands, could digest the fat, apart from the pancreatic juice. In all of these cases fatty matter was found in a digested state in the fæces.

Dr. Groves read a paper describing a new mode of removing solid ovarian tumours when firmly adherent.

Dr. McNaughton, of Erin, presented a splint suitable for all cases of fracture of the forearm, and especially Colles' fracture. It extended to the palm of hand, and was at lower end slightly inclined to ulnar side. It was adapted to bony inequalities at upper palmar surface, and the portion lying on forearm was convex.

Dr. Ferguson held that in the event of the fracture occurring in the radius between