onded by Dr. McCallum, a hearty vote of thanks was extended to Dr. Holmes for his excellent paper.

A notice of motion in reference to the surgical care of the insane was handed in by Dr. Arnott. It was then moved by Dr. Wishart, seconded by Dr. Campbell, that Drs. Holmes, of Chatham, and Beattie Nesbitt, of Toronto, be elected honorary members of the Association. This was heartily passed, and the gentlemen then replied expressing their appreciation of the honor conferred.

LAMBTON COUNTY MEDICAL ASSOCIATION.

The regular meeting was held at Petrolea on October 12th, 1898—Dr. Dunfield, President, in the chair. Among those present were: Drs. Scott, Courtright; Hodgins, Oil Springs; Gibson, Watford; P. McG. Brown, of Camlachie; Brodie and Harvey, Wyoming; McKee, Calder; McAlpine and Mott, Petrolea; Fisher, Brigden.

The meeting was called to order, and the various matters of business gone through.

The first paper read was a very able review on the "Brand" treatment, with original observations and suggestions by Dr. Sturgeon.* The doctor not being able to be present, the paper was read by the secretary, and very favorably commented on by the members.

The next paper was one by Dr. Brodie on "Empyema" (which see on page 191). The discussion was opened by Dr. Fisher, who said it was an old rule in surgery when pus was located, to cut down and evacuate it, and he considered this a good rule in empyema. He did not think we were ever justified in expectant treatment. As regards point of incision, he preferred to select sight as low down and as far back as possible. He preferred a metal tube and resection. He had had good results from irrigation with weak solution of iodine.

Dr. Beattie Nesbitt said it was a pleasure to hear such a paper as Dr. Brodie's, but there was very little to be criticized in it. In reference to what Dr. Fisher had said of the metal tube, he thought, unless the ribs were very close together, a rubber tube preferable. When so close as to prevent the use of a rubber tube, resection was necessary, and in doing a resection it was just as well to be prepared for a good deal of trouble. He pointed out the difficulty of applying dressings in these cases, on account of the frequent renewals and the necessity of obtaining the assistance of another person. He explained a convenient method of applying dressings in these and similar cases, which had originally been reported by him in the *Archives of Pediatrics*. This consisted of utilizing the plan involved in lacing the upper part of a boot, by using hooks sewn on a strip of tape about an inch apart. Two strips of adhesive plaster of the necessary length and width proportionate to the dressing to be applied, were then taken, holes cut in the plaster corresponding with the hooks on the tape, about three inches from one end, the hooks were then passed through these holes and the free end of the adhesive plaster doubled back on itself from a point half an inch forward of the hooks; this left a free non-adhesive flap backing the hooks, and on account of the projecting half-inch, forward of the hooks, preventing entanglement with the dressing. It is then only necessary to place this strip carefully on each side of the wound and put your dressing in between. By doing this the discharge will not come in contact with the adhesive plaster and consequently it will remain attached for a long time, and the patient can readily renew the dressing himself in almost all positions, as he simply has to lace it and unlace it in the usual manner. It was originally used in empyema in children; where the chest

* Will appear next issue.