

Dr. Hare reported a case of diphtheria in a child in whom the inter-ventricular septum was patent.

A vote of thanks was passed to Dr. Putnam for his interesting and instructive paper.

March 16th., meeting held at the City Hall.

Dr. John Stewart read a paper on "Carbolic Acid in Surgery." Reference was made to Lister's work on the subject, and many reasons were given why carbolic acid was preferable as an all-round antiseptic. The effect of carbolic on the surgeon's hands he did not think any worse than the other antiseptics. Carbolic could be used both for sterilizing the hands and the instruments. Most of the objections to carbolic acid could be traced to the inferior quality of some on the market. Several different makes of the acid were exhibited and the tests for their purity were shown and carefully explained.

Dr. Stewart places his instruments in a five per cent. solution of carbolic acid for half an hour before using them. The skin of the patient is cleansed in the usual way, and a carbolic acid compress applied some time before the operation. He always uses marine sponges, soaking them after operation in a solution of ammonia. They are then washed in water after which they are placed in a five per cent. carbolic solution.

Dr. Chisholm said that carbolic acid was becoming more and more a favourite with him. He referred to its use in cases of whitlow, followed by alcohol. He also spoke of its use in typhoid fever.

Dr. Murphy compared carbolic acid and bichloride of mercury and his preference to the latter as a rule.

Dr. Hattie exhibited a sample of urine, showing the condition of fibrinuria, passed by a patient at the Nova Scotia Hospital.

Dr. Chisholm reported a case of middle ear disease following measles. The points of interest in the case were: hæmorrhages from the ear and paralysis of the opposite hand and leg after mastoid operation. Pus was evacuated and the paralysis disappeared ten days afterwards. He had used acetozone as an antiseptic.