obtained. The tincture of iodine, silver nitrate, bichloride of mercury, calomel insufflations have all been used with more or less efficacy. Chromic acid cauterization has its advocates. Curettement has also been recommended. None of these have met with as good results as the use of the galvano-cautery needle. It should be inserted directly into the fungoid deposit, and a number should be 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.

**Appendicitis.**—Dr. J. F. W. Ross reported some cases illustrating different phases of appendicitis.

The first was the case of a man upon whom he had operated, February 8th. The patient had never had inflammation of the bowels before. He was taken ill on the 6th of February, with pain in the abdomen and vomiting. The pain was chiefly localized in the right side. When seen by the essayist, the patient was lying down. There was marked rigidity of the right abdominal muscles, tenderness on pressure between the anterior superior spinous process of the ilium and the notch on the under surface of the liver. He gave the history of a severe chill the day before. The temperature was 100 and the pulse was 100. The face looked anxious. Operation was advised. This was allowed. The abdominal opening was made an inch and a half above Poupart's ligament by the oblique incision. The appendix was adherent to the under surface of the liver. It was gangrenous and filled with pus, but it had not burst. It was carefully removed in the usual way and the wound closed. No drainage tube was inserted. Recovery. The appendix was four and a half inches in length. At a point one and a half inches from the tip the lumen was found to be constricted and the tip was dilated. This dilatation was filled with a grumous offensive pus. The appendix was gangrenous in appearance and the blood-vessels in the mesentery were filled with blood clot, showing complete stagnation of the circulation. There was no foreign body found.

This attack was the first from which the patient had suffered.

Case II. Mr. J. referred to me by Dr. Noble. I saw the patient during his fifth or sixth attack and advised operation. He looked pale, and told me he had never thoroughly recovered from his first attack. The attacks had been coming on at short intervals of a few weeks. The curious feature in this case that the pain was chiefly referred to the left side. I used an incision as in the first case. After considerable difficulty I found the appendix turned downward and