

and other large cities, forced to live in these health resorts. "Do not load your patients down with directions how to live, but place them in the hands of resident medical men." He would like to know about the disinfection of houses and the removal of patients in Pullman cars.

Mr. Cameron highly complimented the writer; the paper was as full of pabulum as an egg, and might be well taken as a model.

Dr. Webster (Toronto) said that many consumptive people have but limited means, and cannot afford to take long journeys and live in expensive resorts. Lots of them are able to get well right here in Toronto.

Dr. McConnell (reply) said that the alfalfa meadows were effective barriers to the dust. Patients did better to provide themselves with tents, and then they ran no risk of infection from houses. One could live comfortably on \$10 a week.

Dr. Burnham (Toronto) then read a paper on "Inflammations of the Lachrymal Apparatus."

Inflammation of the lachrymal sac is the result of struma, violence, or the entrance of irritating fluid, or, most commonly, stricture of the nasal duct. This last condition results in insufficient drainage to the duct, and a chronic blenorrhea is set up. This mucocele is attended by much suffering and constant disturbance, and demands effective treatment. Initial leeching, calomel, etc., usually fail to abort the attack; hot linseed poultices and free incision on fluctuation are necessary in the acute stage. To remove the cause, and consequently relieve the condition, Dr. Burnham operates as follows: Having slit the canaliculus into the sac, he introduces by means of a syringe a 5 per cent. solution of cocaine, and passes probes Nos. 1 and 2 only. He then irrigates freely with adrenalin, followed by potassium permanganate, 1 in 12,000; and last of all he passes a silver style, which is allowed to remain in position. In three or four days the style is removed, the cocaine, adrenalin, and permanganate irrigation repeated, and the style replaced. This method of treatment is much less painful and much more effective than the old method of passing the largest probe possible and using no medication. During the process of healing, little fibrous bands appear along the floor of the divided canaliculus, which act as dams preventing the free exit of the tears, and which must consequently be divided.

DISCUSSION.

Dr. Wishart asked Dr. Burnham if the inferior turbinate was not frequently enlarged close to the outlet of the nasal duct, and