

new Royal Victoria Hospital which, when completed, would be as nearly perfect as science and money could make it.

Discussion then ensued upon the best means of increasing the interest of the profession in Canada in the National Association.

Dr. Phelps, of New York, then read a paper on the "Mechanical Treatment of Hip-joint Disease." He held that spasm of the muscles was the principal cause of the inflammation of the joint, and the best means of cure was extension and counter-extension sufficient to overcome muscular contraction and keep the joint surfaces apart. He detailed a number of experiments showing that ankylosis never followed the immobilization of a healthy joint and, when it did take place, it was only when the joint surfaces were very seriously damaged. He generally placed on a child 6 or 8 years old, 10 lbs longitudinal extension and 3 lbs lateral traction so as to draw the head of the bone away from the joint.

Mr. Thomas Bryant, of London, was enthusiastically received. He held it as a principal that when a joint is inflamed, rest will cure it; but if the disease in the synovial membrane, is tubercular, it is bound to soften and break down and suppurate. When there is suppuration we know we will find diseased bone and it must be removed. In some cases he had kept the joint at rest for years.

Drs. Hingston, of Montreal; Sullivan, of Kingston; Fenwick, of Montreal; Christie, of St. John, and Roddick, of Montreal, joined in the discussion, the majority being in favor of the long lateral splint with a similar splint on the opposite healthy leg, with extension and counter-extension. Dr. Phelps showed a very serviceable iron splint for these patients to wear when they are fit to go about.

Thursday morning was devoted to a discussion of the President's address, which included such topics as "The Best Place for the Meeting of the Association,"—the general opinion being in favor of Montreal;

'The Period of Study for the Medical Student of the Future"—the majority being in favor of five years of ten months each. Dr. Bryant urged there should be one central examining board for the whole of Canada and that an Arts degree should be possessed by every candidate. Some were in favor of having meetings only once every three years, but the majority were in favor of having them every year.

Sir James Grant made a stirring address in which he favored the union of the Canada Medical Association with the American Medical Association.

The members then adjourned to the Montreal General Hospital where they were handsomely received by the staff who showed them a number of interesting cases and afterward entertained them with a champagne luncheon in the Governor's Hall.

In the afternoon Dr. Praeger, of Nanaimo, B.C. read an address on surgery, choosing for his subject "Railway Spine." He mentioned a number of cases which had come under his observation. He had resected two cases in which there was a displacement of the vertebrae, with the result that both died. During the discussion, Mr. Bryant was not in favor of operating, but recommended gentle manipulation and fixation with Sayre's jacket. Sir James Grant called attention to the symptoms of injury to the spine, which were often situated at a considerable distance from the injury.

Dr. Fenwick then read a paper on "Calculus Pyelitis." Although pain was a general symptom, it was sometimes absent. Sometimes hemorrhage was entirely absent. Pain is sometimes present but referred to a distant part, the kidneys are generally enlarged and lower down than usual. The treatment consists in the administration of acids. Mr. Bryant did not think all stones were dangerous. Many large stones were found in the post-mortem room without their presence ever having been suspected. When there is pus in the urine and some-