and those bound in with adhesions. These cases should be watched, he maintained, by a surgeon from the first, as little could be done for its relief medicinally. He advocated surgical interference in nearly all cases. Dr. Hingston thought the operation was performed unnecessarily; no young man should attempt to enter the abdominal cavity without first consulting one or two others. He had prevented the operation 25 or 30 times, and only regretted this step in one case. He was strongly in favor of conservatism.

Sir James Grant reported two cases of appendicitis,—one the gouty form, the other, rheumatic. He found it difficult to know when to operate, and he knew of no more perplexing point in surgery. It required great observation, discrimination and judgment to know how to deal with them. He did not believe the trouble was due to concretions found in the organ. He attributed its causation to the insufficient time taken to masticate food and allied causes common to the rush of to-day.

Dr. Shepherd pointed out that the surgeons get the worst cases; so it was difficult to say just what the proportion of cases was which were operated on. Someone had spoken of unloading the cæcum at the beginning of the attack; he had never found or heard of anything being found in it at the p.m. table. He advocated operating in the interval as the safest time. In regard to McBurney's point, he thought the tenderness was due not to the appendix, but to the inflamed condition of the mesenteric glands.

Dr. Strange believed in non-interference till there was evidence of pus; and then to open the abscess, as one would any other abscess. He leaned to the conservative treatment from his experience with the disease.

Dr. Cameron was in favor of the conservative line of treatment. In the majority of his cases he had not operated at first, and had found his results to be as good as those in which the operation was performed in every case early. He thought it unfortunate that the experience of a hospital surgeon of skill should determine the matter one way or the other. With regard to the gangrenous form due to embolism of the appendiceal artery, one should operate. He agreed with Dr. Shepherd that the interval was the time to operate. The difference was, Dr. Shepherd operated before pus formed and closed the cavity, while he (the speaker) did not operate till pus formed, and he did not close the cavity.

In replying to the discussion on his paper, Dr. Bell made a strong plea in favor of his statement—"one should always operate". It was generally agreed that no one knew when to operate. If the patient were left at any moment, perforation might take place. However, in the 40 cases he had operated on, 30 were perforated, and abscess was present at the time of operation. In three the appendix was wholly gangrenous. And, here, he said one could not wait for the tumor formation or the abscess, because there was none. In two the appendix was bound down; in three the appendix was not perforated, but gave rise to urgent symptoms, yet there was no abscess found. He used to follow the waiting treatment, but found it unsatisfactory. The mortality was much greater than that of his eleven months of the new plan. The greatest mortality statistics for the operation only amounted to from two to three p.c. The operation as a rule was not difficult. He considered the plan of waiting for pus not the best surgery. The very mild cases where the symptoms passed off in say 12 hours he would not interfere with; they were probably only cases of cæcitis.

"Eye Strain Headaches" was the subject of a paper read by Dr. Morrison, of St. John, N.B. He gave an extensive list of such cases where the true cause had not been found, and as a result the varied forms of treatment gave unsatisfactory results, only in so far as they gave rest, unconsciously, to the eyes and supported the general bodily health. A school-boy had Wednesday headaches. Resting Saturday and Sunday from study,the eyes stood the strain till Wednesday, when he was oliged to lie off. Suitable glasses directed the correction of the astigmatism, and hypermetropia effected a cure. Often the patient was treated for a long time for some other disorder altogether. The eye should, in the headache case, be taken into consideration, for he affirmed that 90 p.c. of all cases were due to eye-strain. Treatment must be directed to a correction of the mechanical defects in the cornea, to strengthen the delicate muscle of accommodation by tonics and massage; and for young ladies he recommended gymnastic exercises.

Dr. Lapthorn Smith, of Montreal, followed by a paper on the treatment of diseases of the ovaries and Fallopian tubes. The subjects of gonorrhœal and tubercular salpingitis, tumors of the ovaries, ovarian congestion and neuralgia were elaborately referred to, their most prominent symptoms pointed out and also their treatment. The paper was practical, inasmuch as numerous histories of cases were recited and pathological specimens shown.

THURSDAY MORNING.

After the opening, the Nominating Committee brought in the following report:—President, Dr. Bayard, of St. John; General Secretary, F. N. G. Starr, of Toronto; Treasurer, H. B. Small, of Ottawa. Provincial officers:—Ontario, Vice-President, Dr. Shaw, of Hamilton; Secretary, Dr. Fenwick, of Kingston. Quebec, Drs. Armstrong and Campbell of Montreal. New Brunswick, Drs. McLaren and McNally.