

anything could have been done had he been able to make a diagnosis.

DR. MILLS said the position of the appendix might account for the necrotic condition, since it was such as to cause reduction of the circulation and lead to strangulation.

DR. HERVEY of Calcutta, after being introduced by the President, made a few remarks on the objections to laparotomy prevalent among the natives of India. It was rare to get a native to undergo any new operation, and, unfortunately, as most of the laparotomies were undertaken in extremis, the mortality was very high, and a strong prejudice existed against it. He also related a case of perforation of the appendix caused by a lemon seed.

DR. ROSS strongly urged the necessity of early operation in these cases; he did not advise postponing operation beyond the third day. Cases are now reported where operation was performed within twenty-four hours. In this case, as the operation was not performed until after the fourth day, success could scarcely be hoped for.

DR. SHEPHERD, in answer to Dr. Roddick, said that had he made out the gangrenous condition of the appendix he would have ligatured and excised it, but he did not think the result would have been influenced even if the appendix had been excised.

(To be continued.)

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—Dr. Joseph O'Dwyer, the originator of intubation of the larynx, has been appointed Professor of Diseases of Children in the New York Post-Graduate Medical School and Hospital.

—Dr. J. B. Gibson has resigned the position of superintendent of the Mary Fletcher Hospital, Burlington, Vt. We understand that he is about to remove to New York, having secured a position on the house staff of the New York Eye and Ear Infirmary.

—The first number of the *Maritime Medical News*, published bi-monthly at Halifax, N.S., has made its appearance. It is edited by Drs. D. A. Campbell and A. Morrow of Halifax, J. W. Daniel and L. C. Allison of St. John, N.B., and J. McLeod of Charlottetown, P.E.I. We wish this new venture every success.