

commends the employment of medicinal treatment first in gall stones, etc. He does not advise removal of the gall bladder for stone in the cystic duct. He recommends lavage of the stomach before operating on all gall bladder cases, and, as it is difficult to know what the surgeon may encounter on opening the abdomen, he advises the administration of calcium chloride before and after operation to prevent possible haemorrhage.

Dr. Dudley Allan, of Cleveland, Ohio, next spoke "*On the Importance of Early Operation on the Gall Bladder.*" He considers, in view of the fact that an accurate diagnosis is often impossible, an exploratory incision at least should generally be made early, when, he claims, it is often found that many obscure cases are quite amenable to surgical treatment, and, in fact, would fail to recover if we were to temporize. He recited a number of cases where the diagnosis was uncertain, where he had made an exploratory incision, and had often been gratified with the results.

The subject was further discussed by Sir William Hingston, of Montreal; and Dr. Alex. H. Ferguson, of Chicago.

ON FOREIGN BODIES IN THE VERMIFORM APPENDIX

BY

DR. JAMES BELL, OF MONTREAL.

In this paper the writer expresses his opinion that appendicitis never depends on the presence of foreign bodies in the lumen of the appendix. There is little doubt, however, that when foreign bodies gain entrance accidentally into the appendix, they aggravate an otherwise septic infection. Among the foreign bodies which he has found in the appendix are, in two cases pins, in two cases seeds, in one case wood fibre, in one case gall stones and in another case a fish bone.

Dr. Bell's paper was further discussed by Mr. Irving Cameron, of Toronto.