

this time the muscular spasms had almost entirely left her. I then discontinued the bromides and belladonna, and gave her for the next ten days half-drachm doses of carbolic acid, with a drachm of iodide potassium, three times a day. From commencement I bathed the foot twice a day with a ten per cent. solution of carbolic acid, and twice during her illness I gave her half a pound sul. magnesia. For the first two days after commencing the carbolic acid the symptoms continued to grow worse, and for the next six days there was but little change, if any, that I could notice. After that she began to improve, and improved rapidly. As soon as she could open her jaws she seemed to have a ravenous appetite. In less than six weeks from the time the malady first showed itself I began driving her, and have continued to do so ever since, she feeling well and having good spirits.

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## Reports of Societies

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### SIMCOE MEDICAL ASSOCIATION.

The County of Simcoe Medical Association met in the Council Chamber, Barrie, February 10th, 1899, the President, Dr. McCullough, in the chair.

Members present, Drs. Williams, Bracebridge; Heaslip, Hillsdale; Clutton, Edgar; Mackie, Cookstown; Evans, Stroud; McCarthy, W. A. Ross, Smith, Palling, Raikes, Morton, Wallwin and Wells, Barrie; and Dr. Hunt, New Lowell. Minutes of last meeting were read and adopted.

Dr. George A. Peters, F.R.C.S., Toronto, presented an exhaustive and interesting paper on "Surgical Treatment of Diseases of the Pleura," dealing more especially with Empyema. The different germs found in the effusions, such as the pneumococcus and streptococcus were described and comparative mortality of infection by either given, as well as percentage infection in children and adults. Modes of operation were described as:

1. Aspiration.
2. Syphon drainage.
3. Free incisions, with or without partial excision of ribs.

These different modes of operation were described, Dr. Peters expressing himself as being favorable in most cases, where pus was present, to operate by free incision and drainage, a preliminary puncture with hypodermic needle or aspirator being wise before operation.

Incision should be made in mid-axillary line, fairly low down, about neighborhood of ninth rib when possible to make it so low.