

SUPPLEMENT TO "CANADA LANCET."

THE ONTARIO MEDICAL ASSOCIATION.

The thirteenth annual meeting of the Ontario Medical Association met in the hall of the Educational Department of the Normal School, June 21st, at 10 a.m., Dr. R. W. Hilliary, of Aurora, in the chair.

Vice-Presidents, Brock, of Guelph; McKay, of Ingersoll; Dr. Sheard, President, and Dr. Birkett, of Montreal, Secretary, of the Dominion Association, were invited to seats on the platform.

Dr. Wishart then read the minutes of the last meeting, which were carried.

As Dr. Powell was absent, the president called on Dr. A. A. McDonald, who read an excellent paper on "Cholelithotomy with Choleduodenostomy, for the Relief of Cholemia due to Obstruction of the Common Bile Duct." Below is an excerpt of the paper:

Gall stones may exist for some time in the gall bladder and produce no definite symptoms, but not so when they become impacted in the common duct. The treatment for this latter condition has heretofore been unsatisfactory, but now such advance has been made in the way of surgical treatment that it appears that it will be placed on a scientific and satisfactory basis. Chronic jaundice depends upon obstruction to the flow of bile. Where the jaundice is due to a new growth, the following are some of the symptoms: emaciation, dyspepsia, flatulence, absence of bile in the faeces, its presence in the urine, etc., death ensuing usually within a year. When due to impacted gall stones or stricture, the symptoms are not so constant, and the case may last for years. The presence of gall stones in the gall bladder cannot be accounted for, although they are frequently found at autopsies in subjects over 60 years old. The assigned causes are: Sedentary habits, too much starchy food, constipation, tight-lacing, etc. In order to treat these cases successfully the bile must re-enter the intestine. The doctor then outlined the history of a case he had upon whom this was attempted. After an incision through the abdominal wall the gall bladder and the duodenum were opened and through each incision was put one of Murphy's buttons. These were then approximated, bringing the two serous surfaces together. The patient's jaundice disappeared, but death ensued later. A *post mortem* showed non-union, due to a very low condition of the patient.

The president then gave his address. He said he felt much honored at being elected to the position he occupied, more especially as he was absent from the last year's meeting; and also because the position had formerly been filled by such a distinguished array of men. He referred feelingly to the loss the Association had sustained by the deaths of Dr. Worthington, of Clinton, and Dr. Henderson, of Kingston, both past presidents of the Association. He was glad to know that the matter of reciprocal registration of medical men between Canada and the Old Land, rested with the home authorities, but thought not much could be expected from them, when we ourselves had not decided on reciprocal provincial registration. He (the speaker) advocated a Dominion council. He endorsed raising the educational standard for medical men in the Province. He detailed some of the evils of club practice and denounced it. In regard to the Medical Council, he saw much to approve and some things to condemn; but as it was constantly improving in many ways he thought it should be liberally dealt with. He strongly advocated the formation of a club which might meet in the Council building. This would tend to foster a spirit of cordiality and unity among the members of the profession that no other means could. There might be, he thought, some wards made, into which patients brought from outside the city by their physicians upon whom they (the physicians) wished consultation, might be placed for a time. The speaker favored the increase of territorial representatives, and in regard to contested elections, he approved of the method of having the case tried before the county judge. In concluding his address, Dr. Hilliary welcomed the visitors present from the other side of the line and hoped they would be treated by the members of the Association with the same cordiality and good feeling which Canadians were accorded.

Dr. DeGarmo, of New York, said that he proposed to devote his time to the palliative treatment (hernia)—means within the reach of every practitioner. The doctor gave a short account of the history of trusses, pointing out the good qualities and the defects in them. A good truss should hold the hernia completely within the abdominal cavity. No truss for inguinal hernia should have its pad attached by a descending arm; the centre of the pad should correspond to the centre of the spring. He also pointed out the value of the cross-bodied truss. The English truss, however, which had this good point, had too strong a spring. The doctor then showed a truss of his own invention for femoral hernia, which filled the necessary requirements demanded in a truss for femoral hernia. After getting a perfectly fitting truss, the practitioner should watch his patient until cured, seeing him at least once a month, to see that the