

from acute streptococcic infection, who had high temperatures with great pain and tenderness, and under ordinary circumstances ready to submit to major operations, and in whom an acutely tender mass could be felt low down in the pelvis on one or both sides, at times filling up the cul de sac of Douglas. For these, early vaginal incision was imperative and was without danger. The mass would diminish in size; the danger of rupture would be minimized, the pain and symptoms would subside.

Starvation Treatment for Appendicitis Irrational.

Dr. John B. Deaver, of Philadelphia, said his experience of ninety-eight cases for two and a half months past had furnished the objections to the rest or starvation treatment. An early operation, preferably in the stage of appendiceal colic, was the only rational procedure he had found, and was the best treatment to reduce the mortality in acute appendicitis. The so-called rest treatment failed to check inflammation of the peritoneal structures and in the majority of cases did harm to the patient. The statistics he presented supported the argument. He was willing to grant that operation in the presence of an acutely inflamed general peritonitis was attended by great risk to life, and therefore it was often wise to defer operation, hoping that the inflammatory process would become localized. This was often his practice; but the starvation plan of treatment promised no more in such cases than the mere common practise of abstaining absolutely from giving opium, keeping the bowels freely open by cathartics, or, as some physicians preferred, a hydragogue cathartic, which was both antiseptic and germicidal, giving nourishment by the rectum, when the stomach was intolerant, and using ice or heat locally in the shape of poultices or hot turpentine stupes.

Presidential Address.

The subject was "Our Shortcomings: Let Us Reason Together," delivered by Dr. Edwin Ricketts, of Cincinnati.

Four Cases Illustrating the Difficulties of Diagnosing Appendicitis.

Dr. William Wotkyns Seymour, of Troy, reported these cases in abstract. Case 1 had previously been operated upon for appendicular abscess. He found a suppurating solid tumor of the ovary. Temperature at the time of operation was 107°; pulse, 180; recovery. Case 2 was a woman with contracted pelvis delivered of a dead child. Twelve days later there were symptoms of inflammation in the right iliac fossa, appendicular or tubal, the result of infection. Operation revealed a sup-