

DR. C. B. KEENAN urged carefulness in diagnosing previous attacks of appendicitis, when one found the appendix adherent, as adhesions might form without symptoms. He also reminded the meeting that recurrence after removal of sarcoma might be delayed for five years.

DR. FRANK BULLER read a paper upon blindness caused by wood alcohol. The communication appears in the present issue of the JOURNAL.

DR. E. A. MATTHEWSON in opening the discussion recalled cases of blindness occurring from the vapour of the alcohol alone, in painters and others who were obliged to handle the spirit.

DR. KERRY believed the increase of cases arose from the fact that the amount of methyl alcohol present was much larger than formerly, having risen from ten to fifty per cent.

DR. RIDLEY MACKENZIE agreed with Dr. Kerry's explanation, and referred to two cases, which occurred some years ago, in which habitual exhilaration was maintained by the use of wood alcohol without impairment of vision.

DR. G. GORDON CAMPBELL referred to an analysis of an alcohol made by Professor Lawson, of Halifax, which was alleged to have been distilled from woods. It was found to be composed of ethyl alcohol qualified with fish-oil and passed off as methyl alcohol to secure the lower rate of excise duty. This, he thought, explained the absence of ill effects from its use.

*Sixth Meeting, December 29th, 1903.*

H. S. BIRKETT, PRESIDENT, IN THE CHAIR.

The President presented Dr. Osler, who was to read a paper before the Society, in brief words, and said that he was amongst his friends and required no formal introduction.

Dr. Osler, after expressing the pleasure he felt in being again with the members, presented a paper upon Aneurysm of the Abdominal Aorta, and said he chose that subject as being one upon which he had recently been working and, therefore, freshest in his mind. He began by recalling the fact that Vesalius had diagnosed the condition clinically a hundred years before it was demonstrated by post mortem examination. He reviewed the cases which had occurred in St. Bartholomew's hospital during a long series of years, as recorded by Bryant, and then considered in detail those cases which had fallen under his own observation.

Dealing with the diagnosis, he laid it down as a principle, that one must be actually able to grasp the tumour, as such conditions as hysteria and anæmia might readily simulate aneurysm. Not all conditions which were diagnosed as aneurysm were in reality so. One of the commonest errors, he said, was to mistake a throbbing aorta for aneurysm; but no