## Society Reports.

## The Trinity Alumni Association.

This Association must be congratulated on the success of its fourth annual meeting which was held on the 7th of April in Convocation Hall, Trinity University. Dr. Stark, Vice-President, occupied the chair in the absence of the President, Dr. A. McKay, M.P.P., of Ingersoll.

Roentgen Pays.—After the routine of opening, Drs. N. A. Powell and J. McMaster, assisted by Mr. J. McClennan, of Toronto University, gave a demonstration of shadowgraphy by the Roentgen rays. The physical characteristic of the rays and their production was explained by Dr. McMaster, whilst Dr. Powell entered into a discussion of their use from a surgical standpoint.

Appendicitis.—Dr. Teskey then read a paper on Appendicitis. He reported two cases in which he had operated after abscesses He maintained that in opening these abscesses it was better not to traverse the peritoneum, if possible. But if one had to do so, it was wise to make pressure on the abdominal wall above while the pus was escaping. This pressure from within outward tended to preserve the peritoneum from infection. Even if the peritoneum were exposed for this short time to the influence of pyogenic and other organisms, he thought little damage would be done. was where the abscess had already burst into the cavity, and the germs had already taken lodgment in the mouths of the lymphatics of the peritoneum that made the case dangerous; for this condition would be little relieved by irrigation. The Doctor called attention to the fact that in certain cases it was wise to deviate from the rule of operating over the point of greatest tenderness and pressure. He discussed at some length the virtue of the incision of the oblique muscles made to correspond with the line of the fibres, and advocated, in stitching up, the use of the mattress suture as the best method of securing a sound wall, and one proof against hernial formations afterwards. also warned medical men against placing too great reliance on the existence of McBurney's point. It was absent in each of these cases, the tenderness of one being in the region of the kidney, simulating renal disease, and the other in the region of the bladder, which, with the frequent micturition, led the attending physician to suspect disease of that viscus.