

ally relieved in children who had been vaccinated. He had tried vaccination in certain cases of psoriasis he had had, with extremely gratifying results. He believed there was much room for study along this line.

The subject of the President's address was "My Experience and Observation in the Practice of Medicine Extending over Half a Century." The address dealt with the various diseases and their treatment, common to an early settlement in the woods; of the various domestic remedies employed, of the difficulties and hardships of the practitioner; of the disappearance of the miasmatic diseases and murrain since the draining and clearing up of the country; and of the occurrence of certain of the specific germ diseases, where it was difficult to see where the germs could come from unless *de novo*, which he considered doubtful. The latter part of the paper was a discussion of the matter of inter-provincial registration, which he considered was one of the matters of reform it was in the power of this Association to bring about.

The President was accorded a hearty vote of thanks, moved by Dr. Bayard, of St. John, seconded by Dr. Hingston, of Montreal.

Dr. Wright, of Ottawa, moved, seconded by Mr. I. H. Cameron, of Toronto, that a committee be appointed, representing the various provinces, to consider the suggestions made in the president's address with regard to the question of inter-provincial reciprocity.

Dr. Jas. Bell, of Montreal, read a paper on "Appendicitis." It was a review of his work in the Montreal General Hospital during the last eleven months in connection with the surgical treatment of this disease. He had had forty-eight cases; forty were operated upon; eight were not; all recovered except three. He advocated that appendicitis should receive treatment at the hands of the surgeon from the first of the attack. In the great majority of cases, he believed as soon as the diagnosis was completely established operation should be resorted to. The interesting reports of his cases seemed to bear out his view in this respect. Dr. Hingston, of Montreal, took the conservative side of the question. He had prevented the operation about thirty times and only regretted that he did not operate in one case. He did not want the younger members of the Associa-

tion to go away with the idea that operation was the thing in every case they had. Dr. Bell was a distinguished surgeon, first; and second, the cases he saw were the worst types.

Sir James Grant reported two cases of appendicitis—one the gouty form, the other rheumatic. He found it difficult to know when to operate, and he knew of no more perplexing point in surgery. It required great observation, discrimination and judgment to know how to deal with them. He did not believe the trouble was due to concretions found in the organ. He attributed its causation to the insufficient time taken to masticate food and allied causes common to the rush of to-day.

Dr. Shepherd pointed out that the surgeons get the worst cases, so it was difficult to say just what the proportion of cases was which were operated on. Someone had spoken of unloading the cæcum at the beginning of the attack; he had never found or heard of anything being found in it at the P.M. table. He advocated operating in the interval as the safest time. In regard to McBurney's point, he thought the tenderness was due, not to the appendix, but to the inflamed condition of the mesenteric glands.

Dr. Strange believed in non interference till there was evidence of pus; and then to open the abscess as one would any other abscess. He leaned to the conservative treatment from his experience with the disease.

Dr. Cameron was in favor of the conservative line of treatment. In the majority of his cases he had not operated at first, and had found his results to be as good as those in which the operation was performed in every case early. He thought it unfortunate that the experience of a hospital surgeon of skill should determine the matter one way or the other. With regard to the gangrenous form due to embolism of the appendiceal artery, one should operate. He agreed with Dr. Shepherd that the interval was the time to operate. The difference was, Dr. Shepherd operated before pus formed and closed the cavity; while he (the speaker) did not operate till pus formed, and he did not close the cavity.

In replying to the discussion on his paper, Dr. Bell made a strong plea in favor of his statement—"One should always operate." It was generally agreed that no one knew when to operate. If the