

Dr. McPhedran presented a case of dilatation of the stomach with gastroptosis, enteroptosis, and movable kidney. The position of the stomach and colon had been ascertained by inflating them. The patient was a young girl who had not been the victim of tight lacing. These cases, it was averred, were generally caused from this habit. His experience led him to think this was not so. He was unable to give a satisfactory explanation of the cause of the symptoms. She complained of excessive gurgling in the abdomen. This was due to the passage of food and gas through the pylorus from the dilated stomach. Anæmia, emaciation and insomnia were marked symptoms as a result. The stomach was emptied by the tube at bedtime for the insomnia; and nutrient enemata were given at first until the stomach began to improve; medicinal treatment consisted of strychnia and antiseptics. The gurgling had nearly disappeared and the patient was improving generally.

Dr. McPhedran presented a man aged 53, with thoracic aneurism. The patient gave a history of soft chancre. The most important point in the case was the presence of a marked diastolic shock. There was absence of bruit, no tracheal tugging, no cough, no disturbance in the pulse.

Dr. MacMahon said on examining the case at a previous time he detected a bruit and thought one radial pulse was more compressible than the other.

Dr. H. T. Machell read a paper on "Circumcision." He holds that the operation is done unnecessarily often, that it is often done for trifling causes or no cause at all, other than that there is a long prepuce; that even cases calling for interference would be better treated by some other method, such as dilatation, slitting, etc. Among the symptoms in these cases were irritation, eczema, restlessness, sleeplessness, scanty discharge of urine, nocturnal incontinence, adhesions, contraction or ballooning of the prepuce, phimosis, balanitis, and reflex nervous disturbances. Prophylaxis was important. All newborn infants should be examined during the after attendance on the mother. The treatment depended on the condition found and on the mental bias of the physician. The nearer the end of the penis is kept to the normal—a covered glans—the better. The evils of uncovering the glans by circumcision were dilated on by the essayist and Masten quoted in support of his views, all of which went to show that the practice of circumcision was heathenish, irrational and unscientific; that it is only chimerical to suppose that it prevented any of the ills it is reputed to prevent or cure. Dr. Machell holds that in ninety-nine out of one hundred cases the operation is not necessary. He has done