

when the constitution as drafted by the Committee was adopted.

The second regular meeting was held on October 22. Major Duncan Graham of No. 4 Canadian General Hospital delivered an address on "The Pathology and Bacteriology of many Medical and Surgical Conditions in War."

The third meeting was held on October 29, 1917. Captain B. M. Almquest of the Canadian Special Hospital, Witley, presented several cases for examination. This was followed by an address by Captain Almquest on "The Diagnosis and Treatment of Syphilis," with the demonstration of the technique of the intravenous administration of novarsenol and the intramuscular injection of mercurial oil. The paper was followed by an active discussion.

The fourth meeting was held on November 5, 1917. Captain T. R. Little, O.C. No. 1 Canadian Mobile Laboratory, addressed the Society upon "The Wassermann Reaction and its value in the Diagnosis and Treatment of Syphilis," laying stress upon the value of early diagnosis by means of recognition of the spirochetes. He emphasized the value of Benians' Congo-red method of diagnosis and its advantages compared with the Burri Indian ink method.

The fifth meeting, held on November 12, was addressed by Colonel A. Primrose, Consultant in Surgery, C.A.M.C., on "The Recent Developments in War Surgery," speaking at some length of the work at the recent Congress at Paris, at which he represented the Dominion. He gave a detailed description of the Carrel and Chutro methods.

The sixth meeting was held on November 19, 1917, and was addressed by Lieutenant-Colonel J. G. Adami, A.D.M.S. Headquarters, London, on "The Subject of Advance in Medicine and Surgery," with special reference to the work done by Canadians in the War.

The seventh meeting was held on November 26, 1917. Captain Marr, of the Special Hospital, Witley, presented a case showing chancre of the lip. The address of the evening was given by Colonel G. E. Armstrong, C.A.M.C., on "The Surgery of the War," more particularly on the subject of the Carrel-Dakin treatment and B.I.P.P. He discussed the work done by the pathologists at Taplow, regarding the importance of *B. sporogenes* with reference to the closure of wounds.

The eighth meeting was held on December 3. Major S. S. Skinner was appointed President. Following upon this, Colonel L. Drum, A.D.M.S. 5th Canadian Division, addressed the Society upon "The Methods of Evacuating the Wounded in the Canadian Army Corps, as carried out at Passchendaele," giving a very full, detailed description of the work accomplished.

The ninth meeting was held on December 10, 1917. Lieutenant-Colonel J. Amyot, Consultant Sanitary Officer, Canadians, addressed the meeting on "Problems in War Sanitation," giving a history of the development of the Army Sanitary Service, and the results which had followed this development. He laid stress on the immediate removal of all cases of P.U.O. from the Front and the method of treating infectious disease. After a reference to the successful prevention of trench feet, he took up the matter of suppression of vermin and prevention of venereal disease. The address was followed by an active discussion, in which Brigadier-General Dodds, 5th Canadian Division Artillery, Colonel Drum, and Captain Gray took part.

The tenth meeting was held on December 17, 1917. The speaker of the evening was Colonel R. D. Rudolf, Consultant Physician, Canadian Forces, the subject of his address being "Gunshot Wounds of the Chest," illustrated by an X-ray series of chest cases exemplifying the points on which he had dwelt.

The eleventh meeting was held upon January 7, 1918. Captain A. H. Pirie, Radiologist, Moore Barracks Hospital, took up the subject of recent advances in X-ray work due to war conditions, and discussed the main methods of localization of foreign bodies.

The twelfth meeting, held on January 14, 1918, was addressed by Mr. Thomson Walker, F.R.C.S., who spoke upon "Gunshot Wounds of the Spine," with special reference to the disturbance of bladder function. He gave a résumé of the anatomy and physiology of the process of micturition, recognizing three centres. He followed this with a summary of his own observations on some 1,500 spine injury cases, and the deductions he had reached regarding treatment.

The thirteenth meeting, held on January 21, 1918, was opened by an exhibition of clinical cases by Captain de Beaupré (diffuse lipomatosis) and Captain McLean (tertiary syphilis of the tongue and lips). The address of the evening was by Colonel F. G. Finley, C.B., Consultant in Medicine, Canadian Expeditionary Force, on "War Diseases occurring in France." He dwelt upon the infrequency of acute rheumatism, lobar pneumonia, and typhoid fever, and took up the three common disorders in the Army, spirochætal jaundice, war nephritis, and tetanus, with particular reference to local tetanus.

The fourteenth meeting was held on January 28, 1918. The paper of the evening was by Lieutenant-Colonel W. H. Mewburn, Senior Surgeon of the Duchess of Connaught Canadian Red Cross Hospital, Taplow, who read a paper upon "War Injuries of Peripheral Nerves," detailing his methods of treatment.

The fifteenth meeting was held on February 6, 1918. Major Nicholson, M.O. 14th C.F.A., was elected President, and after the presentation by Captain Little of specimens of a case of tracheal and laryngeal diphtheria, Major French, R.A.M.C., Consultant in Medicine for the Aldershot Command, opened a "Discussion of a series of small points," each in turn being taken up by the members present. He took up the matter of (1) Laminations and discolorations of the finger-nails and their significance. (2) Broadbent's sign, pointing out its value in discriminating between functional tachycardia and the tachycardia of chronic adhesive pericarditis. Tachycardia accompanied by Broadbent's sign is always organic and never functional. (3) The frequency of tachycardia as a sequel to trench fever, with a description of the work now being done at the Special Trench Fever Hospital at Hampstead. (4) Vomiting in relation to pyloric stenosis, pointing out that the absence of vomiting is no proof that the patient does not suffer from stenosis, and the value in these cases of a succession of bismuth and X-ray plates. (5) The value of the tuberculin reaction in the diagnosis of early doubtful cases of phthisis, with a description of the procedure by minute successive doses of Koch's old tuberculin.

The sixteenth meeting was held on the evening of February 11, 1918. Major L. M. Murray, C.A.M.C., of the King's Canadian Red Cross Hospital, Bushey Park, gave a paper upon "Heart Disorders in Relation to the War," dwelling particularly upon the work done by Sir James Mackenzie and Dr. Lewis, and especially upon the value of graduated exercises as a means both of diagnosis and of treatment. Captain A. A. McKay, M.O. 42nd C.I.F., described the treatment of gas and shell-shock cases at casualty clearing stations.

The seventeenth meeting was held on February 18, 1918. Captain Almquest, of the Special Hospital, Witley, presented three cases of syphilitic lesions. His demonstration was followed by an address by Captain T. R. Little, O.C. No. 1 Canadian Mobile Laboratory, on the work done in an Army mobile laboratory. He dwelt more particularly upon the routine undertaken in cases of outbreaks of diphtheria and cerebro-spinal meningitis, and then took up the subject of typhoid diagnosis, Wassermann reaction, and the production of autogenous vaccines.

The eighteenth meeting was held on February 25, 1918. Captain Almquest presented a case of tubercular disease of the testicle, probably initiated by gonococcal infection, which has been present since May, 1915, in the form of urethritis. Bacteriological examination of the discharge from the sinus that is present revealed tubercle bacilli in large numbers.

Then followed the address by the speaker of the evening, Captain J. Patterson, of Granville Special Hospital. To introduce his subject of "War Orthopædic Surgery," he drew attention to the fact that whereas originally the subject of orthopædics was confined to children, now it has a large sphere in adult life as well. The normal weight-bearing surface of the foot is a dome, made up of the heel, the outer side of foot, ball of great toe, and pads of all the toes. The normal child without boots must use every muscle of its foot in walking, and it is only by the constant use and exercise of these that a perfect foot is developed. Only since the advent of shoes, especially ill-fitting ones, have we been confronted with hammer-toes, hallux valgus, metatarsalgia, flat foot, bunions and corns. The great import-