

between the second and third molar, and in getting down to the tumor, has to sacrifice the chief nerves and vessels in that region. He then removes the tumor with a hot knife. Dr. Fenwick then described his own operation by a curved incision following tolerably well the line of the angle of the jaw. In two cases, the operation was easy, no vessels or nerves of importance were divided, except the facial nerve in one case. The bleeding in both cases was practically nil.

Dr. Sheard thought that the distinction ought to be made between cancerous and sarcomatous tumors. He thought cancerous tumours, which were not neglected, required a more serious operation, and that more room should be given, as they could not be removed solely with the finger without dissection.

The section then adjourned until 2 o'clock p. m.

R. W. POWELL, M. D.,
Secretary.

THURSDAY, Sept. 13th, 1888.

Dr. Smith, Montreal, delivered his paper upon "Some minute but important details in the management of the continuous current in the treatment of Fibroid and other diseases of the Uterus." He insisted upon attention to the antiseptic treatment, and upon performing all the operations with care. The results in his own hands had been very satisfactory. He recommended the Electrode of Dr. Inglemann in preference to Apostoli's clay electrode. The different forms of Electrode of sounds were shown, and that of Martin he favored most, as being the least expensive, and, at the same time, serving the purpose. He referred to the necessity of exact dosage, and the after care of patients where much electricity had been used.

This paper led to a very interesting discussion as to the field for which it was intended to be useful. Dr. Trenholme, Montreal, favored an antiseptic method apart from irrigation, simply advising that the vaginal passage be washed out with soap and water, and a plug of antiseptic cotton left in contact with the Cervix, when the sound was removed. Other members took part in the discussion.

The session was then brought to a close.

MEDICAL SECTION.

Afternoon session.

Dr. R. P. Howard, Montreal, read an interesting paper on Ophthalmoplegia Externa, illustra-

ted by diagrams. He spoke of a case of Ophthalmoplegia Externa, and explained as a cause the close association of the cerebral centres. He referred to cases recorded where both Ophthalmoplegia Externa and Interna had been caused by hysteria. He noted also the association of this condition with locomotor ataxia and pseudo-hypertrophic muscular paralysis. He was convinced, however, that Ophthalmoplegia Externa could exist without such association. He also discussed the relation of syphilis to this ocular disease.

The paper of Dr. Campbell, Seaforth, "Myxœdema, with report of a case," was taken as read, and accepted.

Dr. Playter, Ottawa, read a paper on a few facts relative to Communicable Diseases in man and animals, especially as brought out at the recent Paris Congress and British Medical Association, referring particularly to Tuberculosis. His paper was listened to with much attention, and was discussed.

The Medical Section then adjourned.

CHARLES SHEARD, M. D.
Secretary.

SURGICAL SECTION.

Afternoon session.

Dr. Bell, of Montreal, read a paper on "Exostosis Bursata," in which he gave the notes of a case which he believed to be the only one reported by an English speaking surgeon. Dr. Shepherd, Montreal, referred to the great rarity of the disease and drew attention to the explanation which was offered of the existence of floating cartilages in the joints.

Dr. Shepherd followed with a paper on Mania following operations. He reported six cases. Dr. Bell, in the discussion which followed, related two cases, in one of which he attributed mania to the use of Iodoform. He asked if there were any cases on record due to Iodoform. Dr. Buller related his experience of one case of mania following the operation of a cataract. Dr. Dickson, of Pembroke, asked Dr. Shepherd, if mania from Iodoform would be apt to occur in the use of the drug when applied to small surfaces. Dr. Shepherd replied that the danger would be greatest when Iodoform was applied to a large surface, as, for instance, to the interior of a large abscess cavity.

Dr. Buller then made a few remarks on Penetrating Wounds of the Eye Ball. Dr. Proudfoot