

of any cause for renal colic was made out. Was the pain complained of the result of the aneurism? the doctor asked. Dr. Peters said that the pain might have been produced by pressure on the lumbar plexus.

SPINA BIFIDA.

Dr. Oldright presented a child five weeks old suffering from spina bifida. The tumor involves a portion of the sacral, all the lumbar, and the lower two dorsal vertebrae. The members examined it by transmitted light, an electric lamp being used for that purpose. Although no portion of the cord could be seen, yet the doctor considered that a portion of the cord was involved because of its large size and its position, and the complete paralysis of the lower extremities. On tapping the lower part of the tumor distinct twitchings of the legs occurred. As to treatment, he had been using pressure. He asked the opinion of the society as to the wisdom of further interference. The only other child had died, and the parents were much wrapped up in this one, and he felt somewhat loath in resorting to operation. Dr. Peters reported having operated upon a case unsuccessfully. He did not think the involvement of the cord was a contraindication to operation. He thought he would favor operation on the case.

Dr. Atherton said that he would try the injection of Morton's fluid. If this were insufficient to effect a cure, he would state to the parents the possibilities and the probabilities in case of operation, and in case operation were not performed; and then he would advise operation.

Dr. McMahon said that from his observations on three cases of spina bifida he had concluded the conservative treatment was best.

Dr. Wilson, of Richmond Hill, said that looking from a scientific standpoint at the case he would operate, but from the standpoint of the mother he would leave it alone.

Dr. Oldright stated that statistics show only about three or four per cent. of recoveries. He seemed rather inclined to the non-operative treatment.

APPENDICITIS.

Dr. Bryans gave the history of a case of appendicitis with the ordinary symptoms. The patient had a somewhat similar attack some months before.

Dr. Atherton said that a twin brother had suffered from peritonitis. When called to assist Dr. Bryans with the case he decided that operation was called for because of the previous attacks of colicky pains, which were growing worse and worse, because the patient's symptoms were increasing in spite of opiates, and because of the successful results which accompany early operation.