

meat by qualified men, the death of all affected animals, receptacles for sputa in public places, such as railway stations, thorough disinfection of houses after the death of patients, the complete separation of first cases in prisons, etc., and the erection of special hospitals for patients suffering from this disease.

Dr. Burns now read a paper on

POLYMASTIA.

The case was that of a woman who, in her third confinement, complained of swelling in both armpits. She had noticed it before her second confinement also, but not after the first. After the second she noticed a constant oozing in the left axilla, which was much aggravated after the third. On examination a supernumerary mammary gland, quite distinct from the gland proper, and which had a rudimentary nipple about the size of a split pea and from which fluid like milk exuded, was found. This fluid, examined under the microscope, showed the presence of colostrum corpuscles. In the right axilla, in a corresponding position, another one was found. The doctor thought that, if secretion were encouraged, lactation would go on as well and as long from them as from the *mammæ* proper.

Dr. Primrose said that he had examined the patient, and had found the supernumerary glands quite distinct. He had also examined the secretion from them under the microscope, and had found colostrum corpuscles. The mammary gland, he said, was of the same origin as the sebaceous gland.

Dr. Howitt, of Guelph, next addressed the association on

APPENDICITIS.

He stated that the authorities differed greatly as to the treatment of the disease. The preliminary abscess was usually intra-peritoneal. The appendix generally had a short mesentery. It varied greatly in size and position. This disease was commonest in the young and in males, and was often not manifest during life. The cause, he opined, was ulceration of the mucous coat, caused by *fæcal* concretions of foreign bodies. After giving the various points in the diagnosis, the doctor spoke of treatment; rest in bed, opium, easily assimilated food were recommended. After the pain had subsided, if twenty-four hours had elapsed, an enema should be given. He would not use calomel. If the symptoms became aggravated and the temperature fluctuated, operation would be necessary. As a rule, this should be done on the third or fourth day, if it is certain pus is present. The doctor described the method of operation in the different forms. He had operated twenty-four times with good success. He then outlined the history of eight cases where the seat of trouble was not in the right iliac fossa.