

upper to the lower opening of the dressing which can be moved up and down, removing any dried epithelium or moisture and preventing excoriation. This has been found most useful. The skiagram shows the displaced femur with an abnormally small or undeveloped head.

DR. ELDER: The success or failure in replacing these congenital dislocations of the hip, even by Lorenz method, depends upon whether there is an acetabulum or not; in many cases we get a skiagram showing practically none at all, and in addition there may be no head to the femur. Dr. Hutchison's case was a very favourable one, there being a very good acetabulum; when the reduction was done it went back with a click almost as easily as an ordinary dislocation.

DR. HUTCHISON, in reply to questions by Dr. McKenzie and Dr. Hamilton, said: With reference to the lateral curvature, and whether the assuming of this position will tend to retain it, I am not conversant enough with the after results of these cases to testify. I think, however, that when the leg is brought down to normal length, and if the reduction is a permanent one and mobility of the hip joint secured, there is no reason why the pelvis should not go back and the spine likewise assume an original position; should this fail, massage or other exercises may be resorted to. With regard to the appearance of the head in the skiagram, I think it assumes this position largely because it is not well developed, though the acetabulum is very well marked. The unilateral deformity I think is the more common form.

DR. R. TAIT MCKENZIE read a paper on the Relation of Thoracic Type to Lung Capacity, and illustrated it by the living subject, showing the use of various instruments for measuring lung capacity. The paper appears at page 237 of this number.

In the large discussion, which followed the reading of this paper, Dr. Hutchison briefly reviewed the work done by Dr. McKenzie these many years past, for physical training at McGill, and testified to his perseverance and success amidst the difficulties of imperfect gymnasium equipment. Dr. Elder and Dr. Lockhart spoke in a similar strain of appreciation. Dr. Morphy was interested in chest capacity in relation to the production of the singing voice, and referred to the different methods of breathing recommended by the various teachers. Dr. McKenzie was unable to give any accurate information, as he was not aware of any experimental work that had been done upon the subject. Dr. Hamilton made enquiry as to the type of chest, which is likely to contain phthisical lungs, and expressed the belief that it was the puerile type. He was interested in the demonstration, that chest capacity is increased by the drop of the diaphragm, rather than