

if cauterization was not indicated? Would like Dr. Burnham to explain more fully what he meant by the constriction bands in the canaliculus lachrymalis.

Dr. Burnham (reply)—Where the turbinate was enlarged, it should certainly be treated. By the constrictions he meant little cicatricial bands, 6, 8, or 10 in number, which prevented the free passage of the probe into the lachrymal sac, and had to be divided time and time again until no obstruction was offered.

Dr. D. J. Gibb Wishart then read his report of a case of double otitis media, with mastoid involvement. Operation and termination in fatal purulent leptomeningitis.

Dr. Wishart reported a case of mastoid development which presented no symptoms except pus in the middle ear, which seemed to well up through the opening in the drum, and some indefinite headache. The man was under the careful observation of both himself and the family physician, a careful record of temperature having been kept, which showed at no time any marked elevation. The patient did not improve, however; was sent to the General Hospital, the mastoid opened, but fatal leptomeningitis followed. The interesting feature of the case is that at no time did the patient exhibit the usual symptoms of mastoid trouble; at no time was there local pain or tenderness, nor any elevation of temperature nor rigors.

Dr. B. Z. Milner (Toronto) read a paper on "Lympho-sarcoma." The tumor occurred in a young man about nineteen, a strong athletic fellow. It was situated in the neck, and examination showed it to be a round-celled sarcoma. It was removed by operation, but the glands in the neighborhood were found to be involved, and the growth recurred. The patient was treated with X-rays, with no apparent improvement. Coley's fluid was then used, and after a thorough trial was abandoned, no benefit having resulted. Finsen's rays also proved useless. The patient was seen at various times by Dr. Powell (Toronto), and Dr. Coley (New York). It was now about a year since the first appearance of the trouble, and the patient was in bad condition. As a last resort X-rays, combined with quinine-fluorescence (the quinine being given internally before the raying), were tried. Under this the growth made no further progress, and some improvement even was noted. The patient, however, was so exhausted that he succumbed.

"Some of the Newer Methods of Diagnosis in Kidney Cases as Applied to Renal Surgery," was the title of a paper by Dr. W. A. Hackett, Professor of Genito-Urinary Diseases (Detroit).

Dr. Hackett briefly reviewed the more important devices and