

## Reports of Societies

### TORONTO MEDICAL SOCIETY.

The regular meeting of the Society was held May 19th.

Dr. T. F. MacMahon presided.

The minutes of the last meeting were read and adopted.

Dr. Morley Currie read a paper on the use of the X-rays in mapping out hollow organs. The device Dr. Currie used was made by passing a chain through a stomach tube, so that the end of the chain corresponded to the eye of the tube. The X-rays passed through the body would outline the chain, and so the amount of gastroptosis could be made out. Irregularities caused by growths could also be detected, whether in the pharynx, œsophagus, etc., or impinging on them. The same principle might be used in the examination of the rectum, colon, and nasal cavities.

Dr. Harold Parsons related his experience with the rays in connection with gall-stones. He considered Dr. Currie's scheme a good one, particularly in those cases where dilatation of the stomach could not be done.

Dr. Currie replied.

Dr. T. F. Webster presented a patient, a teamster aged 38, who had consulted him for some pain in the right hypochondria region. A tumor could be felt, which reminded one of a floating kidney. Shortly after, examination showed the tumor to have greatly enlarged and extended across to the left hypochondria region, being about two fingers' breadth in diameter in that portion of it to the left of the median line. Under purgation the tumor would lessen in size materially, and sometimes disappear altogether. At another time it could be felt in the right iliac fossa. Its size and character was now much as when examined first.

Dr. MacMahon discussed the probabilities, but would not give a positive opinion without a more extensive

examination after the use of purgatives. Dr. Wilson had examined the growth when it extended across the abdomen. The tumor had not a fecal feel.

Dr. Graham Chambers thought the condition might arise from an enteroptosis of the transverse colon, the sharp splenic flexure preventing the outward passage of the fæces.

Dr. MacMahon reported a case of angina pectoris, followed by dilatation of the heart. The nitrites were administered without much effect. Morphina gave relief. He did not try digitalis. Dr. MacMahon thought the condition was the result of sclerosis of the coronary arteries.

Case II. was that of a young man aged 30, with interstitial nephritis, who consulted him first some months ago for asthma. There was not much albumen in the urine; but casts were found. There was marked sclerosis of the arteries generally. There was no history of syphilis, alcoholism, or poisoning by lead. The patient was an electrician and had worked considerably among copper, which might, the speaker thought, have had something to do with the causation of the trouble. The treatment had been hot baths and iodide of potash. Much improvement took place, but by injudicious exposure during convalescence, an acute nephritis was grafted upon the chronic condition with a fatal ending.

Drs. Hay, Oakley, Oldright, Webster and Chambers briefly discussed the cases.

Dr. Wilson reported having ordered two drachms of thymol for a patient with tape-worm, ten grains to be taken every fifteen minutes until all was taken. The druggist by mistake gave trimal. After two doses he became sleepy, and when all was taken it was difficult to rouse him. He