removed. The sheath was adherent to the arches, so that the marrow was exposed. The patient gained some power in the right leg and foot, and a return to sensibility two and a half inches below where it was prior to the operation. There was no improvement on the left side, nor in the bladder or rectum.

Dr. Peters agreed that the operation should have been done earlier. Degeneration took place in such cases in three days. Every spinal injury was not favourable for operation. Where it was known that the fracture-dislocation had severed the cord across, operation was useless. If there was a history of motion and sensation for a short time after the lesion, hæmorrhage was likely the cause, and improvement would take place without operation.

Dr. King presented a blacksmith who had sustained an injury to the back while working under a heavy cart. The props slipped and the cart fell on top of him, bending him forward so that his head was brought between his knees. Both clavicles were anteriorly dislocated, and a knuckle presented in the neighbourhood of the eleventh dorsal vertebra. There was considerable separation between the eleventh and twelfth. There was no impairment, however, of motion or sensation, but there was difficulty in getting the bowels to move.

Dr. Spencer thought that the patient presented had not sustained any injury to the spinal cord, that there was no effusion of spinal fluid, but that hæmorrhage had probably taken place.

Dr. Welford closed the discussion.

Dr. N. A. Powell then interested the Association with an illustration of his method of photographing pathological specimens, and also of procuring photographs of operations while in progress. He also showed an ingenious device for making the flash in taking photographs by the flash light.

Dr. Meek (London) reported four cases of abdominal section. The first was for dermoid cyst of the ovaries, the second for hematosalpynx, the third for suppurative appendicitis, and the fourth for cancer of the pylorus—*cholecystenterostomy*. He had good success in all. The history of the cases were very interesting.

Dr. Bingham read a paper on "APPENDICITIS," in which he discussed the classification of treatment. He also gave the report of a case. In the first type of this trouble the symptoms were mild, being usually associated with accumulated masses of fæces in the secum. Recovery usually followed. The second class was where the disease progressed to suppuration. These cases required to be closely watched, for there was great danger of perforation and general peritonitis. He thought this not likely to occur within four or five days. Perforation sometimes took place into the intestine, bladder, or externally. The third class was the relapsing appendicitis. Operation in these cases might be left till the subsidence of the acute attack.

Dr. McKinnon and Dr. Whiteman discussed the paper.

The next paper was by Dr. J. D Gibb Wishart, the subject being "EMPYEMA OF THE ANTRUM." This was the history of an obscure case; it was difficult to diagnose because few of the symptoms were referable to the antrum; the pain was outside the orbit; the patient failed to lie on the diseased side, the reverse being usually the case. Then the character of the discharge was white, like casein, instead of yellow, as is usually the case. Drilling was performed through an upper molar cavity, and the antrum washed and drained.

Dr. Price Brown discussed the paper.

Both sections then adjourned. About two hundred of the members were then conveyed to the Royal Canadian Yacht Club on the Island, where the city members entertained the outside members to