

the blood. On opening the abdomen the appendix was found containing a small amount of pus. It was not thickened, nor was it surrounded by any inflammatory adhesions. A nodule was found on the aortic valve.

Dr. Baines introduced Dr. A. A. Macdonald, the President-elect, who thanked the Society for appointing him as President for the coming year.

The Society then adjourned.

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BACTERIURIA AS A CAUSE OF DIURNAL ENURESIS.—L. Nicolaysen (*Norsk Mag. f. Lægevidensk.*, October, 1896) reports eight cases of diurnal incontinence of urine in children varying from five to thirteen years of age. In four of these there was bacteriuria, the urine carefully removed giving rise to cultures of the bacillus coli; but whether the bacteriuria was due to an affection of the bladder, or was the expression of a slight irritation of the pelvis of the kidney from a concretion, was not clearly to be ascertained. The treatment recommended is the washing out of the bladder with a solution of nitrate of silver and the internal administration of salol or other antiseptic; but the bacteriuria may be very persistent.—*British Medical Journal*.

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ADENOID VEGETATIONS AND THEIR BACILLI.—GOURC (*These de Paris*, No. 175, 1896-97), from examination of two hundred and thirteen cases, concludes that there is no bactericidal property in the secretion of the glands, and probably none in the nasal mucus. Latent lacunar encysted adenoiditis is a rarity. As regards the bacilli, twenty-five examinations disclosed none; thirty-seven streptococci, but never pure; sixty staphylococci, pure; and sixty-nine associated with other micro-organisms: other forms of cocci, forty-one pure and fifty-four associated; pneumococci, three; leptothrix buccalis, one pure and one associated; and a short bacillus not taking Gram's stain in one case. There was hypertrophy of the tonsils in seventeen cases; tuberculosis, collateral, in thirty; hereditary in eighteen and personal in seventeen, but Koch's bacillus was never detected in the vegetations. Metastatic anginae and laryngitides no doubt depend on the above bacteria, and some cases of facial erysipelas may be explained by the streptococci. Contraction of the nose, acute arching of the palate, and dental deviations due to hereditary causes, rickets, scrofula, or lymphatism may accompany but are not results of adenoid growths. Operation should be complete, as remnants left do not atrophy.—*British Medical Journal*.