

the movement downwards of the upper lid is delayed. The use of styptics or the introduction of needles into the orbit is not to be recommended. With regard to the dangers consequent upon the formation of a coagulum or an embolus, however, one must remember that the blood current in the veins involved would tend to carry particles away from the brain instead of towards it, and, therefore, the dangers consequent upon the formation of a coagulum in ordinary aneurismal dilatations does not exist here.

Dr. Cameron preferred the term proptosis to exophthalmos in such a case. He did not think that ergot would be of much value in the treatment, and asked Dr. Reeve if a restricted dietary might not be advantageously combined with the administration of the iodine of potassium?

Dr. McPhedran, Dr. MacCallum, Dr. Pepler, Dr. Primrose, and Dr. Grasett discussed some points in the case and Dr. Reeve replied.

October 16th, 1890.

The President, Dr. Spencer, in the chair.

Dr. Spencer showed the stomach of a man who had committed suicide by taking some corrosive poison. The stomach was full, the mucous membrane of the œsophageal end was white, a large portion of the remainder of the mucous membrane was denuded and a portion congested; the lips, fauces, and œsophagus, exhibited whitened patches.

Dr. Acheson read his paper on

#### PUERPERAL CONVULSIONS

which appears at page 489 of THE CANADIAN PRACTITIONER.

Dr. A. Wright said that puerperal convulsions in his opinion were not the same as uræmic; there were some points of difference in the symptoms, e.g., the temperature in the former rises very high, whereas in the latter it is usually subnormal. The preventive treatment is the more important; he administers epsom salts and iron tonics in puerperal dropsy, and if convulsions supervene, the administration hypodermically of large doses of morphia has proved most beneficial.

Dr. Machell spoke of three classes of cases. 1st. The full blood, where bleeding might be justifiable. 2nd. The anæmic and weakly

patients, where morphia and chloroform would be useful, and bleeding not justifiable. 3rd. Where the exciting cause is nervous, occurring particularly in young girls with illegitimate children, often no albuminuria, and the kidneys healthy. Chloroform would be indicated in such cases. Dr. Machell condemned a routine form of treatment and advocated treating each case on its merits.

Dr. A. A. Macdonald referred to the use of croton oil as a quickly acting purgative, and the administration of chloroform during the convulsions.

Dr. Spencer and Dr. Carveth also took part in the discussion, and Dr. Acheson replied.

## Pathology.

### IMMUNITY.

Now that the germ theory of their origin has fairly been proven in connection with a number of the more important diseases, and also that inoculation with an attenuated form of the virus, or a previous accidental attack of the disease itself, protects from future attacks in certain of these troubles, without any appreciable risk to the patient's life, the question naturally presents itself, "What is it that protects the inoculated animal?" Not that this problem has not suggested itself before and answers been attempted; but only recently, and as a result of advances in bacteriology and chemistry, has an answer based on experiment been possible.

Four theories have been suggested, in favor of all of which something can be said. It has been held—

1. That by an attack of an infectious disease, or by inoculation, a chemical substance is produced in the animal organism which prevents a recurrence more or less surely.
2. That the micro-organisms introduced consume a certain pabulum existing in the tissues, and in so doing render them unfit to support another growth of the germ, and, therefore, forbid a future attack.
3. That the tissues of the animal body naturally resist to a greater or less extent all disease germs, in virtue of an hereditary endowment. This theory accounts for *natural* immunity only, not for *acquired*.