

pneumonia. Case was aspirated in three weeks and two pints of pus withdrawn. A tube was inserted and cavity was washed out by syphon method. The second, which was a case of pleurisy from the first, has been ill four weeks. Was aspirated in fourteen days from time he took chill and seven and a half pints of pus withdrawn. As large flocculi were afterwards found in cavity a free incision was made and case was treated by open method. The cases are both improving at present, but the outlook is not good on account of family history. I believe in any case no matter how treated air will be admitted into the side, therefore I prefer treating by the open method with antiseptic dressings."

Doctors Powell, of Ottawa, and Arnott, of London, also made some remarks, and the discussion was closed by Dr. Machell, of Toronto, who in reply instanced the three hundred cases recorded by Holt in which it was shown that delirium *per se* was not typical of pneumonia confined to the apex. Respecting the incision in suppurative pleurisy, Dr. Machell said that this should be free. In regard to the drainage tube, he said that he usually took a piece one inch long out of one side of an ordinary drainage tube, doubled it on itself and so obtained a double drainage tube, which was secured from slipping in by an ordinary safety pin in the end of either tube. He seldom or never, unless indicated, washed out the chest cavity, but usually applied a good large pad of absorbent gauze; over this, tarred jute or carbolized tow, over these a layer of rubber dam, and over all absorbent cotton and a binder. The rubber acted as a valve, allowing the secretions to pass out under it but not allowing the air to pass in.

Dr. H. J. Saunders, of Kingston, then read a paper on "Herpes," in the discussion of which Dr. Powell, of Ottawa, said:—"I rise for discussion because I consider it the least compliment that can be paid to a reader of a paper to allow his paper to go by default. It is quite new to me to hear any attempt made to draw a similarity between Zoster, exanthemata and the excepting in so far as the vesicles may resemble the vesicular stage of the eruption of variola. As to the pathology, it is generally admitted to be the result of an interference with the trophic nerves that pass into the roots of the spinal nerves from the spinal ganglia of the sympathetic. As a treatment, while many cases are notoriously rebellious, I have found the greatest benefit accrue from good doses of quinine—say three or four grains t.i.d. locally. I have found nothing better than olive oil, and I regard its value as due to the protective influence in guarding the eruption from air and probably water too, which are both known to be obnoxious to eczematous eruptions."

During the section meeting the general secretary announced the names of the gentlemen who

had been elected upon the Nomination Committee. They were as follows:—Dr. Holmes, Chatham, chairman. Dr. J. E. Graham, Toronto; Dr. McPhedran, Toronto; Dr. Powell, Toronto; Dr. G. A. Peters, Toronto; Dr. Moore, Brockville; Dr. McKay, Ingersoll; Dr. J. L. Davison, Toronto; Dr. I. H. Cameron, Toronto; Dr. McFarlane, Toronto; Dr. B. Smith, Seaforth; Dr. J. H. Burns, Toronto.

The committee was called to meet in the north reading room at eleven o'clock.

SURGICAL SECTION.

The Surgical Section was called to order at 9.45, Dr. Holmes, of Chatham, in the chair. The papers on "Operation for Club Foot," by Dr. A. B. Wellford, Woodstock, and "Dressing the Wound after Supra Pubic Cystotomy," by Dr. Groves, of Fergus, were taken as read.

Adjourned discussion on Chloroform Inhalation. Dr. Charles Trow speaking on chloroform inhalation, said: "The hint thrown out as to cocaine being used to do away with nasal stenosis due to swelling of the mucous membrane is a good one. We throat specialists find the difficulty with cases who can not breathe through the nose, especially those having adenoids; as soon as the mouth is closed the breathing stops. In some of these cases we have to hold the mouth open and pull the tongue forward. If in spasm a clot enter the larynx, we should be ready for a tracheotomy or an intubation. Strychnine hypodermically might act well as a heart stimulant. It is very necessary to feel the pulse frequently. In many of the German hospitals they make one of the students hold the pulse during the whole operation. Prof. Billroth's anæsthetic is largely composed of alcohol, and the patients were as much drunk as anæsthetized. We should not give up artificial respiration too soon in cases that have stopped breathing, as many cases have recovered after they seemed to be hopeless for half an hour or more."

Dr. Arnott, of London, said: "The position taken by Dr. MacCallum, that alcohol has an action analogous to chloroform, and that therefore alcohol should not be administered after chloroform, as it would be continuing the action of an anæsthetic, is a most serious statement. If this be true, then we have been acting on wrong lines, and must have done immense harm by this course. not only after chloroform but in medicine as well. A year ago I read a paper advocating the view that alcohol is not a stimulant in any dose, unless indirectly by its action in allaying nervous irritation and relieving pain. Last July Prof. Wilkes, of Guy's Hospital, opened a discussion on the subject, before the British Medical Association. During the course of his remarks he incidentally said, 'Some antiquated physicians still retain the idea that alcohol is a stimulant.' In the discussion