

the operation was refused and yet the child recovered.

Dr. Major stated that nothing could be proved by statistics unless you could compare precisely similar conditions, which was impossible in the case under discussion. Here you have every variety of operator and circumstances surrounding, and besides you have the varieties of the disease. There was one special advantage of intubation and that was that the air passed through a warm moist tube before entering the lungs, as many of the deaths after tracheotomy were due to lung complications owing to the air passing directly into the lungs through the short tracheotomy tube. He had had 27 intubations with 10 recoveries. The first four recovered and the next four died. One of the disadvantages of intubation, namely, the food getting into the lungs, could best be prevented by feeding the patient by means of an oesophageal tube and funnel. In one of the cases which he had intubated the tube had gone into the gullet, but when he found it being swallowed he promptly pulled it up and re-inserted it. He might add that in the eighteen cases of tracheotomy for conditions other than diphtheria and croup all had recovered.

Dr. England stated that three of Dr. Armstrong's cases were patients of his and he could testify to the hopelessness of them before intubation, and also to the utter unfavorableness of the surroundings, the families being exceedingly poor, and having no means of obtaining proper nursing, and yet two of them recovered. The third died of diphtheria twenty-four hours after intubation.

Dr. Hingston said that statistics were very fallacious.

Dr. McConnell stated that four of Dr. Armstrong's cases had been in his practice. Two recovered and two died. In his opinion there was no comparison between tracheotomy and intubation, the latter being the preferable operation. It should be remembered that neither operation had the slightest effect on the course of the disease. So that the two operations need be considered only as means of overcoming mechanical obstruction at the glottis.

This was effectually accomplished by intubation. If the patient dies it dies from the disease and not from suffocation. As far as the treatment of the disease was concerned, as it was primarily a local affection it could be treated by means of atomized medicines, while the feeding could be managed as it was in one of his cases by injecting the food into the back of the pharynx while the child was lying on its side.

Dr. F. W. Campbell said he had had just two cases of tracheotomy, and just two deaths, so that his experience, while limited, was very unfavorable as far as it went. It seemed to him that intubation had good prospects of replacing tracheotomy in certain cases.

Fortieth annual meeting of the American Medical Association, to be held at Newport, R. I., June 25th.

In a private letter received by the Editor of this journal from Dr. H. R. Storer, chairman of the committee of arrangements, he says: "For myself and for the committee whom I have the honor to represent, I can only say that the larger the delegation from the profession across the border the more we shall all be gratified. For myself, among the honors I have always especially prized, was my election as an honorary member of the Canadian Medical Association many years ago, and among my friendships in this country that have been most cordial, quite a number have been with Canadian medical men."

In view of such good feeling and the promise of a hearty welcome being extended to them, we trust that a considerable number of the Canadian profession will find it convenient to attend. Newport is the queen of American watering places, and is less than a day's journey from almost any part of Eastern Canada or the Maritime Provinces. The meeting promises to be a very successful one. In a private letter from Dr. Joseph Price, of Philadelphia, this talented operator says, "The discussion on abdominal surgery at the Newport meeting will be the most complete and interesting that has ever taken place on this continent."

The Twenty-Second Annual Meeting of the Canadian Medical Association will be held at Banff, N.W.T., on the 12th, 13th and 14th of August next.

The Canadian Pacific Railway Company has agreed to carry members and delegates with their wives or members of their families at the following rates: From points in Ontario or Quebec to Banff and return at \$95.00 each, including a double berth in sleeping car for each person, and meals in the dining cars on the way West from Montreal or Toronto and back, and four days living at the Hotel.

The passage tickets will be made good from and to any points on the Canadian Pacific Railway, in Ontario or Quebec, to Montreal or Toronto, but berths and meals will begin at these two places only.

From other points in the Dominion the rates will be as follows: From Halifax to Banff and return, \$110.00; from St. John, N. B. to Banff and return, \$100.00, but the tickets from these points will not include sleeping car accommodations nor meals East of Montreal in either direction.

From Port Arthur to Banff and return the rate will be \$60.00; from Winnipeg or Brandon \$50.00; from Regina \$35.00, including meals and berths from all these points.

From Calgary the rate will be \$4.50 without meals or berths. From Victoria or Vancouver to