

and J. F. Black, of Halifax; Steeves, of St. John; and Atherton, of Fredericton.

Dr. Hill, of Ottawa, read for Dr. Grant, a short paper, giving a description of a new and simple kind of stomach pump. Dr. Oldright described a simple stomach pump, worked on the principle of the syphon.

The Association adjourned a 1 p.m.

AFTERNOON SESSION, 2.45 P.M.

The President, Dr. Canniff, read his address on Medical Ethics.

On the conclusion of the address the discussion of Dr. A. P. Reid's paper was taken up.

Dr. Clark, of Toronto Lunatic Asylum, speaking of paresis, recommended that the general profession should make fuller study of that ailment, with a view to its treatment before it becomes incurable, which it generally is when it comes under treatment in lunatic asylums. He claimed that it was a disease with symptoms which could be detected long before it becomes incurable.

Drs. Jennings, Oldright, of Toronto; Botsford, of St. John; Morse, of Amherst; and others continued the discussion, and Dr. Reid summed it up as tending to show that if paresis could be diagnosed in its early stage, and the patient placed under the treatment of a specialist, it was not incurable.

Dr. Stewart's paper on Therapeutics was next considered.

Dr. Jennings opened the discussion, speaking of the treatment of diphtheria, claiming to have discovered the advantages of brandy in its treatment, though some one in New York claimed the discovery.

Dr. Hill addressed the meeting on the use of chloroform, claiming it was the best anæsthetic, and advised the administration of brandy before the anæsthetic.

Dr. Coleman had used ether and chloroform and from his experience considered the former far safer. The Americans showed the English that ether was safer and it had been substituted for chloroform in London hospitals.

Dr. Hingston, of Montreal, was strongly opposed to using chloroform and ether mixed. He showed the absolute necessity of having some one to watch the administration of the

anæsthetic entirely. He thought more were allowed to die under chloroform than there should be. Artificial respiration was one of the best means of restoration, but was not called for in many cases, because the trouble was not with the lungs, but the heart. In one instance he had reversed the patient, holding her feet up and head down, allowing the blood to run to the head. He considered ether safer than chloroform. Bromide of ethyl was useful where a short operation was to be performed, as it quickly brought insensibility, and consciousness returned as soon as the anæsthetic was withdrawn; but it was dangerous where a long operation was to be performed. Bi-chloride of methyl was useful where vomiting was to be avoided.

Dr. Jennings found in performing long operations, it was best to use chloroform till insensibility was obtained, and then to use ether.

Dr. Morse, of Amherst, attributed fatalities to long-kept or badly-made chloroform.

Dr. Atherton said in London many deaths, he believed, had resulted from too complicated apparatus and fear of the persons administering causing them to lose their self-possession. In Edinburgh there was none of the latter, and less death, though the chloroform appeared to be administered even carelessly. In treatment he seldom watched the pulse, believing the first danger was indicated by cessation of respiration. He described a case in point which Dr. Allen had asked for.

Dr. Stewart regarded failure to watch the pulse as dangerous, as very frequently the heart was most seriously affected.

Dr. Atherton said it might be well to watch respiration and the pulse too, but cessation of the former was the first dangerous symptom, and the attention should be concentrated on respiration.

Dr. Oldright, of Toronto, read a paper describing a simple syphon apparatus for drawing fluid from the chest, with a practical illustration and very full explanations of the use of the apparatus, and cited cases in which he found it successful.

Dr. Allen opened the discussion on this paper, giving his opinion that it was difficult to