days. The difficulty in such a procedure seems to be the difficulty of securing perfect asepsis. If this could be secured, there would be some hope of doing something for these cases.

Dr. GRASETT thought that perfect aseptic drainage could be carried out.

Dr. PRIMROSE said in those cases where the pathological change was supposed to result from lack of support to the vessels through malnutrition of the bones of the skull something additional to the drainage would be necessary to secure a complete cure. He referred to the use of adhesive plasters to support the skull, and by pressure to promote absorption. But such treatment had proven a failure.

Dr. MACDONALD said that he had heard of favorable results by drainage. He thought continuous drainage could be carried on in a perfectly antiseptic way by some such process as was attempted in draining the pleura into a bottle attached to receive the fluid.

Dr. BRITTON reported aspirating in a case where spina bifida was present, his object at the time being to relieve the spina bifida. There was a relief of symptoms.

In our last issue we published in the proceedings of the Toronto Medical Society for October 17th, a condensed report of a very interesting case of suppurative cholecystitis with rupture of the gall-bladder, complicating typhoid fever, prepared by Dr. H. B. Anderson, one or two points of which should have been referred to a little more clearly and accurately. Dr. Anderson obtained pure cultures, both from the abdominal cavity and the gall-bladder of a round-shaped bacterium, short, and with rounded ends, some slightly curved and apparently constricted in the centre. In places they were joined together, forming long threads. In morphology they corresponded to the bacillus typhosus, or the bacillus communis coli. The culture bouillion remained alkaline, and no indol was formed, both of which would go to prove that this was the bacillus of typhoid. He pointed out the rarity of this complication of typhoid, and that when present it was generally attributed to the bacillus communis coli, or to the staphylococcus. This was another example of the ability of the bacillus of typhoid to set up suppurative inflammation. He also noted the marked leucocytosis in the case, and considered its presence the result of suppurative inflammation rather than to the presence of typhoid. He alluded to the matter of leucocytosis in the diagnosis between typhoid and appendicitis.