

Dr. GRASSETT thought the importance of McBurney's point ought not to be minimized. The difficult point in these cases was not usually the diagnosis, but, when to operate.

Dr. BINGHAM, in referring to the time in which operation should be done, said that he advocated, not the immediate removal of the appendix as soon as diagnosis was made, nor the conservative plan of waiting for the formation of abscess, but rather to take the intermediate course, and have the patient watched constantly and closely, so that when the first symptoms pointing to operation presented themselves, reports should be made to the surgeon. These symptoms were referable to the pulse, temperature and the patient's general condition, which the Doctor discussed at some length.

Dr. MERRICK said that his practice agreed with that of the essayist in leaving the appendix after opening the abscess if it could not be readily reached.

Dr. CARSTENS, of Detroit, favored operation in every case as soon as the diagnosis was made. It had always made him feel sorry when he remembered the number of cases he had lost through his conservatism.

Broncho-Pneumonia.—Dr. GOLDSMITH read a paper on Broncho-Pneumonia. The Doctor said this disease occurred most often in the very young and in the aged. It was a sequel of influenza, whooping-cough and other diseases. It often followed a mild attack of bronchitis. When the patient became asthenic in such diseases as erysipelas, meningitis, typhoid fever, etc., the inhalation form of the disease occurred. He called attention to the pathology of the condition. He had found the best form of external treatment consisted of applications of poultices, sprinkled with mustard so as to keep the skin reddened, snugly and constantly applied. A favorite combination of remedies he had found to be wine of ipecac., benzoate of soda, citrate of potash, aromatic spirits of ammonia and some simple elixir, administered every three hours. If the case was a sthenic one he was in the habit of ordering a few doses of aconite with spirits mindererus. Stimulants, such as strychnine, brandy and quinine, might be called for. Milk diet was indicated where it agreed. Egg albumen, with a little sugar and water and brandy, was good. If the tongue was coated, small doses of calomel should be given. To reduce the temperature, sponging, change of position, and lessening of the amount of covering on the little patient would be useful. He deprecated the common practice of smothering the children suffering from this disease by heaping blankets upon them.

Dr. DAVIDSON preferred whiskey to brandy as a stimulant: and