

Dr. McMAHON said, 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 by Dr. Bryans to operate on 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.

On opening, a coil of small intestine was found running beside the cœcum and attached to it. Following this down with the finger to the brim of the true pelvis the appendix was reached, which extended into the pelvis, where it was adherent pretty firmly. Drawing it out its mesentery was torn and the appendix itself was found to be rotten. It was distended to the size of his ring-finger, and its coats were greenish-looking and stinking. A ligature was placed around it close to the cœcum, and the stump touched with pure carbolic acid. An iodoform gauze drain was left in for forty hours, after which the provisional sutures were tightened. The patient is doing well. The members examined the specimen.

Dr. PETERS also presented an appendix which had been removed from a patient who had had recurrent attacks. A tumor was noticed in the pelvis by palpation per rectum. A median incision was made. The appendix was hanging over the brim of the pelvis reaching to the aforesaid mass. It was firmly adherent, very thick, and a foreign body could be felt very distinctly. The muscular and serous coats were dissected back, a ligature thrown around the mucous coat. The stump was touched with carbolic and pocketed by an infolding of the muscular and serous coats, the latter of which were approximated by a row of sutures.