

had made a modification, which consisted in obtaining a hard-boiled egg and simply cracking it at one end and removing the shell membrane, which leaves a perfectly sterile surface and which may be inoculated with a sterile wire. Place the egg upside down in an egg-cup and leave it in a warm place. He had not as yet worked with the method sufficiently to say whether it has precisely the same diagnostic value as the growth on blood serum.

Dr. Mills asked Dr. Johnson to state briefly the symptoms in animals following inoculation. Some conditions of the throat in animals look like diphtheria, but are really not so.

Dr. Johnson said that there were two conditions known as diphtheria in animals,—one in pigeons and the other in calves; they resemble diphtheria anatomically, but the organisms causing them are quite distinct. If a guinea-pig is inoculated with 0.5 c.c. to 1 c.c. of the broth-culture of the diphtheria bacillus the animal dies in from 24 to 48 hours. At the site of the inoculation there is extensive oedema and hemorrhage with, sometimes, necrosis at the point of inoculation; there is a bloody serous effusion into the pleural and peritoneal cavities, and the organs show fatty degeneration. The diphtheritic affections commonly supposed to be communicated by the milk are usually anginas due to pathogenic streptococci.

*Case of Pediculi Pubis on the Scalp.*—Dr. G. G. Campbell exhibited a specimen of pediculus pubis which he had found on the scalp of a child who was brought to him for a peculiar appearance of the eyebrows, which proved to be due to the ova of the pediculus; on examining the head the pediculi pubis were found. Dr. Campbell said that most authorities deny that such a condition is ever found, and he had only been able to find one recorded case.

*Empyæma of the Antrum of Highmore.*—Dr. Birkett read a paper on this subject.

*Discussion.*—Dr. Major said that the paper covered the ground so fully that there was but little to add. He had, several years ago, tabulated 189 cases of myxomatous polypi, and among them antrum disease occurred thirteen times; more recently he has had ten cases, seven having myxomatous polypi, and the remaining three hypertrophy of the turbinated bone. The origin of the disease is no doubt from dental causes, even though the teeth may appear good; and whether it may be secondary to nasal disease, or that nasal disease follows antrum disease, is not settled. As to symptoms, the old classical appearance of deformity of the face is not now looked upon as a necessary feature; the odor of the pus is perfectly characteristic, and is not at all like that due to syphilis; another symptom is the

redness of the gums, and is important at least as corroborative. He fully agreed with everything Dr. Birkett had said about surgical treatment. He uses a steel-worker's drill, which is reduced to fit a dental engine; the operation takes two or three seconds, and is entirely painless. He looks upon the drainage-tube more as a means for washing out the cavity than simply for drainage. He then proceeded to explain the kind of tube he is in the habit of using; after the opening has been made a wooden plug is introduced into it and a plaster-cast is taken of the mouth and teeth, and upon this model a tube, which exactly fits the opening, is made.

Dr. Shepherd had seen three cases lately, two having had sinuses above the pre-molar tooth; he removed the tooth and scraped through into the antrum with a Volkman's spoon. He did not see the use of so many instruments, and thought too much stress was laid upon the washing out of the antrum; in empyæma of the thoracic cavity a general washing is done once only.

Dr. Buller quoted a case of iritis following the operation by a general surgeon, and thought that the success of the special surgeon was entirely due to his attention to detail and to the instruments he uses.

Dr. Proudfoot fully agreed to the necessity of frequent washing of the cavity, for the cleaner the parts are kept the better for the patient.

*The late Dr. Geo. Ross.*—The following resolutions of regret at the death of Dr. George Ross were proposed by Dr. F. J. Shepherd, seconded by Dr. A. Proudfoot, and carried by a silent standing vote:—

*Resolved*,—That this Society has learned with the profoundest sorrow of the death of Dr. George Ross, a past-President and one of its foundation members. Dr. Ross's wide clinical experience and intimate knowledge of disease, combined with his remarkable powers of observation and judicial criticism, made him a most valuable member. The various papers and reports contributed by him from time to time to this Society were always received with the greatest interest and listened to with the closest attention.

*Resolved*,—That Dr. George Ross' death, at the early age of 47, is a grievous loss to the medical profession of Canada, of which he was so great an ornament, and in which he exercised so great an influence, not only as a clinical teacher and writer, but as an active member of the various medical societies and corporations in whose work he took such a prominent part.

*Resolved*,—That a copy of these resolutions be sent to the relatives of the late Dr. Ross and to the daily press."