

the junction of the ribs with the sternum and, on pressure on this area, the flow of discharge can be increased.

*Bacteriological Report.*—Discharge, direct smear, Gram negative; bacilli, Gram, and cocci. Some diplococci, polymorph, nuc's.; lymphocytes; absence of t. b. Endos, slant—bac. mucosis, capsulatus; double sugar—bac. mucosis capsulatus. Sputum, Gram stain-cocci; absence of t. b.

There is very little literature on this particular form of empyema. Jacobson, Vol. II, page 417, in a short paragraph says: There is little room to doubt that infections of the lungs and pleura are mostly embolic and that the liability to them increases with the duration of the appendicitis. It is a fact that these complications, and especially sub-diaphragmatic abscess, are far less common in patients treated with early operation. It stands to reason that portal pyaemia is much more liable to occur in delay.

Osler says you may get extension through the retro-colic veins or new-formed collateral branches of the systemic circulation that may occasion abscess of the lung.

Howard Kelly, page 228, says pleural empyema may be caused by a suppurating appendix, and advises in right-sided affections the examination of the right iliac fossa.

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### A CASE OF SYPHILITIC PERIOSTITIS

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I desire to present this case for your consideration to-night in the hope, that it may arouse discussion as to the relationship between new bone formation and our various chronic inflammations.

This history is as follows:

William H., male, 14 years old. Complaining of sores on both shins. He has had lumps on his shins as long as he can remember, on the surface of which ulcers developed in December, 1914, following injury. These formed first as lumps which were sore, and after poulticing for about one month, they broke. He has never suffered any inconvenience or pain as a result of this, except the constant necessity of a dressing, as they have never healed up.