

and should occasionally see the patient for months. Dr. T. G. Roddick, of Montreal, asked if Dr. Gibney had any method of developing the stunted limb outside of those mentioned in the books, massage, etc. Sir William Hingston said that the cases are often very puzzling, *e.g.*, whether to do tenotomy or osteotomy, what tendons to cut, or which to choose, the open or the subcutaneous method. In his experience subluxation is not common, but he asked Dr. Gibney's experience on this point. Dr. Gibney, in reply, said that he did not know of any other methods to improve a stunted limb, than massage, selected movements, and properly guided exercise. He advised the employment of an experienced masseur. In his experience subluxation is not common.

A discussion on "The Surgical Treatment of Empyema" was opened by Dr. Elder, of Montreal. He asked: "Was any other treatment to be advocated than purely surgical? In his experience children, and strong adults in the country sometimes, get well spontaneously, or upon repeated aspiration. On the whole, he thought that the old surgical rule was a good one, that where there is pus the surgeon should cut down and evacuate it. With regard to the operation, resection of one or more ribs is much preferable to simple incision. Only in children is it justifiable to make a simple incision. With regard to the point of incision he thought that the rules of the text-books could not always be followed, but he advised, when there is a localized pus-collection, incision over the centre of the region and drainage. He recommended also not placing the patient on the sound side, but to draw him somewhat over the edge of the table and operate from below. With regard to the anesthetic, chloroform or the A. C. E. mixture should be used. As to washing out the cavity, most authorities discountenance this now. In slow, prolonged cases in which an external opening occurs spontaneously or there is rupture into a bronchus, should one operate? Dr. Elder thought, as a rule, not, and never in tuberculous cases. In cases in which the general health is obviously suffering, a second lower opening should be made, with an attempt at drainage, except in amyloid cases; or Eslander's operation might be tried. Sir William Hingston said that each case is to be treated on its merits, as no two cases are alike. Having been prejudiced for years against the operation of resection, he had been converted to it by experience. He is in the habit of washing out the cavity, using weak carbolic solution or plain boiled water. He thought that pneumonia is generally the result of empyema, rather than the cause, as is usually taught. Dr. Roddick preferred a dependent drain. With regard to washing out the cavity