

should each year meet at a different centre and thus periodically bring the Association as near as possible to the door of every practitioner. We believe that in this way a greater number of practitioners would attend the meetings and thus the benefit would accrue to a larger percentage of the profession.

We have expressed these views mainly in the hope that some of our readers will communicate through the columns of the *QUARTERLY* their opinions. We trust they will do so. We would also suggest that the formation of a separate Association for Eastern Ontario would be a proper subject for discussion at the meetings of the District Associations.

EXAMINATION OF THE PREPUCE IN CASES OF DEFERRED DIAGNOSIS.

ALTHOUGH limiting my practice to Diseases of the Eye, Ear, Nose and Throat, my first years were spent in administering to the public ills in general, and it was while thus engaged, many apparently minor points were forcibly impressed on my mind; among them I give first (?) place that which I have chosen for this article.

The practitioner is "a necessary evil" in the minds of most persons (outside of the profession) and, as a rule, when called, the case in hand is too obscure or has passed beyond the point where Teas and Patent Medicines render the necessary therapeutic action, and for once in the life of some wise friend or neighbor—failed to cure.

A thorough and careful examination on the part of the physician fails to bring out anything of value to aid in diagnosis; all he finds is possibly one of the following conditions or a combination, *e.g.*, the patient is suffering from a nervous condition, such as palpitation of the heart, a nervous chill, even a mental aberration, or has a fever which may reach to 104° , or is troubled with a pruritis, nocturnal enuresis, has had or is having con-