of the tunica vaginalis testis, just long enough to allow the hernial contents to escape within the internal ring, and yet short enough to maintain constant traction upon this portion of omentum and bring it down in spite of any truss. The protruding omentum was tied and the cyst were removed. Patient made a good recovery. This was a unique case, Dr. Bell thought.

The third was a case of congenital cœcal hernia in a child three years of age. Hernia had existed from birth and was irreducible. Radical operation done. Through the peritoneum, the cæcum and ileum could be made out and were found adherent to the cord. Even after splitting the canal it was impossible to reduce. When peritoneum was opened and traction made on ileum, it readily slipped back. The superfluous neck of the sack was dissected away and the remainder sutured down around the cord, the conjoined tendon brought over and sutured to Poupart's ligament, and canal closed by a suture.

The next was a most interesting case, where there was hernia of a tubercular ovary and tube through the inguinal canal of a female infant. It was diagnosed omental hernia, was solid to feel, freely movable, pediculated, and gave an impulse when child cried. Was exposed, but seen not be to omentum. Resembled undescended testicle, but patient was female. Was removed, diagnosis still uncertain. Operation finished successfully. Subsequent microscopical examination revealed tubercular cystic ovary.

The final case cited was a most interesting one, suppurative inflammation of hernial sac simulating strangulation, onset sudden, (from a fall) and constitutional symptoms rapid, calling for immediate action. Cutting down, sac was found very thick and œdematous, from which, upon incision, half an ounce of sero-pus escaped. It was occluded above. Another incision was made into the sac above the occlusion and a loop of small intestine, scarcely constricted, slipped back into the abdomen. Patient got entirely well.

The Doctor inclined to think patient had suffered from hernia before, that sac had become shut off, and that the reputed recent cause merely pressed it further down, and the manipulation for reduction had set up an inflammation, possibly through the agency of amœba coli, which went on to suppuration.

Dr. Canniff asked how Dr. Bell diagnosed the omental tube which was cut off from intestine.

Dr. Bethune detailed at length a case of strangulated hernia which was not operated on, on account of stubbornness of patient. Suppuration occurred and a fœcal fistula established, which finally closed, and patient made a good recovery.

Dr. McFarlane, President of the Ontario Association and Dr. Temple, delegate from that body, were invited to seats on the platform.

Dr. Bryce was not present to read his paper on "Prophylaxis in Tuberculosis," but his paper was handed in as read. It was pleasurable, the paper said, to see so much attention directed to a disease causing a greater economical loss than any other agent except alcohol. He gave some condensed results of the study of the subject taken from the mortality returns of the Registrar General's Department of Ontario, and arranged the table so as to show the number of deaths occurring in persons of the same family. He also gave a tabular statement of the total mortality returns of Ontario Institutions for the Insane for 1892, showing the proportion of deaths from consumption among patients. He also presented a tabulated list of the various diseases showing from the annual report of the Inspector of Public for 1892, a large proportion suffering from this disease. Five per cent. of the total inmates in our hospitals suffered from this disease. The elements in prophylaxis partook of three qualities: individual, municipal and governmental. Individual prophylaxis depended almost wholly upon the intelligence of the infected person, his habits of life, and the extent to which he is impressed with the duty of protecting others. As to municipal, the first measures are largely those of improved local sanitation. As to governmental, it consists mainly in giving direction, financial support and legislative sanction to municipal efforts. He said had he not been an interested and active spectator for two years of the manner in which legislation has kept in touch with public and professional opinion, he would think this visionary. He cited the numerous Acts providing for treatment of the blind, dumb, etc., and thought from the fact that there were but two limits to the class of municipal and governmental work, viz., the degree to which the public are informed regarding the need for work in this direction, and the extent of municipal and governmental financial ability. This work was not to be considered relegated to the police, but to the action of intelligent Christian men and women. The two objects to be held in view were (1) the alleviation or cure of the tuberculized patient, and (2) to lessen the danger to the healthy public. In the higher latitudes of our Province we had suitable climatic conditions. In such places Homes might be established for patients, places where they may go and *live*. These places might be made self-sustaining, as many of the patients would be able to work. That such Homes would be popular may be concluded from the success of such semi-private institutions in Germany.

The Nominating Committee presented their report as follows: It first recommended that the next place of meeting be St. John, N. B.

Dr. Canniff did not favor going so far. Few, if any physicians came from that section to the annual meetings in Ontario.