

The future success of the Society depends on its younger members, and if they become active now there will be no danger of the future. I have no doubt some of you will be saying:—"Well, this is very fine and sounds well, but what have you done?" I must admit I have done very little, and I am ashamed of it, but it is because I have been such a sinner in the past that I do not wish my example to be followed. A good many will say that a busy general practitioner has no time to do all this. Not so; he can always develop his powers of clinical observation if he has had the proper foundation laid by ample bedside instruction, of which there is not enough at the present time. He can always know enough of bacteriology to help him in his diagnosis, and he can always know enough of pathology to help him in his study of the course and the results of disease. Without this, we are apt to become routine men, and do not add anything to the national reputation of the profession. What a country requires and demands now from its medical men is good practical up-to-date work, and to be able to give this you are obliged to know what others are doing, both in the clinical field and in the laboratory. You will therefore understand the necessity of belonging to some medical association in an active manner. To go to meetings simply to pick up pointers is not laudable, but you should go prepared to take your share of the work.

We have now 199 members all told, of which 165 are "resident members." Fifteen of this number were new members who joined during the year. Four are "non-resident," and 30 "temporary" members, making a total of 199. We have lost two members, one by resignation and the other by death, the late Dr. Hopkins.

In conclusion, I have to say it is the earnest wish of your retiring President that our Society will now continue to prosper and to increase in members, and that we may attain such a position in the eye of the public that suggestions we may feel justified in making to public sanitary bodies, may at least receive a respectful consideration.

### **Tuberculous Disease of the Seminal Vesicles.**

DR. TURNER showed for Dr. Armstrong a man who had been operated upon six weeks previously for tuberculous disease of the seminal vesicles. The patient had first noticed anything wrong in March, 1901, when he complained of constant pain in the testicle, which became swollen and finally broke down, leaving a sinus which discharged until August, 1901. He came into hospital and had the testicle removed, and the sinus remained closed for three weeks, when it opened again just at the root of the sacrum, the discharge being almost watery in character. At the operation, six weeks previously, the left seminal vesicle was found hard, insensitive and enlarged, and it, to-