ring, the Connell suture and the O'Hara forceps. These all have special points of excellence and each is to be preferred in its class. Thus, the Harrington ring is to be preferred to the Murphy button, the best hitherto devised in its class, because it is readily broken up into four segments, which naturally pass out with greater facility and certainty than the button, takes up no more room when in shape and yet has a much larger lumen and is very much lighter; the Connell suture is superior to the Maunsell because no longitudinal slit is required and the knots are all buried within the lumen of the bowel; and, finally, the O'Hara forceps have decided advantages over all other apparatus in their class and perhaps over any of the other classes, because only one size is needed for all cases: they are very easy of application, they serve at the same time as clamps and avoid contamination from the interior of the gut by never necessitating the exposure of the lumen during the whole operation. These are important advantages of the last named instrument, but they all have some characteristics which commend them to the surgeon who may wish to be slave to no singular apparatus. One should make himself master particularly of the Connell suture because this requires no special apparatus, only a needle and thread being needed for the most complicated procedure in intestinal procedure.

Editorial.

CANADIAN MEDICAL ASSOCIATION.

The meeting was held on August 17, at London, Ont. The Nominating Committee recommended the following officers for the ensuing year.

President—S. J. Tunstall, Vancouver, British Columbia.

Vice-Presidents.—Prince Edward Island, S. R. Jenkins, Charlottetown; Nova Scotia, DeWitt, Wolfville; New Brunswick, Blair, St. Stephen; Quebec, F. G. Finlay, Montreal Ontario, A. McPhedran, Toronto; Manitoba, J. A. MacArthur Winnipeg; Northwest Territories, T. A. Patrick, Yorkton, Assiniboia; British Columbia, R. L. Fraser, Victoria.