

tion. The pain and discomfort of menstruation are frequently so severe and protracted that for two weeks of each month the patient is confined to her bed. Under these circumstances, when other measures fail, it is advisable to remove the appendages.

He then described by means of an arrangement of layers of cloth, Tait's method of operating for lacerated perineum.

Dr. Howitt, Guelph, before reciting A NUMBER OF CASES OF ABDOMINAL SURGERY in his practice, gave a few details as to appliances. He uses the spray in the room before an operation, to clear away floating particles of dust. The air thus deprived of all foreign substances, is sterile, and forms a good environment for operation. The water used should be rendered aseptic by straining and repeated boiling. He has devised an apparatus to act as an aspirator, on the principle of rarefying of air by heat. It is of large size and can be made to remove three or four gallons of fluid per minute. The anæsthetic he uses consists of chloroform one part to ether four or five parts. It gives little stage of excitement, the effect is easily obtained, and the administration is followed by little gastric or other disturbance. He keeps his sutures for several days before the operation in pure carbolic acid, and washes them in pure water when required for use. The operator should personally superintend the preparation of the room, sponges, instruments, etc. No unnecessary instruments should be used, with practice the hand becomes the best holder for sponge or needle. Aim at simplicity, and avoid loss of time. Lint wrung out of 1 in 2000 bichloride solution is placed next the wound, this is covered with a thick layer of absorbent cotton and the whole is held in place by a flannel bandage. He allows the patient to take whatever position is most comfortable, except in cases where a drainage tube is used. The catheter he uses for female cases is a straight piece of glass tubing, which, when not in use, is kept in pure hydrochloric acid.

The first case which he related was that of a lady who had suffered several severe attacks of biliary colic, with symptoms of permanent obstruction of the ducts. On opening the abdomen it was found that the colon and omentum were adherent to the lower edge of the liver.

The gall bladder duct could not be found. As many adhesions as possible were broken down, the patient vomited bile within an hour and made an uninterrupted and complete recovery. The second case was one of intussusception in a child three months old. An oval-shaped lump about three by two inches was felt in the right side of the abdomen, opposite the umbilicus. On opening the abdomen several inches of the ileum were found invaginated through the ileo-cæcal valve. Reduction was made with difficulty. Flatus passed by the rectum immediately, and recovery was perfect by the tenth day. The third was a case of miliary tubercle of the peritoneum, with serous effusion. An exploratory incision was made, and a considerable quantity of mucilaginous fluid escaped. The peritoneum was found much thickened and almost filled with miliary tubercles, forming masses varying in size from that of a marble to that of a pigeon's egg. The wound healed kindly and her appetite has since improved. It is, of course, too early yet to judge of the result of this operation.

#### *Thursday Evening.*

#### DISCUSSION IN THERAPEUTICS.

Dr. Thorburn opened the discussion in Therapeutics by reading a paper on

#### THE USES AND ABUSES OF ANTIPYRETICS.

After reviewing at some length the various theories concerning fever, Dr. Thorburn said: "I think we may safely conclude that there is a thermal centre situated high in the cord, controlling and regulating the temperature of the body; that it is endowed with heat-producing and heat-inhibitory powers; that it has an anatomical and physiological connection with other centres; that it has a distinct or separate set of nerves, and that they are distributed over all parts of the body, especially the skin."

As to antipyretics and their action, those medicines which have a specific action, such as quinine in malaria, salicylic acid in rheumatism, allay fever, not directly, but through their action on the germ proper of the disease.

Antipyrin may be taken as a type of other antipyretics. Its physiological action closely resembles that of thallin, antifebrin, and pharmacetin; it is not merely a refrigerant, but a true antipyretic, inasmuch as it not only makes the