

done at each sitting. The use of cocaine would be required on each occasion ; for although the cauterization would cause but slight pain, to do it effectually the parts should be kept at rest while the needle is being inserted. Hygienic treatment should always be insisted upon.

Dr. Ross asked if this disease had any relation to that which affects the gills of fish.

Dr. Brown replied that he did not know.

Dr. J. F. W. Ross reported some cases illustrating different phases of appendicitis, which will appear in May issue of THE PRACTITIONER.

Dr. F. Oakley asked how the diagnosis was made in the second case where the pain was on the right side.

Dr. A. A. Macdonald agreed with the essayist in regard to early operative treatment. Delay was dangerous. The so-called recovery in non-operation cases was not a permanent recovery. Referring to rupture following operation, Dr. Macdonald said it was not always easy to cure. Patients did not like to submit to another operation.

Dr. Wm. Oldright said that in his experience the point of tenderness was not always where the mischief was. He thought cases of rupture would be lessened in number if the same pains were taken to close the abdominal incision as is afterward taken to close the hernial opening. He was in favor of the layer by layer method of closing rather than *en masse*.

Dr. W. J. Wilson asked Dr. Ross if he could formulate any rules as to when an operation was necessary. Would he operate after the first attack, invariably ? In the early days of his practice Dr. Wilson said the term inflammation of the bowels was a common one and used to inspire terror into the people. So that for any sudden abdominal pain at night the doctor was sent for. But people had got over the scare and night work had dropped off one-half. Now all these cases were being handed over to the surgeon.

Dr. McKeown spoke of his case which Dr. Ross had referred to in the paper. He (Dr. McKeown) did not think operation in that case was necessary. The patient was vomiting and had a good deal of pain, but there was not much elevation of temperature nor was the pulse much faster than normal. Yet on opening the abdomen a gangrenous appendix was found.

Dr. Carveth spoke of the difficulty of making a diagnosis between appendicitis and disease on the right side of the pelvis.

Dr. H. H. Oldright discussed the differential diagnosis between appendicitis and typhlitis.