

plain boiled water was as good as boric acid. He does not boil the cutting instruments, but immerses them in alcohol and then in sterilized water.

Dr. Buller stated that he strictly observed antiseptis. In dressing he uses the dry boric acid on a moist skin. He does not wash out the anterior chamber as it causes irritation. In cases with chronic eczema he has not had suppuration since using antiseptis.

Dr. Jackson, of Philadelphia, said that bandaging of the eye immediately before operation was bad practice, that in lachrymal obstructions the trouble could usually be located in the nose. He believes in washing out the anterior chamber.

Dr. Fryer, of Kansas City, uses a 1 in 6000 sublimate solution in conjunctival sac. He does not put any dependence upon boric acid.

Dr. Mittendorf, of New York, agreed with Dr. Noyes in nearly every respect and made an appeal for the much abused boric acid.

Dr. Ryerson, of Toronto, uses boric acid and thought that the anterior chamber should not be washed out as a rule, but that some cases demand it.

Dr. Wurdemann, of Milwaukee, would allow no one but himself or his associate to prepare the solutions and would not operate in a private house unless he had skilled attendance. He had found great results from a new anaesthetic "holocain," which was antiseptic and had no bad effect on the cornea.

The President gave a short account of the views of his colleagues of the British Isles, and seemed to think that the majority were in favour of asepsis.

Dr. Buller, of Montreal, read a paper on "Mules' operation," and described in detail the modifications he used.

Dr. Reive, of Toronto, said he had done this operation in many cases, but had allowed a quantity of blood to exude and then stitched up the wound. He showed a pair of forceps which he had used with great success in operative work.

Dr. Noyes said the operation was not much used in New York, owing to the severe reaction and long period of convalescence, but he was delighted to hear of Dr. Buller's method and would attempt it at the earliest opportunity.

The President had only once had recourse to this operation; he wished to know as to the degree of mobility obtained.

Dr. Ayres reported a case in which the glass globe had to be removed, owing to suppuration in the eye, when it was found that the globe was full of pus, which had entered by a capillary opening.

Dr. Buller, in reply, said that after ten years he had found that the degree of mobility obtained was almost perfect.

Dr. Gould, of Philadelphia, read a paper on "Retinitis Pigmentosa without Typical Pigmentation."

Dr. Howe, of Buffalo, had obtained reports of 41 cases and considered that they were not as rare as is generally thought. These cases, he said, really begin as cases of choroiditis.

Dr. Matthewson, of Montreal, read a report of a case of "Metastatic Carcinoma of the Choroid."

Dr. Charles G. Lee, of Liverpool, communicated notes of "An Unusual Case of Orbital Tumour, which was read by Dr. Stirling, of Montreal.

Dr. Holt, of New York, reported a similar case in which the glyceride of tannic acid had induced healthy granulations.

I. LARYNGOLOGY AND OTOTOLOGY.

President; Greville Macdonald, M.D., London.

Hon. Secs.; H. D. Hamilton, M.D., Montreal; W. Permewan, M.D., Liverpool.

The President, after a word of welcome, introduced a discussion on Turbinotomy by reading a paper in which he commented on the increasing frequency of the removal of mucous membrane and portions of the turbinated bones, and in order to give room for subsequent discussion dealt with the following questions: (1) Are these operations done unnecessarily? (2) Are the symptoms relieved or cured? (3) Is harm done to the patient? The operation has been applied for relief of obstruction to respiration from hypertrophies, for the larger of which he prefers the cold snare and for the smaller the cautery. He emphasizes the importance of dealing with concealed growths and cavities formed by overhanging hypertrophy of inferior turbinated bones due to structural malformation. Treatment: The most satisfactory he found to be paring off to provide a free passage for air and mucous by scissors or snare, and he is not in favour of extensive removals of the secreting gland of the nose, as he designates

the inferior turbinated bone, which by experiments, which he cited, is proven to be the moistener of the respired air. In concluding he urged conservative treatment, and was doubtful of the removal if the least bit more than necessary is ever justifiable.

There being papers on the subject, they were asked for before the general discussion should be undertaken, and in the absence of Dr. Scanes Spicer, Dr. Permewan for Mr. Carmallt Jones read his paper on "Some After Effects of Turbinotomy." This condition was reported to have relieved in 60 per cent. of the cases, and the deafness to have been much relieved when the finitus stopped. Unhealthy posterior parts of turbinated bones kept up nasopharyngeal and Eustachian catarrh, and surgical treatment offered the additional advantage of easy Eustachian treatment. Many conditions usually due to nasal obstruction or its effects on adjacent organs were reported as much relieved. No deaths or subsequent bad effects had been observed.

In the discussion Dr. Bryson Delavan mentioned a case in which turbinectomy had been successfully done for complete obstruction, but later on the patient came complaining of having been done a great injury, and justly so, having lost such an essential organ in the nasal economy. He spoke on the benefits of septal treatment, and gave as his principle the gaining of a maximum of relief with a minimum of injury. He spoke against the name "spoke shave," and condemned the removal of turbinals in children, and spoke of the uncommonness of posterior enlargement of the bones.

Dr. John N. Mackenzie, of Baltimore, stated that the removal of the bone or portions of it was rarely if ever done by him except for the removal of growths, and never done in children.

Dr. R. P. Lincoln, New York, in a short paper, gave some of his own experience in turbinotomy, mentioning preliminary antiseptic preparation and the use of cocaine on cotton plugs. His treatment he divided into chemical and surgical, the former for mild grades of hypertrophy, the latter for the removal of erectile and osseous tissue by means of ignipuncture, cold wire snare, scissors, and bone cutting forceps.

Mr. Lennox Browne did not agree with turbinectomy and thought it was surgery in a hurry. Turbinectomy in a child he considered a terrible thing and quite inadvisable. If there was a large turbinated bone he looks for adenoids and in a reasonable time got improvement after proper treatment. He spoke of an association of asthma and trouble in middle turbinated bone. He corroborated Bosworth's statement that there was no hypertrophic rhinitis without a spur, having found this to be the case in 80 p. c. of 1,000 cases. He defended the name "spoke shave," saying we have already our chisels, mallets, saws, etc., borrowed from the carpenter shop. He found anaemia closely associated with nasal obstruction and agreed with the President in that he had seen many case of dry throat following turbinectomy, and mentioned the President's careful work on the physiology of nasal moisture.

Drs. Permewan, W. H. Daly, Warden, J. E. Roe and R. C. Myles continued the discussion.

In summing up the discussion, the President stated that the opinion of those present seemed to be averse to Mr. Jones' radical operation for the removal of the inferior turbinated bone. He summarized the opinions expressed as follows:—(1) Complete resection of turbinate bones is almost never called for. (2) Partial removal is only occasionally required, and then of anterior portion of inferior turbinated.

Dr. J. H. Bryan, of Washington read a paper entitled "A contribution to the Anatomy of the Fronto-Ethmoidal and Fronto-Maxillary region. He dealt with the anatomy of these regions with relation to pathological conditions, based on the examination of normal and pathological frozen sections. He quoted two cases in which sinus disease of long standing was not relieved until the remote seat of the trouble in the ethmoidal cells was attacked, the sinus trouble being kept up by constant reinfection.

This excellent paper was discussed by the President and Mr. Lennox Browne, after which Dr. E. Fletcher Ingalls, of Chicago, read a paper on "The Relation of Nasal Disease to Pulmonary Tuberculosis." This embraced a study of 14,953 cases studied in connection with diseases of nose, throat and chest. Of these 830 were phthisical cases in which complete examinations of nasal organs were made. The conclusions arrived at were nasal catarrh is much more prevalent than pulmonary tuberculosis, and that it is much less frequent in a given number of tuberculous patients than in the same number of healthy persons, demonstrating that instead of predisposing to the pulmonary tuberculosis, nasal catarrh, if it has any effect at all, appears to prevent it.

Dr. J. N. MacKenzie stated that physiologists and bacteriologists considered that nasal secretion was germicidal.

Dr. Shurley, of Michigan, considered that climatology had a very great bearing on all nasal conditions, and in some localities he considered a form of rhinitis as a natural prophylactic.

Mr. Lennox Browne corroborated Dr. Shurley's remarks and mentioned with surprise the large percentage of cases of rhinitis in America compared with great Britain.

J. ANATOMY AND PHYSIOLOGY.

President: Augustus D. Waller, M.D., F.R.S., London.

Hon. Secs.: J. M. Elder, M.D., Montreal; W. S. Morrow, M.D., Montreal; Robert Hutchison, M.D., London.

A discussion on the teaching of anatomy was opened by Dr. MacAlister, of Cambridge, who remarked that the first thing to be remembered in teaching anatomy was that one was training practitioners of medicine, not professional anatomists. The difficulty in reform lay in the fact that teaching was really controlled by examiners. He then passed on to consider (1) the method of teaching and (2) the amount to be taught. As regards the method he emphasised the importance of dissecting, and thought that every student should dissect the whole body twice, a preliminary knowledge of osteology being insisted upon. He advocated the working of students in couples and the more general use of the lens as an aid in minute dissections. The demonstrator should not dissect for the student, but should conduct catechism classes on the parts which the students were dissecting. Prepared dissections and models should be used with caution lest a diagrammatic view of the body be acquired. Lectures he regarded as the least important method of teaching anatomy, and in lecturing preferred the practical plan rather than the morphological, although the latter is the more interesting method. He thought it regrettable that anatomical nomenclature had not been brought into line with that of biology. As regards amount, he thought that teaching must be limited or mental dyspepsia would result. The range of knowledge was increasing, the time devoted to practical anatomy was decreasing. Teaching by schedule would not do. The most practical parts must be given most prominence. For example, a knowledge of minute muscular attachments, bony facets, etc., were of very little practical use. Two branches were under-estimated—(1) the anatomy of the lymphatic glands; (2) minute nervous connections. Finally, he thought that an understanding was wanted between teachers and examiners in the subject as to the parts to be omitted in order that time might be best utilized.

Dr. Shepherd, Montreal, thought that the order of importance of the branches of anatomy was: (1) Osteology; (2) nervous system; (3) viscera (for physicians). He also emphasised the drawbacks of teaching by specialists and the necessity of practical work. Lectures formed a skeleton and harmonized with practical work. The use of a "subject" at lectures was not of much help. Dissections could be so "good" that things looked abnormal. The application of facts to practice should be pointed out. Students were apt to remember the useless and have no sense of proportion. In his opinion, histology should not be a special branch but attached to anatomy or physiology.

Dr. Primrose (Toronto) condemned the practice of demonstrating minute dissections to large classes, and gave a lantern exhibition of a method of showing frozen sections to a class.

Prof. McMurrich (Ann Arbor) advocated the use of the card system of recording students' knowledge and the result of their work. In lectures morphology should be used as explaining the 'why' of things. The method of question and answer should be given prominence.

Prof. Wishart (Toronto) emphasised the value of knowing anatomy 'in pieces,' i.e. in order to be able to recognize parts of structures. He disapproved of the use of systematic books in the dissecting room. Dissecting guides should be employed.

Dr. Elder (Montreal) drew attention to the value of supplementing teaching in surface anatomy on the living subject.

Prof. Michael Foster said he had not the honour to be a teacher of anatomy, and therefore spoke with hesitation, but as regards relation of anatomy to physiology he thought one could try to teach too much of the latter but not of the former. A medical man ought to be able to visualise the whole human frame. He thought that the teaching of anatomy should be progressive throughout a medical course. In this way it would not interfere with other sub-

jects. The discussion was continued by Prof. Mills (Montreal), and Dr. Waller and Prof. MacAlister briefly replied.

Prof. McMurrich presented a note on the ganglionic enlargement on the posterior interosseous nerve of the arm, and suggested that the nerve originally extended to the digits. He drew attention to the presence of sensory nerve endings in the ganglion.

Prof. Huber, of Ann Arbor, described his methods of staining and preparation in the study of sympathetic ganglion, and described the character of the cells and fibres and the mode of ending of the latter. He described the variations found in different animals. He said that the sympathetic neuron was always the terminal neuron in a neuron chain.

Dr. Gaskell spoke and Prof. Huber replied.

Prof. Primrose demonstrated a specimen of uterus masculinus, and made remarks on previous cases and its relationship to hermaphroditism.

Prof. W. H. Thompson (Belfast) gave a paper on the degenerations resulting from destruction of sensory areas of the cortex, and shewed lantern slides. After destruction of the superior temporosphenoidal lobe he found degeneration in the internal capsule, the corpus callosum, and anterior commissure. The course of the degenerated pus was traced through the crus to the pons.

Prof. Foster asked the age of the animals experimented upon. Prof. Thompson replied.

A beautiful demonstration illustrating the Histology of the Parathyroid Gland was given by Dr. Welsh, of Edinburgh.

K. DERMATOLOGY.

President: Malcolm Morris, F.R.C.S., Edinb., London.

Hon. Secs.: Gordon Campbell, Montreal; J. M. Jack, M.D., Montreal; Jas. Galloway, M.D., London.

The President (Mr. Malcolm Morris) delivered an address on the "Rise and Progress of Dermatology." He said that in 1790 the Medical Society of London awarded the Fothergillian gold medal to Robert Willan, who had some time before submitted to it the outline of his plan for the arrangement and description of cutaneous diseases. Willan might justly be called the creator of dermatology. He then traced the development of the different schools of dermatology that arose in different countries, touching on the work of Bateman, A. T. Thomson, Erasmus Wilson, and others in England; on that of Alibert, Bielt, Rayer, Cazenove, Bazin, and others in France; on that of Hebra, Auspitz, Kaposi, Unna, and others in Germany; and on that of J. C. White, Nevins Hyde, Bulkley, Duhring, and others in America. Each of the three great schools which helped to lay the foundations of modern dermatology had certain marked characteristics. The English was essentially clinical, using classification only as a practical help in diagnosis; it observed. The French systematised, striding somewhat impatiently over facts to get at general formulas, which, though plausible on paper, too often broke down in application. The German was pathological, giving attention mainly to the mechanism of diseases, and occasionally taking too little heed of the causes setting it in motion. Turning from the workers to the work that had been done, Mr. Malcolm Morris said the most striking feature in the dermatology of to-day, as compared with that of the beginning of the century, was the knowledge of the nature and causes of skin diseases that had been gained. During the last few years our ideas as to the action of parasites had undergone expansion. The influence of the great revolution in pathology brought about by the discoveries of Pasteur, Koch, and their disciples, had been felt in the sphere of dermatology as in other departments of medicine.

Another line along which dermatology had advanced was in the recognition of the influence of nervous disturbance in the production of skin disease. Reference was also made to the more definite views now held as to the relation between certain constitutional states—notably gout and diabetes—and skin affections, and to the possible influence of auto-intoxication. The administration of remedies by hypodermic injection was one of the most promising improvements in constitutional therapeutics; the use of mercury in this way in syphilis was becoming more and more common. The serum treatment had not yet established itself in dermatological practice, but good results from it had been reported in a few cases of syphilis, lymus, leprosy, and one or two other affections. Tuberculin, as first prepared by Koch, had proved of distinct use as a preliminary to surgical treatment in lupus. The