

oedema of the feet from venous thrombosis. Patients generally recover from softening of the heart muscle, but care should be taken during convalescence to avoid heart strain. When a mitral murmur is heard at the apex, there is danger of either of two accidents, cardiac thrombosis, or dilatation. Subacute gastritis, an occasional sequel of typhoid, is often brought on by the ingestion of improper food.

Weir Mitchell stated that there is local elevation of temperature over the tender spots in many cases of "typhoid spine." He is of opinion that spondylitis is present in such cases.

Dr. Pepper had seen excellent results from the continuous administration of nitrate of silver in small doses, from the very commencement to the end of the disease.

Dr. Budge, of Chicago, read an interesting paper on "Inflammation of the Appendix and Cæcum, and the duty of the Physician regarding them." He came to the following conclusions with regard to surgical interference:

(a) In acute cases, with rather protracted high temperature, and with distinct induration that does not yield in forty-eight hours.

(b) In cases of undoubted severe inflammation, lasting several days, even though no particular induration can be made out (violent appendicitis), and in acute localized peritonitis having its origin at the appendix, and producing marked constitutional symptoms (threatened peritoneal abscess).

(c) In all acute cases where large induration develops rapidly with high fever. Here extensive deposit and abscess are almost certain, and the operation should be early.

(d) In all cases advanced to subacute or chronic stage, with distinct induration and dullness (regardless of the temperature), since in most such cases pus is present.

(e) In all cases of undoubted chronic appendicitis, with recurring exacerbations, even if no induration can be demonstrated. In all such cases the patient is in constant danger of perforation of the appendix, and mortal peritonitis, and laparotomy and extirpation of the organ (if done antiseptically) reduce the hazard.

Dr. Atkinson was of opinion that constant watchfulness on the part of the physician is necessary, and that an operation should be done immediately before or shortly after perforation.

Dr. Fitz, of Boston, spoke of a case in which recurring attacks of peritonitis occurred, and when an operation was made, there was no evidence of perforation of the appendix. Seventy-five per cent. of all cases of appendicitis recover. Mortality of cases treated medically, eleven per cent.; of those treated surgically, forty per cent. He spoke of the difficulty of operation in cases where there were frequent attacks, and of the danger of hernia after operation.

Dr. Jacobi was of opinion that every physician should be able to perform the following operations: Herniotomy, tracheotomy, intubation, and laparotomy for appendicitis.

Dr. Pepper strongly dissented from Dr. Jacobi's opinion, saying that he had not known of a more severe and difficult operation than laparotomy under these circumstances.

At the afternoon session, a very interesting paper was read by Dr. Lusk, on "Antisepsis during Labor." He spoke of the great diminution of mortality in lying-in-hospitals, and attributed it to greater cleanliness, and use of antiseptics. He advises the use of the vaginal douche previous to delivery in hospital, but does not think it necessary, as a general, rule in private practice. He also spoke of the great value of corrosive sublimate solution. He preferred, in hospital practice, the antiseptic diaper. He was of opinion that imperfect washing of diapers was a frequent cause of disease.

Dr. Pepper believed that the frequent and careless use of vaginal douches after confinement was a cause of puerperal septicæmia.

Professor Welsh referred to the fact that, according to recent researches, it is impossible to completely sterilise the vagina and the hands of the operator by corrosive sublimate solution. He thought, however, that the small amount of the corrosive sublimate adhering to the hands might be sufficient to hinder the propagation of the few germ cells remaining on the epidermis.

Dr. Weir Mitchell read a most interesting paper on the "Disorders of Sleep." He took up principally those of the pre-somnum and post-somnum stages. He spoke of the importance of noticing the presence of hallucinations in the pre-somnum as strong premonitory indications of insanity. It is, of course, possible in rare cases to have such hallucinations without