

of the large hospitals, where poverty and filth prevail, one meets a very large number of cases, while in Berlin where less poverty exists and in Montreal it is rare. The therapeutic use of potassium chlorate is well known. One trouble in watching cases in the children's clinic at the Royal Victoria Hospital is that one seldom sees the results of the treatment, for they go away after one gives the patient potassium chlorate, and when the mother does bring the child back she generally says that it got well in a day or two. This condition is seen occasionally in the Foundling hospital and it occurs also in private practice. Dr. Gordon brought forward some cases of this nature a few years ago. I think the predisposing cause of this is a dirty condition of the mouth which acts as a very favourable environment to the bacillus.

J. ALEX. HUTCHISON, M.D. It might be of some interest to you that a great many years ago I had a case of extreme noma, such as you occasionally see illustrated in textbooks; there was a large opening through the cheek from the surface to the interior of the mouth. This occurred in private practice in good hygienic surroundings. One of my seniors saw the case with me, and though I do not remember exactly we are almost certain to have given chloride of potash, as it was the custom to give this in those days. The child succumbed in a few days from the progressive gangrenous ulceration. This was before the days of the bacteriological cultures and we knew nothing about the cause.

LOCAL AND GAS ANÆSTHESIA: SKIN DISINFECTION.

E. W. ARCHIBALD, M.D., presented the paper, (see page 518).

G. H. MATHEWSON, M.D. It would seem that nitrous oxide gas given in the way Dr. Archibald describes would be of great use to us oculists in cases of glaucoma, and in unmanageable persons, who may require operation for the extraction of cataract, in that there is no post-anæsthetic vomiting.

R. P. CAMPBELL, M.D. I have no experience with the Benzine-Iodine method at all, but German literature has been very full of this disinfection which has apparently given excellent results. As far as alcohol disinfection is concerned I have made some experiments, but they are far from complete. Ordinary alcohol has very little bactericidal power, even at 75 per cent. The other disinfectants I worked with are the alcoholic perchloride and the ordinary carbolic and various dilutions of it. It is astonishing after how long an exposure to these one can get a growth. For example with the *B. proteus* you may expose it to the action of 5 per cent. carbolic for a week and still get a growth.

J. ALEX. HUTCHISON, M.D. Riordon wrote a paper some 12 or 15 years ago in which he strongly advocated the use of ordinary commercial