course, and as there was a strong tubercular history, he thought it might be tubercular, and advised waiting, but in a few days found the swelling, and advised her removal to the surgical ward so that he could watch her and be prepared beforehand for any emergency, but this was not done.

DR. MCCONNELL remembered three cases in which, if he had acted promptly, the patients might have lived. The first, an athlete, sick three days; autopsy showed perforated appendix and general peritonitis. This case occurred before the time that this operation was performed. The second case was a child in whom, at the autopsy, a localized collection of pus was found, and he thought that operation would have saved it. The third case occurred three months ago. A man, aged 31, had an attack six weeks before, from which he recovered and went to work; a second attack occurred; Dr. McConnell was sent for and found fever and a hard localized mass, in which fluctuation was detected four or five days later. It was well lined off, and seemed to be pointing. Dr. Perrigo operated, and found the appendix at the bottom of the cavity; the temperature fell and remained down for eight days, and the cavity was closing; on that day, about ten minutes after leaving him, Dr. McConnell was summoned by telephone, and on his arrival found the patient gasping, and in ten minutes was dead. Dr. Perrigo had suggested an embolus, and at the autopsy there was found a localized peritonitis, and in the right iliac vein a freshly formed thrombus. During the evening he had been complaining of numbness of the right leg, and it was while the nurse was applying light massage to the leg that the onset of the fatal symptoms occurred.

DR. MILLS thought that from the discussion this was a disease of the young, and asked if any one had experience in cases beyond middle life.

DR. SHEPHERD referred to the two cases already reported by him occurring between the ages of 50 and 60.

The PRESIDENT said that as far back as 1870-71, while he was attending Virchow's autopsy class, there was hardly a week that there was not an autopsy on a case of this disease, and its occurrence was by no means in young people only.

DR. GEO. ROSS said that this disease presents a large number of interesting problems, and cases have been cited which bear more or less on all of them. In referring to the diagnosis, he did not know how anyone could, at the onset, distinguish a case which is going to be fatal from one in which there will be only a small localized inflammatory condition. A case occurred to him during the summer. A young girl had an attack at the seaside lasting two or three days; when he saw her he found her the subject of a violent attack, so violent that he thought operation was called for, and that very soon; he sent at once for a surgeon, and it was thought advisable to wait for twenty-four hours; at the end of that time the symptoms had not increased in severity, and a second delay was agreed upon, when the condition was slightly improved. This improvement in the general state showed that there was no profound constitutional poisoning and no operation was performed, and the child got well, but she got well after a very great risk and after a large discharge of pus from the rectum. There were symptoms of general peritonitis, but he did not think that this condition existed, for he had seen this general pain, when on operation only a localized inflammation was found. The operation in the interval is a most interesting field for surgical practice, and he believed it is going to be the operation of the future. When allowed to go on, the disease presents dangers so real and so rapidly fatal, while, on the other hand, everything can be arranged for an operation in a thoroughly aseptic manner. The operation sometimes presents difficulties such as finding the appendix. Can you judge what kind of operation you are going to meet with? In one of the cases related by Dr. Shepherd it was thought beforehand that the operation would be difficult from firm adhesions about the appendix. But what did he find? The appendix was very easily found and easily removed.

DR. SHEPHERD thought that in Dr. Ross's case the appendix had sloughed off. It was an illustration of nature's method of cure. He thought this was a good rule to go by, viz., when in doubt, operate.

DR. SPENDLOVE had observed several cases, and one fact he had noticed was that they all occurred in persons of a rheumatic temperament; this led him to think that diet might have some influence on the disease. A man, aged 35, came to him from the country, who, during the last fifteen months, had seven attacks—at first at intervals of four months, then three, two, one, and finally every two weeks. The man indulged in habits decidedly rheumatic; he was a high liver, using meat thrice daily. A radical change in diet was suggested, and he was told to avoid all animal food and to adopt a vegetable diet, with large quantities of water. These instructions were given in September, and in January he came to town and said that he had followed the instructions, and as a result had no attack, had no return of the pain, and had gained 20 lbs. in weight. May not diet, by keeping the amount of uric acid low, have some effect on these cases?

DR. MCCONNELL said that the rheumatic diathesis depends more upon lactic acid than