

the third met the members of the Federal Government, to impress upon them the necessity of a thoroughly equipped quarantine service as a means of preventing the introduction of Asiatic cholera into the country, and the fourth met the members of the Board of Health of the city to point out many defects in the sanitary condition of the city and to recommend steps to be taken to overcome them.

The LIBRARIAN (Dr. Reed) submitted the following report: I have the pleasure to report that a marked increase in the use of the reading-room and library has been noted during the year 1891-92. It is much to be desired that superior accommodation for readers should be provided in the new rooms which the Society will be obliged to obtain. It is also evident that more journals and works of reference would greatly add to the attractiveness of the department. The journals have been maintained as before, and the valuable series of London, Philadelphia, New York and Montreal publications have been kept up by binding. The promise of additional reading matter has been made by an esteemed ex-president of the Society.

The address of the retiring president was announced for the next meeting.

The reports were adopted, and votes of thanks to the retiring officers were carried.

The PRESIDENT then called for nominations for office-bearers for the ensuing year, and the following were elected:—

President—Dr. James Stewart.

1st Vice-President—Dr. E. P. Lachapelle.

2nd Vice-President—Dr. James Bell.

Secretary—Dr. Kenneth Cameron (re-elected).

Treasurer—Dr. J. A. MacDonald (re-elected).

Librarian—Dr. T. D. Reed (re-elected).

Council—Drs. F. Buller, F. W. Campbell and T. G. Roddick.

SIXTH ANNUAL MEETING OF THE AMERICAN ORTHOPÆDIC ASSOCIATION.

SYNOPSIS OF PROCEEDINGS.

The Association met at the New York Academy of Medicine, Sept. 20, 21 and 22, 1892. Dr. Benjamin Lee of Philadelphia, President, in the chair.

After the address of the President, a lengthy programme of nearly forty papers was taken up. Necessarily many papers were read simply by title, and will appear in the *Transactions*.

The hip-joint received a large share of attention, there being presented a paper by Dr. A. M. Phelps of New York: *Experiments Demonstrating the Etiology of the various Deformities in Hip-joint Disease*. A large number of dissections had been made and were shown. It was claimed—(1) That in early

hip disease *flexion* and *abduction* occur because the fibres of the joint capsule run in a direction downward and inward, so that in the position assumed the fibres are relaxed and the inflamed joint is thus put at ease. (2) That when flexion to the extent of 20 degrees has occurred, the external rotators represented by the gemelli and obturator group and the gluteus maximus do not continue to act as external rotators but as abductors, and that the anterior portions of the glutei and the tensor vaginae femoris now act as flexors and internal rotators. (3) There being now but little opposition to the adductors and internal rotators, the limb assumes the position of adduction and flexion in which it is found in the advanced stage of hip disease.

There was but little exception taken to the propositions laid down by Dr. Phelps, and it was uniformly conceded that the paper was a most valuable contribution to the anatomy and surgery of the hip-joint.

Other contributions on this subject were:

Adduction following Fracture of the Neck of the Thigh Bone, by Dr. Hodgen, St. Louis; and

Report of a Case of Spontaneous Dislocation of the Hip joint, by Dr. B. E. McKenzie, Toronto. A woman, 21 years of age, in rather poor general health after the birth of her first child, suffered from subacute rheumatism, and was confined to bed two months. During that time she sat up much, keeping the right knee drawn up nearly to the chin and the hands clasped over it. Three months after her first confinement to bed, examination revealed a dislocation of the head of the femur upon the dorsum ilii. The dislocation was easily reduced under chloroform and kept in position by the wearing of a Thomas' hip splint. A year and a half afterwards there is found to be ankylosis, no shortening or other deformity, and no atrophy.

A paper presented by Dr. Royal Whitman of New York proved to be one of great interest: *Observations on the ultimate Deformity of Potts' Disease*. Dr. Whitman showed a case in which he is employing the Taylor spinal brace with modifications. Proceeding upon the proposition that in the normal erect attitude a perpendicular line passing through the tarsus should pass through the acetabulum and the mastoid process, he aims at keeping the spine from curving forward (when disease is in the middle spinal region) in the dorso-lumbar and high dorsal and cervical regions by the employment of pads in front of the points of the shoulders, sufficiently wide to prevent the arms from being raised up in front, by two pads which keep the shoulder blades closely in contact with the posterior part of the thorax, and by a chin-piece, not intended to carry the weight of the head, but to throw the head suffi-