

used freely with green soap, got the skin into excellent condition for the chemical sterilization by solutions made with the tablets which we all now carry, or with the most perfect method worked out by Dr. Howard Kelly, of Johns Hopkins University. This was the staining of the hands to a mahogany color with the solution of permanganate of potassium followed by the use of a hot saturated solution of oxalic acid. In sterilizing instruments, carbolic solutions are no longer required, and the damage they do to the hands of the operator can be avoided. When Davidson, in 1888, showed that boiling for five minutes under pressure, that is in a closed vessel, would absolutely sterilize instruments if they were properly constructed, we all began to test the method, and soon had samples of rusted and ruined instruments on hand. Then came the happy suggestion of Schimmelbusch, that a one per cent. solution of carbonate of soda would prevent rusting, and on this we now rely. For the last two or three years the speaker had with great saving of time and labor, used the Arnold sterilizer in the preparation of dressings and the sterilization of instruments. Saturating a piece of gauze with a one to ten solution of glycerine and water was equally efficient with the soda carb. in the prevention of rusting. A good many Ontario physicians had obtained the sterilizer from the United States, at a cost of from six to ten dollars, while they could be bought in Toronto, where the patent was owned, for half that outlay. In the preparation of silk, Dr. Powell had long used Czerny's method, by boiling in carbolic acid solution, but he had now abandoned it, and instead, he prepared it by fractional sterilization as suggested by Halstead. The silk on glass spools is simply placed in strong glass tubes loosely plugged with cotton, and steamed for half an hour on each of two days in the sterilizer, and no easier or better plan could be desired. As regards catgut, Dr. Powell had been most thoroughly content with that prepared by first scrubbing with green soap, then soaking in ether sulph., then for twenty-four hours in a one to one thousand watery solution of bichloride, and using it out of absolute alcohol. He never used large catgut, but by this plan the small sizes seemed to preserve their strength and aseptic condition indefinitely.

Time did not obtain for making reference to the irrigation, drainage, closure and the dressing of wounds, as material ample for a winter course could hardly be compressed into a ten minute talk.

Dr. G. A. Peters addressed the Association at some length on the bacteria commonly met with.

Dr. R. B. Nevitt closed the discussion.

Dr. R. B. Smith, Seaforth, seconded by Dr. A. A. McDonald, Toronto, moved a resolution of the members of the Ontario Medical Association approving of the organization recently formed of

the medical officers of the Militia of Canada, and commending the Association to the favorable notice of the Minister of Militia.

The resolution was adopted.

The Association was then addressed by Dr. H. O. Marcy of Boston, President of the American Medical Association, on the "Anatomy and Surgical Treatment of Henria," an address which was illustrated by black-board sketches.

The election of the Committee on Nominations was then proceeded with, there being 184 members registered at the time the vote was taken. The Committee was to consist of 12 members. The President appointed Dr. W. P. Caven and Dr. Scadding, Toronto, scrutineers.

Dr. Spencer, of Toronto, then gave a very interesting lantern demonstration of the newer bacteria.

It being 11 o'clock, the report of the Committee on Ethics was postponed till the following afternoon.

The Association then adjourned.

#### THURSDAY.

The Medical Section was called to order at 9.45 a.m., Dr. A. Groves, of Fergus, in the chair. A symposium upon the pneumonias of children was introduced by a paper by Dr. W. H. Henderson of Kingston, on the "Diagnosis of Pneumonic Consolidation from Pleural Effusion," which was read by Dr. Wishart in the absence of the writer. This was followed by a paper upon "Diagnosis, of Eobar from Lobular Pneumonia, and of Pneumonia from Bronchitis" by Dr. H. J. Machell, Toronto.

While awaiting the arrival of Dr. Shaw of Hamilton, a paper on "Prognosis in Pneumonias Generally" was read by Dr. Wishart in behalf of Dr. A. Baines, Toronto. Dr. Groves then vacated the chair which was taken by Dr. Arnott of London. The discussion was opened by Dr. Powell of Ottawa who said,—"I have long been of opinion that in the routine practice of chest disorders of children, insufficient care is taken in the physical examination of the chest for the purposes of diagnosis and too much is taken for granted. After listening to Dr. Machell's very able paper going so deeply into the minutiae of the diagnosis, I am still more confirmed in that opinion because I believe that not one man in ten takes the time or trouble to go into the minutiae of diagnosis, I am still more confirmed in that opinion because I believe that not one man in ten takes the time or trouble to go into the minutiae of diagnosis as laid down by Dr. Machell in his paper. I speak now of ordinary everyday work, and not of cases seen in consultation, or ones of special interest or importance. Speaking broadly, we may regard the sudden onset of a chest inflammation in a healthy strong child to be lobar pneumonia, whereas the gradual onset of lung complication during the