usually seen in the annually-recurring Museums. Those who have visited the rink and examined the exhibits have been well repaid for their trouble, as the collection is an interesting and instructive one, complete in every detail which can appeal to the professional men, whatever his particular bent may be.

The Official Guide and Souvenir issued by the executive, and handed to the members and guests on registering, is a very handsome volume, and one which will undoubtedly be carried away by them and serve as a reminder for many years of the meeting now in progress. Much care has evidently been taken in the compilation of the large amount of information which it contains, and the book is at once a most valuable guide on every point of interest to the visitors, and a striking testimony to the determination of the officials that nothing should be wanting on their part to render the visit of those from afar off as enjoyable as possible. The printing, paper, and binding are everything that could be desired.

The important question of securing for the Dominion an uniform standard of medical education has been a prominent topic of the week. It was debated at the annual meeting of the Canadian Medical Association on Monday and Tuesday, when also a scheme for inter-provincial registration was discussed and adopted by the provinces of New Brunswick, Quebec, Manitoba and Prince Edward Island. It was also referred to by the President of the British Medical Association in his opening address, and commenting upon this Lord Lister, in moving the vote of thanks to the President, made some judicious remarks. Lord Lister thought that the great objection to a central examining board was that the examinations would be conducted by those who were ignorant of the curricula of the various schools, and for himself preferred the system obtaining in England of a central controlling body (the General Medical Council) with power to inspect and visit the various licensing bodies. Any opinion of Lord Lister's must have great weight,—although it cannot be forgotten that some twenty years ago the idea of a conjoint Examining Board for England was on the eve of accomplishment, some of the bodies concerned voluntarily consenting to abrogate their right to grant licences. Theoretically a single and uniform standard for the whole country would seem to be the ideal to be aimed at,—all additional qualifications and degrees being regarded as academic distinctions; but it may be, as Lord Lister evidently fears, that the practical working of such a scheme could not be effected without injustice to candidates trained on various methods.

The complimentary smoking concert in the Temple Hall on Monday evening was a great success, the capacious hall and gallery being filled with an appreciative audience, whose interest in the well-selected programme provided for their entertainment was well sustained until close upon midnight.

Owing to the necessity of publishing this Special Canadian Supplement to THE LANCET to-day (Friday) it is not possible to report to-day's proceedings, which will be continued in the columns of the usual weekly issues of THE LANCET. Many of the Papers and Addresses, which have, of necessity, been much curtailed in this Supplement (in order to keep it within the mechanical powers of the Montreal press to produce it) will be given at greater length in the forthcoming issues of THE LANCET.

The Sections.

The Sections commenced their labours on Wednesday morning, the proceedings being introduced by addresses delivered by the various Presidents. It will be seen that in most of the sections debates took place on special subjects of interest, in addition to the reading of papers.

WEDNESDAY, SEPTEMBER, 1st,

A. MEDICINE.

President: Stephen Mackenzie, M.D., London.
Hon. Secs: H. A. Lafleur, M.D., Montreal; W. F. Hamilton, M.D., Montreal; William Pasteur, M.D., London.

The President (Dr. Stephen Mackenzie) took the chair and delivered his inaugural address, selecting as his subject "The influences which have determined the progress of Medicine during the preceding Two and a Half Centuries." Probably the greatest influence in the modern progress of medicine was the perfecting of the microscope, which had led to a vastly increased knowledge of the minute structure of the tissues of the body and had created a new department of science, viz. bacteriology. The clinical thermometer, electricity, the ophthalmoscope, the laryngoscope, the sphygmograph, the cardiograph, the arteriometer and the sphygmometer have all contributed to the general advance. The discovery of auscultation by Laennec in 1816 had given a great impetus to the study of exact medicine, and the diagnosis of diseases of the chest has now reached a degree of precision unequalled in any other department of practical medicine. The discovery of vaccination by Jenner had exercised a great influence upon medical science, and its indirect results were only now beginning to be fully utilized. Therapeutical progress was necessarily dependent upon a more exact knowledge of the nature of disease. The progress of anatomy, physiology, chemistry, physics, morbid anatomy, pathology, therapeutics and preventive medicine has influenced our whole mode of thought and made us exact and precise in our observations and investigations of disease. When we are taunted with the assertion that medicine is not a science we can reply that medicine utilises the knowledge gained in every branch of science.

Dr. James Stewart (Montreal) opened a discussion upon "Arthritis Deformans with special reference to its relation to Rheumatism, Nervous Disease and Tuberculosis." He gave an analysis of 40 cases occurring in his practice, and came to the following conclusions: (1.) Arthritis deformans is a disease prone to occur in people of a rheumatic tendency, who have suffered from subacute rheumatic attacks. The presence of infectious disease of any kind tends to increase this tendency and so do depressing conditions. (2.) There is no sharp dividing line between certain cases of chronic rheumatism and the earlier stages of rheumatic arthritis. (3.) There is not sufficient evidence to support the views commonly held as to the nervous origin of arthritis deformans. (4.) There is no direct relationship between tuberculosis and arthritis deformans. (5.) The polyarticular forms of arthritis deformans have clinically the features of an infectious disease. Treatment generally was unsatisfactory. He had found considerable benefit from superheated hot-air baths.

Dr. Shingleton Smith (Bristol) did not believe in the connection between arthritis deformans and rheumatism. He was inclined to regard the disease as essentially a poly-arthritis.

Dr. Lindsay (Belfast) complimented Dr. Stewart on his lucid and practical paper. He thought the connection of arthritis deformans and tuberculosis was purely accidental. He had been much struck with the nervous symptoms in arthritis deformans, especially the atrophy of the muscles, and was inclined to regard them as due to peripheral neuritis, perhaps the result of toxic influence. He believed in the connection between arthritis deformans and chronic articular rheumatism, and had often been at a loss to differentiate between the two conditions.

Dr. Osler (Baltimore) had been impressed by the nervous symptoms in arthritis deformans. Some of the cases of the disease observed by him had simulated amyotrophic lateral sclerosis.

Professor Jacobi (New York) thought the whole subject was in a very unsatisfactory state, and that we had no real knowledge of any rheumatic condition except acute rheumatism. He was inclined to side with Dr. Osler's views, and to think that arsenic was the best remedy. He

complained that no attempt had been made to define arthritis deformans.

The President of the Section (Dr. Stephen Mackenzie) thought they had had an interesting and valuable debate, and the great diversity of views expressed showed how far they were from finality on the subject. He thought it probable that several different states were included under the term arthritis deformans. He referred to the opinion of the late Dr. Sutton, who held that arthritis deformans was essentially a disease of debility.

Dr. Stewart having briefly replied, the discussion came to a conclusion.

The section subsequently took up the hearing of short papers. Dr. Tyson (Philadelphia) read a paper on "Note on the proper use of Terms to denote Myocardial Changes." Dr. Fussell (Philadelphia) read a paper on "Two cases of Hæmophilia." Dr. McConnell read a paper on "Pyopericardium following Pleuro-pneumonia, Pericardiotomy, Recovery." Other business followed and the section adjourned.

B. SURGERY.

President: Christopher Heath, F.R.C.S., London.

Hon. Secs: R. C. Kirkpatrick, M.D., Montreal; Thomas Walker, M.D., St. John, N.B.; Jordan Lloyd, F.R.C.S., Birmingham.

The President in his opening remarks, after gracefully alluding to the honour he felt at being asked to preside on such an occasion, referred to the special subjects selected for debate in this section, viz., (1) Appendicitis and its surgical treatment, and (2) the treatment of cancer of the rectum, with special reference to the high operation. Nothing was more remarkable than the recent progress of abdominal surgery, for neither of these subjects were treated by surgeons twelve years ago, when he (Mr. Heath) was engaged in editing a Dictionary of Practical Surgery. He referred to other changes in practice, and adversely commented on the prevalent sacrifice of time to scientific study at the expense of clinical work.

Dr. G. E. Armstrong, of Montreal, read a paper on "Appendicitis and its Treatment." His remarks were based on 517 cases collected from the Montreal General, Royal Victoria and Western Hospitals. The cases of this disease, he said, tended to increase rapidly during the first three decades of life; but to diminish in frequency after 30 years of age. As to sex there were nearly two males to one female. A number of specimens in formalin were shown, prepared by Dr. Wyatt Johnston. Many cases start from abrasions and faecal ulcers, causing loss of epithelium and thus preparing a passage for the bacterial invasion. As a result of ulceration and healing a narrowing of canal was produced. Fæces, pus, etc., might become pent up by the stricture and later cause perforation. Obliteration of canal might occur if contraction began at the distal end of appendix. Fifty-nine of the 389 cases reported upon contained faecal concretions. As regards treatment operation was strongly advocated as the only means of obtaining a good result with certainty. In the Montreal General Hospital from 1858-1890 there occurred 155 cases of peritonitis and perityphlitis. Of these 37 died, a mortality of 23.8 per cent. Since 1890, 517 cases had been admitted to the three hospitals, with mortality of 12.8 per cent., the mortality being lowered by about half. The results are still improving. Eighty-four cases of operation during the interval were reported without a single death. The cause of death generally is due to abscess formation and its sequelæ and general septic peritonitis. In operating on cases with abscess formation the author advised the complete removal of sac wall, which could be done without infecting the general peritoneal cavity. Thus secondary abscesses would not be overlooked and the spread of infection to the liver through the portal veins be obviated. Fifteen cases of faecal fistula followed operation. Four died, eight healed spontaneously, one healed after operation, and in two the result was not stated. The author reported 29 cases, with one death, treated at the General Hospital since October 1st, 1896. He advised free drainage with large rubber tubes, one in each loin and one dipping down into pelvis.

Dr. Ward Cousins (Southsea) agreed with Dr. Armstrong's conclusions. Appendicitis required careful watching. Statistics were no help in deciding upon operation. Certain cases required dieting and rest only. The great question was as to the advisability of operation and the time of performing it.

Prof. Ball (Dublin) divided appendicitis into four classes, viz.: 1. Those developing suddenly with peritonitis. 2. Those in which abscess formation has taken place. 3. Those

repeated attacks which render a man's life miserable. 4. Those whose symptoms are such that there is a grave doubt as to the extent of the disease. In the first two operation was imperative. In the third operation should take place during the interval of the attacks. In the fourth there was doubt as to when the operation should be performed.

Mr. Jordan Lloyd (Birmingham) thought the disease appendicitis meant a disease confined within the appendix. He thought that the locality of the abscess depended entirely on the locality in which the appendix swings.

Sir. Wm. Hingston (Montreal) employed a conservative mode of treatment in these cases. He could cite 27 cases where he had refused to operate and where the patients subsequently recovered. He thought that in the treatment of this disease the physician and surgeon should go hand in hand.

Dr. Vander Veer (Albany) concurred in the statements of Mr. Lloyd in regard to the locality of the appendicular abscess, and advocated early operation.

Dr. Alex. Hugh Ferguson (Chicago) treated appendicitis as a purely surgical affection. He did not believe in operation during the acme of the inflammation; better shortly before or after the acme. He believed in operating in clearly defined cases of appendicitis. He had used intravenous saline infusion in chronic septic cases.

Dr. Gordon (Portland) strongly urged the medical treatment of appendicitis at the beginning of an attack. He gave large doses of a saturated saline solution and in some cases also gave a saline enema. This often relieved the pain in a very short time.

The President said that Dr. Gordon's views corresponded with his own. He had frequently relieved the pain very materially by the application of belladonna over the appendix or the addition of a hot linseed poultice over this. The patient should be kept in bed and dieted as strictly as in a case of typhoid.

Dr. Armstrong, in reply, said that he had never succeeded with gauze as a means of draining: he frequently found pus pent up behind it. Gauze would only drain the serum. The application of hot poultices or ice he thought of value in the early stages.

Dr. A. E. Garrow (Montreal) read a paper on "A case of Umbilical and Ventral Hernia in the same patient." He alluded to the rarity of the condition, only one similar case being reported within the past twelve years. In the case under consideration the contents of the supra-umbilical protrusion consisted of large and small intestine, cæcum with appendix and omentum which was adherent and reduced with difficulty. The umbilical hernia was small, sausage-shaped, non-adherent, readily reducible.

Dr. Alexis Thomson (Edinburgh) then read a paper on "Stricture of the Intestines as a sequel of Strangulated Hernia." The case was that of a man aged 29. A loop of bowel had become strangulated, causing a local peritonitis, the constriction being at the internal ring. The patient did well for three weeks, when symptoms of obstruction occurred. It was found necessary to make an artificial anus in the upper portion of bowel until such time as the upper distended portion assumed somewhat the same size as the lower portion, when the ends were united with the Murphy button.

Dr. Marcy (Boston) read a paper on the "Suturing of Wounds."

Dr. Langley Browne read a paper on "Traumatic Aneurism of the Internal Maxillary Artery, treated by Ligature of the Common Carotid." In this case a man aged 32 years was kicked by a horse on March 12, 1897. On April 9th pus was evacuated from an abscess on the neck at seat of injury. Shortly after this a distinct swelling (pulsating) behind the jaw was made out. The common carotid was tied in this case on April 26th. The patient was discharged cured on May 24th.

Dr. Theo. McGraw (Detroit) read a paper on "Invagination of the Cæcum and Vermiform Appendix." In this case a diagnosis could not be made, the only distinguishing feature being the severe recurrent attacks of abdominal pain (relieved only after administration of morph. gr. $\frac{2}{3}$) unaccompanied by fever or any digestive disturbance.

C. PUBLIC MEDICINE.

President: E. P. Lachapelle, M.D., Montreal.

Hon. Secs: Wyatt Johnston, M.D., Montreal; E. Pelletier, M.D., Montreal; Harvey Littlejohn, M.B., C.M., Edinburgh.

The President opened the proceedings of the Section with an address on the Progress of Sanitation in Canada—