

large bowel, which could not be reduced. On opening the cæcum, about seven inches of gangrenous bowel was found. The hernia was entirely omental, and not in any way connected with the obstruction. The gangrenous bowel was drawn through the opening in the abdomen and secured there. Patient died of shock in a few hours. Dr. Sheard considered this a suitable case for excision of the strangulated portion of bowel.

Dr. Osler said recovery sometimes took place by the sloughing of the piece of small bowel invaginated.

Dr. Mullin said that in cases of obstruction from any cause, he would treat the acute symptoms in preference to operating.

Dr. Botsford, of St. John, N.B., read a short paper on "Inflation of the Lungs by Abdominal and Thoracic Traction." His method was to draw the abdominal walls forwards, by means of pieces of plaster 4x4, thus leaving a vacuum which would be filled by air entering the lungs. Had not tried it practically, but thought it would be useful in chloroform accidents, drowning etc.

Dr. Mullin thought valuable time might be lost, and preferred the old methods of artificial respiration.

Dr. Burnham, of Toronto, had given anæsthetics in the Royal Ophthalmic Hospital in a great many cases and never saw a death. In cases of accident always relied on artificial respiration, with inhalation of nitrite of amyl.

Dr. Grant said that in a recent case he lowered the head with good results.

Dr. Dorland, of Milwaukee, read a paper on "Successive Dropsies of Amnion always Specific." He gave the history of six women he had attended who had suffered from this affection. In all, evidence of syphilis could be obtained. In some of the cases specific treatment succeeded in preventing this condition in subsequent pregnancies. He had some of the patients under his observation for years.

Dr. Mullin narrated a case in which, with a syphilitic child, the amount of liquor amnii was very large. Dr. Yeomans and others mentioned instances in which there was no suspicion of syphilis.

Dr. Dupuis, of Kingston, read a paper on the "Relation of Medical Men to each other, and to each other's Patients," which was largely a plea for no code in medicine. He did not approve of the new comer calling on those already settled in the place, and favored holding the consultation in presence of the patient and his friends. He considered it proper to give an opinion concerning the patient of another practitioner without consulting with him. He would take all the cases he could get without reference to previous attendant. To report cases of operation or extraordinary cures

in the papers was, he thought, quite justifiable, as he considered it different from advertising. Medical men should report their cases as well as the lawyer his speeches, or the clergyman his sermons.

Dr. Harrison, of Selkirk, Dr. Canniff, of Toronto, and Drs. McCammon and Oliver, of Kingston, disapproved of the opinions expressed by Dr. Dupuis.

Dr. Metcalf read a paper on "Hyoscyamine in the Treatment of Mental Diseases." He gave the results of six years' experience with the drug in the Kingston Asylum. He used Merck's crystalline preparation hypodermically in from one-twelfth to one-eighth of a grain. It was prompt and efficacious, and no ill-effects had followed its use in sixty cases. It was especially advantageous in all forms of maniacal excitement. If after a few doses no benefit followed, the drug was discontinued.

Dr. Hurd, of Pontiac, corroborated Dr. Metcalf's opinions.

Dr. Daniel Clarke, of the Toronto Asylum, recommended the drug in cases of delirium tremens, acute mania, and melancholia with suicidal tendency. He used Merck's preparation, and also the tincture (B. P.), as much as one and a half ounces. He had found the greatest benefit in acute mania.

Dr. Thorburn, of Toronto, suggested caution in the use of large doses.

Dr. Troutman, of New York, placed great reliance on the drug, but thought it was contra-indicated in acute delirium with dryness of tongue and muscular tremors; also in general paresis.

Dr. Graham, of Toronto, read a paper on "Leprosy in New Brunswick." The inhabitants in this region, chiefly French-Canadians, are very poor, live on small farms, and engage in fishing and hunting. The diet is mainly fish, potatoes and bread, with but little meat. The disease first appeared in 1820, among a family that came from Caraquet. At present there are only twenty-four patients in the Lazaretto, and the average length of residence is five years. A few cases are at large, and it is chiefly through the influence of the priests that they are detected and secluded. His conclusions are as follows:

1. Although it has been shown in other countries that the disease can be propagated purely by hereditary influences, no case has yet been recorded in Tracadie, so far as he could learn, which would prove that theory.

2. That the disease was imported from without, and, finding favorable surroundings, it spread from one to another by contagion. In order to contract the disease, certain conditions appear necessary: (a) low state of the system; (b) to belong to a certain race or family; (c) prolonged contact with leprosy persons.