upon within eight or ten days after the onset of the disease when the bone was opened, trephined and the cavity scraped thoroughly, disinfected and an attempt made to secure healing by packing the cavity with gauze. Reinfection occurred, and the cavity was reopened, filled with the iodoform preparation and closed without drainage. Healing took place within ten or twelve days and has remained permanent since a period of almost three years. The treatment which was successful in the heel was simply curetting and packing with gauze.

F. J. SHEPHERD, M.D.—I would like to congratulate Dr. Garrow on his exhaustive paper on this subject. Of especial interest is the history he gives us in regard to this osteomyelitis; years ago we all thought that the infection was from without and not from within, as it is now known to be. I have seen not a few cases where the diaphysis of the bone has come away; in one case the tibia, and in another the radius, and in still another the whole lower jaw. In these cases the epiphyses are not affected. With regard to treatment advocated by Dr. Garrow, this has been tried pretty much all over the world since Mosetig's paper came out. He applied his treatment more to the joints than to cavities in bone. In this connexion I have thought we have been very long in learning lessons from the dentists, the filling of cavities by the different amalgams after getting rid of the diseased bone, is a pretty old method, and is said to have been used in ancient Egypt. I have not seen anywhere the success which Professor Mosetig has had in his cases. In most of the cases I have seen success only followed several trials. It is a very difficult thing to disinfect a bone cavity. Dr. Garrow's paper is a very instructive one, and I beg to congratulate him on having so clearly explained the whole subject.

SUBACUTE BLEPHARO-CONJUNCTIVITIS.

FRED. T. TOOKE, M.D., read a paper upon this subject.

W. G. M. BYERS, M.D.—I would like to congratulate Dr. Tooke on his comprehensive treatment of this now well recognized clinical entity. I prophesy that the contribution, which is distinctly needed in English, will be most favourably received by ophthalmological workers.

W. H. MATHEWSON, M.D.—I also would like to congratulate Dr. Tooke, and to point out that this is one of the now rapidly growing number of diseases a bacteriological examination of which gives the clue to treatment. These cases clearing up so rapidly under zinc, especially where there is an ulcer, very probably save the eyesight in a large number of cases.