

walls were very weak a round elastic cord serves for the lace, thus not interfering at all with expansion.

Dr. Harvey was formerly in favor of irrigation, but has since operated without irrigation, and has found no difference in the results in the last few years. He believes irrigation of no benefit. He would not advise use of metal tube; after operation he always got his patients out in the air as soon as possible. He mentioned a case where the hypodermic brought out a barrelful of pus, but on cutting down no more was found; put in drainage tube and subsequently a large quantity came away as the adhesions between the small pocket and main cavity were broken down by the manipulation of the tube. He would advise strongly not to go further down than between the sixth and seventh ribs. He would say to younger members, when you suspect pus don't be afraid to use the needle; as Dr. Brodie said, find out where the pus was before cutting. He also mentioned a recent German method by which a piece of rubber tissue was fastened over the end of the tube, spreading over the skin around the wound, and while not interfering with freedischarge acted as a valve, preventing the ingress of air into the cavity.

Dr. Hodgins wished for information on a case he had last winter. Called in to see a boy and found peritonitis, did well for a week or ten days, and then became pale and lost flesh, and found that he had developed empyema.

Dr. McKee had seen good effects from treatment with hydrogen peroxide and irrigation.

Dr. Gibson had found the rubber tube quite satisfactory. He was not in the habit of irrigating, and had had very good results.

Dr. McAlpine had had cases which were not serious, but when operated on became much worse by the introduction of pathogenic organisms, streptococci and staphylococci. He had not seen necrosis follow use of metal tube.

Dr. Brodie said in regard to the point of election, he meant that where pus was general, one should take the post axillary line at the eight interspace. He had never had to resect, but of course it might be necessary to do so; it was, however, a trifling operation. As regards irrigation, he was opposed to it and said it was impossible in the average farmhouse to have facilities for irrigation. He did not believe in aspirating, except for exploratory purposes.

The next paper was one on "Diet in Lithæmia," (see page 196), by Dr. P. McG. Brown. This was followed by an interesting discussion, and the meeting subsequently adjourned to a lunch provided by the Petrolea members.

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### THE HURON MEDICAL ASSOCIATION.

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The regular meeting of Huron Medical Association was held in Clinton on Wednesday, October 12th, the President, Dr. Stansbury, of Bayfield, in the chair. Members present were, Drs. Bethune and Burrows, of Seaforth; Shaw, Gunn, McCallum, of Clinton; Dunsmore, of Stratford; McKenzie, of Monkton; Tait, of Blyth; Taylor and Hunter, of Goderich.

It was moved by Dr. Shaw, of Clinton, seconded by Dr. Bethune, of Seaforth, and carried unanimously, that Dr. Wood, of Mitchell, an old member of the Association, who is moving to Nashville, Tenn., be elected an honorary member of the Association, and that the Association desire to record their regret at the departure of Dr. Wood, and the assurance that his talents will be appreciated as highly in his new sphere as they have been in this Association.

A long discussion took place on the present abuse of hospital privileges, in which all the members spoke strongly of the abuses as at present existing, and at the close it was