looked upon as an obsolete instrument in bone surgery. When the whole cavity is exposed, sequestra are removed, and the inner lining of the cavity left is scraped away with a sharp spoon, or round chisel, until all affected tissue is removed. Now, prepare the cavity for packing by chemically disinfecting it with chloride of zinc solution, or better, peroxide of hydrogen; the latter permeates more deeply. Then irrigate with perchloride of mercury; dust with iodoform; then pack in the chips (these chips are now kept stored in ethereal solution of iodoform, five per cent., ready for use). After the packing, the periosteum is stitched over it, because we must see that the chips are surrounded on all sides with healthy living tissue. Failure in Dr. Oldright's case was probably due to the unsatisfactory condition of the surrounding soft parts. In cases in which we obtain an antiseptic condition of the parts, we find that granulation tissue is soon substituted for the chips. Many erroneously believe that the chips are used for the permanent replacement of the new bone, but this is not so; they are replaced by granulation tissue, first of all, an early definitive healing takes place, and eventually regeneration of the entire bone is brought about.

AFTERNOON SESSION.

The President, Dr. Moorhouse, read the annual presidential address, an abstract of which is published in the columns of THE CANADIAN PRACTITIONER. He was followed by Dr. Senn, who read a paper on the surgical treatment of intussusception. This paper will also appear in full in these columns.

The Association then divided into sections.

MEDICAL SECTION.

Dr. Eakins, of Belleville, was elected president; Dr. Thistle, of Toronto, secretary.

Dr. J. E. Graham, of Toronto, read a paper on

THE DIAGNOSIS OF TYPHOID FEVER.

In no other disease is a correct diagnosis so important as in typhoid fever, for in no other disease is the proper management of the patient so important and so productive of good. Tubercular meningitis in children, and acute tuberculosis, are often mistaken for typhoid. Attention to the pulse, the nervous phenomena, and the condition of the abdomen, should render this mistake rare. In typhoid the delirium does not deepen into coma, the headache disappears, and there is an interval between its disappearance and the rise of temperature. He cited the case of a bank clerk who, during his office hours, was so drowsy, and made such mistakes, that he was sent home. On his way home he consulted a physician; stopping in at the druggists, he fell asleep while waiting for his prescription to be made up. For some days his temperature was normal, his pulse, 60. He would sleep twenty-two hours out of the twenty-four, and when awake he had spells of delirium. Dr. Workman, who saw him with Dr. Graham, was inclined to think the case one of those rare cases of narcolepsy. Later on in the disease there were tonic spasms, and difficulty in deglutition; when asked a question, as much as three-quarters of an hour might elapse before an answer was given. There was, during life, neither roseola nor enlargement of spleen. Autopsy showed the liver normal, spleen a little enlarged, characteristic typhoid intestinal lesions, and an increase of the ventricular fluid.

Typhoid occasionally wears a renal mask. A case was cited in which the patient came suffering with a seeming acute nephritis, was stupid and irritable, and had albumen in the urine. On the third day the tympanites, roseola, and enlargement of the spleen manifested themselves, and the case thereafter ran a typical course. In such a case the customary purgative treatment of nephritis might prove very harmful.

Typhoid occasionally has a pneumonic mask. A case was cited commencing with lobar pneumonia, the pulmonary symptoms quickly subsiding, but the temperature remaining elevated, and the case running the usual typhoid course.

It is sometimes difficult to distinguish malarial remittent from typhoid fever. An examination of the blood, during the paroxysm, with a very high power microscope, would reveal the presence of the plasmodium malariæ.

A case was cited in which an autopsy had shown cirrhosis of the liver and an abscess of one of the mesenteric glands; yet during life there had been the typhoid facies, pyrexia, enlargement of the spleen, roseola, and tympanites.

Pyæmia was often difficult to distinguish from typhoid. The presence of bacilli in the