

he thought that a great deal of the so-called septicæmia occurring after tearing of the cervix, was caused by too much manipulation.

Dr. Temple, of Toronto, disagreed somewhat with the former speakers. He said that, to begin with, he had always found it more convenient to operate on a lacerated perineum while the patient was on her back. Again, he said that he had tried a straight needle in such cases, but vastly preferred a curved one. In ending, the Doctor said that nine-tenths of the small tears of the cervix will heal in a night if left alone.

Dr. Fenwick said, in reply, that it was a matter of interest and election. If there is a tear in the artery and bleeding, it is a case of interest. It is a matter of importance when the tear is sufficiently deep to say in nine cases out of ten it will heal. The Doctor then reiterated his statement that he preferred to operate with the patient on her side. In concluding, the Doctor said that in olden times the physician had to work by touch entirely, but that with modern appliances he could now use his sight, which was of great advantage.

Dr. Stephen Lett read a paper on "Narcotic Addiction." He said that science should be brought to bear with full force on this growing evil. The speaker outlined the Levantine method of treating morphine takers, and spoke tersely of other methods, and in conclusion expressed it as his opinion, based on experience, that the patient should be given the drug until it had been reduced to an infinitesimal dose. That this treatment, combined with a general knowledge of the idiosyncrasies of the patient's nervous system, and a nourishing diet, would do away with the chance of an agonizing crisis. The paper was discussed by Drs. Trimble, Dickson, Harris, Noble, Clark, Spohn and Lett.

A paper on "Puerperal Insanity" was read by Dr. Beemer, Mimico. He said that was the form of insanity which the general practitioner was most interested in. This neurosis occurred in 1 of every 400 puerperal women. The essayist gave a graphic description of the symptoms. In one word he summarized the treatment—nourishment.

Dr. Clark recommended institutional treatment for these cases; for they were difficult to deal with at home.

Dr. Hodge read a paper on the "Stomach-Tube," in which he pointed out its uses. He also spoke of the great importance of lavage in the treatment of dyspepsia. He cited a number of interesting cases in which he had had very satisfactory results. This paper will appear in August No. of the LANCET.

Dr. McPhedran said the tube was of more especial value in the diagnosis of gastric affections. He also cited cases in which he had used it.

Dr. Noble said he found it difficult to get his patients to swallow it. Indeed, he had failed himself, until one day, by mistake, he took a dose of poison, when he managed to swallow the tube with despatch.

Dr. Hunter had found it helpful in a patient who was unable to swallow her food—a hysterical case.

Dr. Doolittle recommended lubrication of the tube with glycerine.

Dr. Burrows' paper on "Rectal Enemata" was read by title.

Dr. McPhedran presented a patient suffering from morphæa. He related the history of the case, and gave the pathology of the disease.

Dr. Fotheringham, of Toronto, described a case of Pseudo-Hypertrophic Muscular Paralysis—exhibiting the patient. The latter, a man of 27, was a clinical patient of the Doctor's at the hospital.

Family History.—One of 13 children. Father very intemperate, drowned. Mother living, fair health. Two brothers suffering from same affliction as patient—one worse than the other. *Personal History.*—Worked hard until unable to get into wagon or climb stairs. Case showed plainly the intermission in the progress of disease mentioned by authorities, viz, worse till puberty and then was able-bodied and fairly active for 8 or 9 years. *Present condition.*—Body apparently healthy, except with reference to nervous system. Power of motion disturbed, but not sensation. Calves of legs an inch more around than thighs; the latter somewhat atrophied. Gluteal muscles small and soft; prominence of lumbar muscles exaggerated. Hypertrophy of deltoids and pectorals absent; mentality unimpaired, etc. Cannot rise from chair without using his arms, and on sitting down so far drops suddenly. The attempt to rise from the kneeling position is the characteristic one of "climbing up upon his legs." *Prognosis* favorable as far as course of disease is concerned; recovery, of course, not sought for. *Treatment.*—Many systems of treatment have been proposed, among which electricity and arsenic seem to be favorites.

The Doctor then described the pathology of the disease.

SURGICAL SECTION.

Dr. Welford, of Woodstock, 2nd Vice-President, occupied the chair, Dr. J. C. Mitchell, of Enniskillen, acting as Secretary.

Dr. Howitt, of Guelph, read a paper on "An Operative Procedure for Spina Bifida." The Doctor gave seven salient points why his method of procedure should be adopted, and concluded by reading notes of seven cases treated by his method. Four of them are alive and well to-day, one made