

DR. SLOAN quoted two cases in which he had been prepared to operate, and when the appointed hour came the improvement was so marked that the operation was postponed indefinitely, and they recovered. Has been in the habit of giving calomel in slightly larger doses, gr. i every two hours, and has had very happy results.

DR. DUPUIS has always given calomel, for, as he remarked, he had been brought up on calomel. He gives smaller doses now than he did formerly—one grain frequently repeated. He gave the history of a young man who had been suddenly seized with this disease. An abscess formed and burrowed under Poupart's ligament until the whole thigh became a bag of pus. It was opened, but the patient died. Also a case which was in hospital, in which the abscess opened spontaneously in front, and finally a small stone came out. As the abscess cavity was large it was drained from the back, through the quadratus lumborum muscle. Recovery was slow.

DR. SMALL rose to ask what should be done in those recurrent attacks in which the patient is laid up for a few days every few months. He called attention to the beneficial effects of the local application of ice.

DR. COTTON replied very briefly, as time was limited. He said there were two forms, the plastic and the suppurative. The former got well without surgical interference, but the latter demanded operation. He would wait until pus formed to operate. In recurrent attacks he would remove the appendix at any time.

The meeting then adjourned.

#### FRIDAY MORNING (18TH).

The meeting being called to order by the President, the minutes of last session were read and confirmed.

Drs. Powell and Edwards were appointed auditors.

Dr. Dupuis read his paper on "Malignant Growths." Discussed by Drs. Shepherd, Daniel and Sloan.

Dr. Shepherd then read his paper on a "Case of Strangulated Cecal Hernia." Discussed by Drs. Daniel and Roddick.

Dr. Buller read a paper entitled "Conservative Surgery