of pus escaped from this on separating the colon. There is no collection of pus in the region of the amputated appendix. In the lungs there are old tuberculous cavities with much induration. In the liver a few giant cells can be seen about the portal vessels. The mesenteric glands are scarcely affected. Bacterial examination of the pus in the liver abscess showed a mixed infection of cocci and large and small bacilli.

Dr. G. E. ARMSTRONG said the clinical history in brief was as follows: About nineteen days before admission to the Montreal General Hospital the patient was suddenly seized with pain in his abdomen just above the umbilicus. The pain was pretty severe and was soon followed by vomiting. The following day he had a chill followed by sweating. These chills recurred daily, sometimes two or three chills a day, until his admission to the hospital. During this period the pain in abdomen changed its position and became localized in the right side. He was treated for fever and ague and was given large doses of quinine. He had had malaria, the quartan variety, twenty years before. He came to Montreal on the 8th of October, 1895, and consulted Dr. George Wilkins, who recognized some suppurative condition in the neighbourhood of the appendix, and referred him to me for operation.

Examination of the blood by Dr. Lafleur failed to show the presence of the plasmodia malariæ, but showed several melanotic white cells.

I found the appendix distended into a pus sac and adherent to the mesentery. It was removed, the neighbourhood carefully cleansed, and the site packed with iodoform gauze. The separation of the appendix from the mesentery caused a good deal of oozing. Several ligatures were applied and a few points touched with the thermo-cautery. The abdominal symptoms were quite relieved. He had no further abdominal pain and the bowels moved freely.

Pyosalpinx.

Dr. T. JOHNSON-ALLOWAY read a paper on this subject, which will be published next month.

Dr. W. GARDNER congratulated Dr. Alloway on the result of his series of cases. He considered that these cases differed very much in character and acuteness, but he could not go as far as Dr. Alloway and say that every case successfully operated on was a life saved. In many cases after a period the acute stage subsided and the patient was able to be up and about, and though recovery might not be complete, life was not endangered.

With regard to the time at which to operate, Dr. Gardner stated that he preferred to wait until the acute stage was past, unless rupture occurred, which was very exceptional, or urgent symptoms