MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Eleventh Meeting, March 4th, 1904.

H. S. BIRKETT, M.D., PRESIDENT, IN THE CHAIR.

DR. LAPTHORN SMITH read a paper on the Association of Appendicitis with Floating Kidney. The paper is printed at page 245 of this number of the JOURNAL.

DR. HUTCHISON, in discussion said: Dr. Smith's removal of the entire kidney for pyelitis, giving as a reason the long suppurating convalescence, which very often takes place when the diseased dilated kidney is left, seems a rather broad view to take of the case. My own practice has been to pack the kidney and trust to the dilated condition subsiding, as frequently a fair amount of healthy kidney remains. Later on, if the suppuration continues over a long period, it is proper, I think to remove it; however, I think, in his case the practice of removal was justified. I do not think we can support the view that general peritonitis from appendicitis is always fatal, and the comparison of general sepsis set up by a pus tube rupturing as against general peritonitis by rupture of an appendix, can be explained by the fact that the excretions from the lower part of the intestines are of well known virulence, whilst from a pus tube the pus is almost entirely sterile. That the appendix is very frequently adherent to the right tube is another fact; I have not found it so intimately adherent as in Dr. Smith's cases, but there is well marked connection between the two. It is quite true that a ureteritis may be mistaken for appendicitis, as I had a case recently which was thought to be appendicitis, but it proved to be one of ureteritis rather than any disease of the appendix itself.

DR. ST. JACQUES:—I quite concur with Dr. Smith in his remarks upon the difficulty in diagnosis between salpingitis and ureteritis. We have all seen such cases and even when the abdomen is opened one often finds it difficult to say where the abscess had originated. In one case, ill for two weeks, one physician diagnosed salpingitis, another appendicitis and I myself could not decide the origin of the abscess; the pulse was 120, temperature 103½. In this case I found the appendix gangrenous with abscess of the ovary. The patient recovered in four weeks. Another matter of interest is the relative sterility of the pus in chronic salpingitis.

DR. LAUTERMAN:—I would take exception to the remark that pus coming from the lower portion of the abdomen is sterile. I read, not long ago, an article by Cushing, of Baltimore, in which he reports what was then accepted as the first case of general peritonitis due to gonorrhœal infection in 1899; so that even admitting the low order