

Uses no haste in putting in tube, has known the tube to be put to one side and be the cause of death. Believed Trousseau's old double tube, with or without moveable shield, to be the best; always uses steam, thought it very necessary.

Drs. Alloway, Roddick and Bell had all seen cases where there was much difficulty in permanently removing the tube, owing to suffocating symptoms coming on, due to spasm and also exuberant granulations in the trachea, which stand out and lessen calibre when the pressure of the tube is removed.

Dr. MAJOR considered that a record of tracheotomies, to be of any statistical value, required to be divided as to the condition for the relief which the operations were undertaken. In his experience opening the air passage in diphtheria has proved eminently unsatisfactory—in *so far as life-saving power was concerned*—whereas for the relief of other conditions it had been universally successful—in any case the more early the tracheotomy the better. He would also call attention to the neglect of laryngoscopic examinations. He thought, when none was had, that both patient and practitioner were at a great disadvantage; as at least we might determine the character of the obstruction; whether œdema, membrane, (diphtheritic or croupous), or as he had even seen papillomatous growths mistaken for croup, and an operation so long delayed that a fatal termination from congestion of the lungs was the result. And we should also know whether the membrane extended below the point of our proposed incision, a matter of some moment in deciding upon operative procedure.

CANADA MEDICAL ASSOCIATION.

Sixteenth Annual Meeting, held at Kingston, Ontario, September 5, 6 and 7, 1883.

KINGSTON, the old capital of Canada, offers certain advantages for the meeting of a medical association. Though a town of only sixteen thousand inhabitants, the profession comprises men of considerable energy and ability. For thirty years it has been the seat of a medical school—the Royal College of Physicians and Surgeons—which is in affiliation with Queen's University. There are two hospitals: the General, a Protestant and the Hôtel Dieu, a Catholic institution. The

Provincial penitentiary is situated here, and has about six hundred inmates, and there is a large asylum for the insane, with five hundred patients. Queen's University, the Presbyterian college of Canada, is a well-endowed institution, with about two hundred students. The Military College of Canada is also here. Situated at the east end of Lake Ontario, close to the Thousand Islands, the city is unusually well placed for excursions, etc.

SEPTEMBER 5TH, FIRST DAY.—MORNING SESSION.

GENERAL MEETING.

The meeting was called to order by the PRESIDENT, Dr. JOHN MULLIN, of Hamilton, Ont., and the Association was warmly welcomed by the Mayor on behalf of the citizens, and by Dr. Sullivan on behalf of the profession.

Dr. Hunt, of the Asylum for the Insane at Pontiac, Mich., Prof. McLean, of Ann Arbor, Mich., Dr. Walker, of Detroit, delegate from the American Medical Association, and Dr. Dorland, of Milwaukee, delegate from the Wisconsin State Medical Society, were invited to the platform.

After the reading of minutes and election of members, the reports of committees were then taken up.

Dr. CANNIFF, of Toronto, as Chairman of the

SPECIAL COMMITTEE ON VITAL STATISTICS,

reported that the committee had never held any meeting, and that he had been frustrated in his efforts to secure a grant from the Dominion Government for the collection of vital statistics. He read letters showing that this had been caused by Dr. Larocque, Dr. Playter, and others calling a convention at Ottawa, and forming a separate society, for which they succeeded in getting a grant from the Government.

Drs. PLAYTER and LAROCQUE explained their connection with the convention referred to, and showed that the matter was entirely an oversight. They were under the impression that the special committee of which Dr. Canniff was president had ceased to exist after last year's meeting.

Dr. LAROCQUE, of Montreal, read a most exhaustive report from the

COMMITTEE ON CLIMATOLOGY AND PUBLIC HEALTH, which was received.

Dr. OLDWRIGHT noted two or three points which he thought should be discussed. The first of these was the subject of local boards of health. He