

pulsation, however forcible, no thrill, however well marked, justified the diagnosis, unless there was a definite tumour, which could be grasped and had an expansile pulsation. He referred, as a source of error, to the "preternatural pulsation in the epigastrium," as described by Allan Burns, which was met in many neurasthenic conditions, especially in women.

The main causes of Abdominal Aneurysm as of other forms were syphilis and strain; it was a condition of early adult life; and the cases were assigned to the proper decades in demonstration of that fact.

The two main symptoms associated with the condition were those of pressure and of pain. The pressure might be upon the vessels leading to the lower extremities with corresponding results, even leading to gangrene, or upon the spinal column, with or without erosion of the bone. The pain was agonizing, and the lecturer described, in vivid terms, the devices to which the patients would resort for its amelioration. Another common and early symptom was vomiting, and cases were cited in support of that fact. Yet another sign was "intermittent claudication," temporary lameness or loss of power in the muscles of the lower extremity.

The usual issue of the condition was rupture, and cases were cited to show that it might occur into the duodenum, the transverse colon, the pleura or into the retroperitoneal tissues. Another result was embolism of the superior mesenteric artery with infarcts of the intestines.

The prospect of benefit from treatment was not good, yet they should have resort to any measures, which might promise success. Dr. Osler had not seen any special results from the usual medicinal remedies, and he advised seeking the assistance of the surgeon. He had some experience with the injection of gelatin, whilst the patient was at rest in bed, but he had seen the best results from the introduction of wire into the cavity. Indeed, several cases to which he referred had been distinctly benefited by that procedure. The operation was harmless and easily performed, it could be done with a local anæsthetic, and he had never seen a case in which the patient's chances of improvement had been impaired.

The discussion which followed the address was shared in by Dr. Adami, who cited cases from the Royal Victoria hospital; by Sir William Hingston, who recalled his experience in the Hotel Dieu, and by Dr. Mills, who drew several illustrations from his experiments upon lower animals. A vote of thanks was tendered to Dr. Osler upon the proposal of Dr. Shepherd, seconded by Sir William Hingston, Dr. F. W. Campbell and Dr. Mills. After the meeting an informal reception was held, and refreshment was taken.