

1. Extensive Necrosis of Tibia.
2. Bone Cavity filled with Mosestig-Moorhof Preparation. (Illustrating this with X-ray plates of other cases treated in this way.)
3. Carcinoma of the Breast.

This case resembled very much a chronic cold abscess, though it proved to be a medullary carcinoma; no recurrence after one year.

G. E. ARMSTRONG, M.D.—This method of dealing with bone cavities is one which I have employed in a number of instances with great satisfaction. While on a visit to Germany, Moorhof assembled for us some sixteen or eighteen cases in the various stages of repair, with skiagrams taken at different times, which were very interesting. There were two elements upon which he depended for success, apparently, and one was the securing of a sterile field. To obtain this he scraped thoroughly, removed all infected soft tissue, and then applied one per cent. solution of formalin, which he found most satisfactory.

The other element was the securing of a perfectly dry cavity. This he obtained by the use of a hot air apparatus, similar to that used by dentists, only much larger, specially constructed for himself. So far I have dried these cavities with the point of the thermo-cautery carried to a white heat and passed along the walls. I think though to get the best results we should have a better way of drying these cavities. The element of dryness is almost as important as the one of sterilization. One case of death from iodoform poisoning was reported from a neighbouring province, in which a cavity in the femur had been filled. I had a full account of the history of the case and the symptoms certainly pointed to this and I could find no other cause. There was also a similar case reported in an American journal. Moorhof, however, used it extensively, and he assured us that he had never seen any trouble arise from its use.

A. E. GARROW, M.D.—I had the opportunity of seeing quite a number of Moorhof's cases and seeing him work. I adopted the plan of drying out the cavity with absolute alcohol, allowing a certain amount of time for evaporation. In extensive cavities I have had invariably a breaking down and extrusion of the preparation with in a few cases a successful closure, but in the majority of these cases they have to be scraped out on more than one occasion before closing.

#### PERIPHERAL ATROPHY OF THE CORNEA.

J. W. STIRLING, M.D., exhibited this case.

W. F. HAMILTON, M.D.—I would like to ask if this condition has anything whatever to do with Arcus Senilis, and, further, if Dr. Stirling knows of any nervous change accounting for the condition.