

the milk or meat supply might furnish a clue to the source of the disease in connection with the Laboratory he expressed the hope that the time was not far distant when, aided by experience gained by constant practice in Bacteriological examination of diphtheria cases, would in addition to confirming the diagnosis, also enable the observer to give a very accurate prognosis of the course which any given case might be expected to take.

Another line along which the Laboratory would prove useful would be in the disinfection of houses. Dr. Inglis said that he felt that a great deal of the lack of confidence the Medical Profession had shown in health work in the past had been due to a feeling which he himself shared, that the disinfection of houses where contagious diseases had existed, was not by any means a satisfactory procedure. He outlined the attempts he had made in the past to do something towards the improvement of this service, and expressed the hope that one of the results of his recent visit to the East would be the establishment by the Dominion Government of a steam disinfecting chamber with a separate apparatus for the use of Formaldehyde gas attached. He had also requested the City Council to furnish his department with a Trillat Autoclave so that Formaldehyde gas might be used under pressure in affected houses. When these improvements were available he intended introducing prior to the disinfection, tubes containing cultures of nonpathogenic germs into the infected rooms, after the disinfecting process was finished these tubes would be returned to the Laboratory, where if it was found the cultures had not been destroyed, the process of fumigation would be repeated.

Dr. Inglis concluded his remarks by outlining a grand future for preventative medicine and in this connection mentioned some tests which are now being made in Western laboratories for conferring immunity from typhoid fever by means of vaccination, of susceptible persons exposed to the infection. The test of the immunity conferred being the reaction of the blood of the per-

son inoculated by Widal's test.

Dr. McArthur inquired if any improvement had been made in the methods of determining the length of time a scarlet fever patient retained infection.

Dr. Inglis replied that this was one of the points which still remained in doubt and that the only safe course was to insist upon a prolonged time limit during which the patient must be regarded as infectious and therefore quarantined.

Dr. Hutton inquired regarding the status of Formaldehyde gas as a disinfectant agent.

Dr. Inglis replied that considerable difference of opinion still existed amongst sanitarians regarding the power of Formaline to penetrate, but that all were agreed that it was a good surface disinfectant. It had also been proved that if used under pressure and in the form of dry gas it could be made to penetrate thoroughly. A prolonged exposure was, however, necessary, goods requiring to be subjected to the fumes for from twelve to twenty-four hours to disinfect them. It was for this reason he had recommended the City Council to purchase a Trillat Autoclave which he believed was the best apparatus manufactured for generating the dry gas. Dr. Inglis explained that this procedure was still in the experimental stage and he had only made mention of it as one of the possibilities which preventative medicine held out for the near future.

Sympathetic inflammation and irritation formed the text of an admirable discourse by Dr. Good, illustrated by an eye recently removed, in which sympathetic disturbance had resulted from a penetrating wound in the ciliary region, producing dislocation with opacification of the lens, and Irido-cyclitis. Particular stress was laid on the importance of early diagnosis, and prompt treatment of sympathetic affections of the eye.

Intestinal parasites was the subject of an exhaustive and interesting paper by Dr. Parr.

In connection with a practical demonstration of the efficacy of Widal's