

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

FOURTEENTH ANNUAL MEETING.

The fourteenth annual meeting of the Ontario Medical Association was held in the Educational Department of the Normal School, Toronto, June 6th and 7th, 1894.

Dr. L. McFarlane occupied the chair. This meeting was one of the most successful that has ever been held. There were in attendance some 160 members, 24 new members being added.

After the usual routine business of opening, Dr. A. J. Johnson presented a resolution asking that a committee be formed to take into consideration the question of contract and lodge practice. This was unanimously consented to.

The opening paper was one by Dr. J. H. Duncan, of Chatham, on the "Use of Strychnia in Pneumonia and Chronic Heart Diseases." He pointed out that it acted upon the vital nerve centres, making them more susceptible to external stimulation, that the heart weakness was due largely to the affection of the nerve centres by the pneumonic poison. This drug increased the irritability of the motor centres. No rule could be laid down as to dosage, but he had given in average cases a thirtieth of a grain every three hours, with marked benefit. He referred also to the statement made by certain investigators, that its use increased the number of white corpuscles, and thus the phagocytic action of the blood would be materially increased.

Dr. Saunders, of Kingston, said that there was another positive element in the heart weakness, viz., the increased amount of resistance of the consolidation in the pneumonic lung, and pointed out that the drug was of value in its direct action in stimulating the heart to overcome the obstruction until the crisis arrived.

Dr. Gaviller spoke of the great value he had derived from the use of strychnia in acute and chronic cases. He has found it particularly helpful in the bronchitis of children. He had found it assist very materially in assisting to get rid of the mucous from the bronchial tubes. He cited cases where he had used it in chronic bronchitis of the adult, with great benefit, having pushed it in one case till tetanic spasms ensued. He had employed it with digitalis with good success, but he had not given the digitalis in heroic doses as some advocated.

Dr. Temple followed with a paper on "Placenta Praevia." He gave an account of the history of

the treatment this condition had received in the past, and outlined the present lines of treatment. No hard rule could be laid down, but each case must be treated according to the symptoms presented. The great weight of evidence was in favor of the termination of gestation, especially if it were the first attack, and severe, and prior to the seventh month. He considered that where hæmorrhage occurred in the early months, there should be no hesitation, if the mother's life were in danger, in sacrificing the life of the fetus. It would only be justifiable to prolong gestation where the woman was near the seventh month, the hæmorrhage slight, the placenta latterly situated, and the woman in reach of a medical man. The patient should be put to bed, kept physically and mentally quiet, and an opiate might be administered. He did not consider there was any virtue in astringents. The procedure, if hæmorrhage occurred severely after the seventh month, he repeated, was to deliver. The membrane should be punctured, the cervix dilated, if possible, the placenta around the os separated, and ergot administered. If the cervix were hard and undilatable and hæmorrhage persistent, he advocated plugging, and that thoroughly and antiseptically, the woman being closely watched.

Dr. Burns alluded to the occurrence of post-partum hæmorrhage in these cases, and the necessity of taking extra precautions. Another point he referred to was the greater frequency of the placenta prævia in multipara than in primipara.

Dr. Mitchell coincided with Dr. Temple in the main, but referred to the difficulty of always being able to diagnose these cases. He thought possibly there was a danger of considering that whenever hæmorrhage occurred during gestation that it was due to placenta prævia, when perhaps this might not be the case. He had used for dilating the os Barnes' dilators. He referred to one or two cases he had had, and considered the great gravity of all such cases.

Dr. Sangster said that his method of dilatation of the os was with the fingers, which he found to be the most satisfactory way of accomplishing it. Dr. Hillier agreed with this.

Dr. Oldright pointed out the dangers of plugging. The uterus was a dilatable structure, and after the plug was inserted there was danger of intra-uterine flowing. He thought in most cases the os could be dilated by the fingers.

Dr. Harrison, of Selkirk, spoke of the difficulty country practitioners had in these cases, by living, as a rule, so far from them. His plan was to dilate the os, and deliver as soon as possible.

Dr. McLaughlin wished to know why ergot should be given, as it produced tetanic spasm of the uterine muscle, not producing expulsive efforts. There was thus danger of causing the