Dr. Atherton said that he agreed with Dr. Temple except in one point; he would not use hot water to wash out the abdominal cavity if there was no pus or other deleterious matter present. When he did use water he would not use it very hot, as in one of his cases he feared the peritonitis which followed the operation was due to it.

Dr. Howitt asked Dr. Temple if he would remove all the fluid from the cavity after the operation before he sewed up. In regard to the drainage tube he thought that the walls of it should be thick and the holes small, so as to prevent the soft tissues protruding into the opening.

Dr. Powell, of Ottawa, asked Dr. Temple how he would treat the pedicle, and how he treated the abdominal wound externally.

Dr. Powell, Toronto, asked if salt might be advantageously added to the flushing fluid, and what the temperature of the water should be, whether near the highest or lowest allowable temperature.

Mr. Cameron, gathered, although he had not been present, that the points of discussion referred to to the use of sponges and the drainage tube. The practice of making the "toilet of the peritoneum" had fallen into disuse, and he thought, to some extent, unmerited disrepute. This was, perhaps, on account of the way in which the sponging was done: there was danger that the delicate lining of the peritoneum might be rubbed off. He thought it well to leave it as clean as possible, as any blood clots left would make nidus for germs. If there was much irrigation, his practice was to pass a sponge into Douglas' pouch, and also one into the interior clude sac which he removed just before the complection of the operation. Regarding drainage tubes: he said they might be a source of infection.

Kelly had pointed out that the tube was a source of danger. He advised that it be removed as soon as possible, and in regard to its use, he would reverse, the old maxim "when in doubt use the drainage tube," to "when in doubt do not use the drainage tube." He found that if left in for a period not exceeding 48 hours, it did not militate against the closure of the wound. For the immediate purpose of getting rid of deleterious material, from the operation or for warning one the presence of hæmorrhage, the drainage tube was very serviceable. If there were any holes in the side of the tube, they should be as small as possible. If one feared that the lower end would be plugged by soft tissues, it might be obviated by filling the tube with iodoform gauze, allowing the end of the gauze to extend beyond the tube. It would then also establish capillary drainage.

Dr. Temple closed the discussion by saying that he would not use hot water, but warm water. In the case of a simple cyst he would not use any. He used silk worm gut in stitching up, then he sprinkled on the wound dry iodoform and applied a dry dressing.

In reply to Dr. Powell, of Ottawa, he said that the treatment of the pedicle did not vary much now, that he treated it by simple dropping it back into the cavity after ligation. He ligated by the transfixion method, and did not sear the stump in simple cases. Respecting Dr. N. A. Powell's point, he said he thought salt might be added without the slightest injury. With regard to Dr. Howitt's question, he said he allowed most of the water to run out and squeezed a good part of the rest out by pressure on the sides of the abdomen. If there was a little left he would draw it off through a drainage tube by means of a glass sucker. He advised the use of a small drainage tube. He could not tell the exact temperature, as he merely tested it with his hand.

Dr. Mackenzie followed by reading a paper on the mechanical treatment of tuberculosis of the knee-joint. The Doctor had four patients present in varying stages of the disease wherewith to shew the nature of the splints used. He first described the mechanism of the joint. It was the joint most often affected by this disease. Fortunately, if (the joint) could be put at rest without confining the patient to bed. The two points in the treatment were to allow the patient to walk without putting the foot of the affected limb to the ground, and in cases of flexion with sub-luxation to correct them. The first was accomplished by the use of a Thomas' splint, which the speaker described. The second was accomplished, if the case was not gone far enough for operation, by employing continuous traction from the bottom of the splint. When convalescence had taken place pretty well, the Dr. showed how to modify the splint so that part of the body weight might be transmitted through the affected limb to the ground. The cases, whose histories were given fully in the paper, were very instructive.

The report of the nominating committee showed that Dr. L. McFarlane, of Toronto, had been chosen as the next President. He was duly installed.

After listening to the report of the General Secretary, which was a full and able one, and to the reports of the various committees, and to the general routine closing matters the convention was adjourned.