

*Pericarditis.*—DR. FINLEY exhibited this specimen for Dr. Wilkins. The pericardial sac contained a large quantity of pus. The inner surface was covered with lymph and some fibrinous adhesions between the visceral and the parietal layer. The outer surface was also involved. The left lung was found glued to the pericardium. The endocardium was healthy. The chief point of interest was that the lesion was primary, there being no history of Bright's disease or rheumatism.

*Appendicitis.*—DR. ARMSTRONG read a paper on this subject from a case in practice, which appears in this issue of the JOURNAL.

*Discussion.*—DR. HINGSTON was doubtful as to the case being one of appendicitis. He had seen more than one case of appendicitis, when on the eve of an operation there would be a discharge of the pus. He thought that in such cases the pus emptied more frequently into the bowel.

DR. JOHNSTON had found pus in the retro-peritoneal region, the result of an appendicitis,—a large peri-nephritic abscess which he believed at first to be connected with the kidney, but on careful dissection, a narrow sinus was found leading down to a perforated appendix which lay behind the cæcum.

DR. SHEPHERD had seen the case reported by Dr. Armstrong and was still of the opinion that the case was one of appendicitis. The appendix had been found bent on itself and closely attached to the posterior wall. It had perforated beneath the iliac fascia and extended upwards.

*The Late E. H. Trenholme, M.D.*—The following resolution of regret was proposed by Dr. Hingston, seconded by Dr. Armstrong, and carried :—

“ That this Society has learned with regret of the death of Dr. E. H. Trenholme, for many years a useful and active member : That it records its sense of his ability as a gynaecological surgeon and as an original observer.”