

the legitimate practitioner, and by imposing upon the credulity of the people. Already has he been before the courts where a letter was produced in his own handwriting in which he offered the medical registrar of the Province the sum of two hundred dollars as a bribe to grant him a license; but he reckoned without his host. The offer was rejected with scorn as became an honourable gentleman and practitioner. On that occasion he was fined twenty-five dollars, but this has not checked his illegitimate practice, and he is now more cheeky than ever. But what do the members of our profession think of the action of one of our old practitioners, who was instrumental in securing the passing of the Medical Act for the protection of the public and the profession in consulting with this same quack. Is it not surprising that the worthy Doctor should so far forget his duty to himself and his profession as to so demean himself in this manner? Had he done such a thing where he came from in Ontario he would have been severally censured by his medical brethren; but probably he imagines the dignity of the profession is not of much importance in Manitoba.

Yours, etc.,

MEDICO.

Minnedosa, Aug. 3, 1886.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular monthly meeting was held on the 13th September—Dr. Stark, President, in the chair.

Dr. H. S. Griffin exhibited a specimen of cancer of the stomach from a negro woman about 65 or 70 years of age. Had six or eight children, all of whom are dead. When Dr. Griffin first saw the patient she complained of constant and troublesome spitting of water, which also escaped from the mouth during sleep; there was also regurgitation of fluids after drinking. Had been losing flesh rapidly. At one time raised about a pint of pus. *Post-mortem* revealed general thickening of the walls of the stomach. There was narrowing of the oesophagus near the cardiac orifice of the stomach. The only other abnormal condition found was some fibroid tumors of the uterus.

Dr. Mullin related a case of a woman who had been ill for two or three years. On making an examination, found two or three lumps in the

right iliac region extending upwards, about twice as large as the thumb, and moveable, sometimes disappeared altogether. *Post-mortem*.—Stomach dilated, walls very thin, greater curvature reached as far as the umbilicus. There was much thickening of the pyloric orifice, the opening being only large enough to admit a small catheter. No evidence of secondary deposit in any other organ. The descending colon had a mesocolon fully six inches in length, and the bowel was loose and floating, a condition which would have rendered the operation of colotomy difficult if not dangerous. The uterus was exhibited, the right ovary was normal, the left contained the remains of a cyst which had collapsed. A band extended from the omentum near the transverse colon, about the situation of the pyloric orifice of the stomach, looped around the head of the ascending colon and caecum, and passed over to the left ovary where it was attached, forming nearly a half circle. The tumors mentioned above were supposed to have been formed by this band, retaining faeces in the intestines at times, being moveable and then disappearing as stated above.

A committee consisting of Drs. Malloch, Mullin, Macdonald, White, Leslie and Griffin was appointed to report on the pollution of the waters of the Bay by sewage, and the best remedy for the evil.

DOMINION MEDICAL ASSOCIATION.

(Continued from last month.)

SURGICAL SECTION.

Aug. 18th.

Dr. Desjardins, of Montreal, read a paper on "Keratotomy as a means of Diagnosis in Astigmatism." After defining the term astigmatism, he said that errors of refraction affect the vision injuriously, although the optic nerve be healthy. It was formerly supposed that the fault was in the lens, but it is now known to be due (as was first pointed out by Donders) to the curves of the cornea. The lens, according to later investigators, partakes of the same deformities as the cornea. Accommodation is not without influence on refraction.

Dr. Jas. Bell, of Montreal, read a paper on "Tracheotomy in Membranous Laryngitis," in which he advocated dispensing with the tube in the after-treatment of tracheotomy. He preferred late to early operations in membranous laryngitis for the following reasons, viz.: (1) If patient were operated on early, many would be operated on unnecessarily; (2) Extension of membrane takes place more rapidly after tracheotomy; (3) If the obstruction is not rapidly produced, membrane is separated and expelled. The recoveries after early operations were 25-33 per cent.; after late opera-