

Dr. Powell, of Ottawa, thought that we are hardly justified in operating except in traumatic cases and in general cases where pus has been made out. Operations should not be conducted to search for abscesses. He related a case in which pus had developed; he advocated operation, but, it being denied, she passed pus by the bowel the next day; this, however, was exceptional, and in similar cases he would operate.

Dr. Hunter recommended early operation and thought valuable time should not be wasted in waiting for experts.

Dr. Teskie recommended operation in local inflammation, but in diffuse inflammation the parts become agglutinated, and operation is thus rendered impossible.

Dr. Temple would operate early in cases of general puerperal inflammation, and in tubercular peritonitis.

Dr. Alice Pickering, of Toronto, exhibited a foetal monstrosity similar to the

#### SIAMESE TWINS.

There was only one placenta.

Dr. Wishart, of London, then read his paper on

#### ABDOMINAL NEPHRECTOMY FOR HYDRONEPHROSIS,

with a report of two operations. He referred to the difficulty in diagnosis; this is increased in cases in which there is great enlargement, where the patient, when seen for the first time, presents a tumor filling the whole abdomen. The author described two cases of advanced hydronephrosis; in both an operation was begun whilst entertaining a wrong opinion as to the nature of the condition. In these cases nephrectomy was performed through an incision in the middle line anteriorly, and both patients recovered. The difficulty of diagnosing between hydronephrosis and ovarian tumor was dwelt upon.

Dr. Trenham, Montreal, thought that aspiration for diagnostic purposes was useful in cases of accumulation of fluid within the abdomen. Urine may thus be discovered. He narrated a case where repeated aspirations, in which fluid urine was withdrawn, eventually effected a cure. He thought Dr. Wishart's success was exceptional, and it was questionable whether the operation of nephrectomy in such cases is justifiable or not.

Dr. Gunn, of Durham; stated that the difficulty in diagnosis was often cleared up by the use of the microscope in examination of the fluid.

Dr. MacDonald recommended nephrectomy as the primary operation. It is stated that nephrectomy following nephrotomy is less serious and the results, under such circumstances better.

#### MEDICAL SECTION.

Dr. Addison, of St. George, read a paper on the

#### TREATMENT OF PNEUMONIA.

The author discussed freely the uses of internal medication, and of outward applications to the chest wall. A somewhat animated discussion followed, in which a number of gentlemen took part; among others, Dr. Pringle, Toronto, suggested the use of the ice-pack in special cases, and narrated a case. He advocated also the use of hot dry linseed instead of a wet poultice.

Dr. McPhedran stated that pneumonia is a specific fever, and not a simple inflammation of the lung; there are abortive cases which recover with or without treatment. The speaker has had good results with heroic doses of digitalis; it is very necessary to aid the right ventricle, and for this digitalis is the best agent in full doses. He spoke of the hyperpyrexia, and would use the ice-bag and not internal medication.

Dr. Acheson referred to the uses of oxygen inhalations.

Dr. John Ferguson stated that two distinct types of the disease existed, the sthenic and the asthenic, requiring different forms of treatment.

Dr. A. James Johnstone then read his paper entitled,

#### SOME RECENT TREATMENTS IN DIABETES.

This treatment was discussed by Drs. Duncan, Bowlby, Addison, Acheson, Ferguson, and Sheard.

Dr. Bowlby referred to a case complicated with malaria, in which the patient recovered, after purgation with calomel followed by quinine.

Dr. Acheson referred to the presence of glycosuric acid being mistaken for sugar by the cupric sulphate test.