

year's proceedings on account of the unveiling of a portrait of the able and worthy founder of the School. Dr. Barrett was one of the most noble men the profession of this country has ever seen. His untiring and generous efforts gave this institution a status, and although he met with many discouragements, it was very gratifying to him to know before his death that its success was assured. We are pleased beyond expression to see that his work has been fully appreciated, and will be remembered as long as the College has an existence, which we hope will be until the end of time. The present dean, Dr. Nevitt, was one of Dr. Barrett's special favorites, and all are pleased that he has shown himself such an able successor to so distinguished a man. We are not particularly enthusiastic about the creation of female doctors, but we must give "honor to whom honor is due."

The medical schools of Toronto, of other parts of Ontario, and the Dominion as a whole, are doing good work and are a credit to Canada. They show a desire to advance with the times, and are fairly successful in their efforts. The requirements for a fairly good preliminary education and a full course of four sessions have given our Colleges a standing which is fully recognized in all parts of the world.

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## Meeting of Medical Societies.

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### MEETING OF AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS.

The annual meeting of the American Association of Obstetricians and Gynæcologists took place in Philadelphia on the 16th, 17th, and 18th of September, 1890. This society has for its object the discussion of the kindred subjects of obstetrics, diseases of women, and abdominal surgery. The first portion of the programme was confined to obstetrical subjects, and the remainder to gynæcology and abdominal surgery, in relation to the new advances in the treatment of obstruction of the ureter, intestinal diseases, diseases of the gall bladder, and peritonitis. The chair was taken by the president, Dr. E. E. Montgomery, of Philadelphia. The very efficient secretary, Dr. W. W. Potter, of Buffalo, was in his place,

and to his faultless arrangements much of the success of the meeting was due. Everything proceeded with clock-like regularity. Among those present, memory serves to mention the following:—Drs. E. E. Montgomery, J. Price, Baldy, and Hoffman, Philadelphia; Dr. W. W. Potter, Buffalo; Dr. Rohe, Baltimore; Drs. Van der Veer and Townsend, Albany; Drs. A. H. Wright and J. F. W. Ross, Toronto; Drs. Reed and Hall, Cincinnati; Dr. Davis, Birmingham, Ala.; Dr. Seymour, Troy, N. Y.; Dr. Weider, Pittsburg, Pa.; and others.

The discussions on many important matters connected with abdominal surgery were especially valuable. Dr. Van der Veer, with commendable courage, read reports of some very interesting cases, on which he invited criticism. The paper was not, as many papers are, a record of easy successes or of difficult cases with successful recoveries, but a record, faithfully prepared, of cases operated upon as a last resort after many delays, some with fatal termination, some with successful termination, and some with partially successful termination. One case recorded of artificially-established intestinal anastomosis is an addition to the records of the history of intestinal surgery that should encourage other workers in the same field. The patient died subsequently, but the intestines were found completely united, although a contraction had occurred at the artificial opening. If any one is sceptical as to the kind of union that will occur between the ends of resected intestine, he has but to visit the Army Medical Museum in Washington, and examine the specimen presented by Dr. Halstead, now of Johns Hopkins Hospital. Union is so complete that the scar cannot be discovered except by most careful examination.

Another paper of particular interest was that presented by Dr. Hall, of Cincinnati, on removal of an impacted calculus from the ureter by combined abdominal and lumbar incision. The stone, after giving rise to symptoms of paroxysmal pain for three years, was discovered after making an exploratory incision, and was removed through secondary incision in the loin. The point of greatest interest was the cause of the pain. The stone was bean-shaped, and at the hilum a small slit existed through which, when clear and free from mucus, the urine trick-