

with cold water, placed about the patient, but did not use the bath. In typhoid fever he used the cold bottles and antiseptics.

Dr. Rice asked Dr. Holmes if he would bath in a case of summer diarrhoea, with a cold surface and an internal temperature of 103 or 104.

Dr. Holmes closed the discussion by saying that the cold bath shortened the duration of the disease and prevented many nervous symptoms arising. As to Dr. Rice's question, he stated that he had always got excellent results from the cold bath in all cases of summer diarrhoea; he also used massage of the extremities. It had always stopped the convulsions, in his experience, also.

Dr. McPhedran then presented a case of abdominal aneurism to the Association. After giving the patient's history and showing the members the area of the tumor and of the pulsations, he proceeded to describe the treatment. The patient had come to the General Hospital a year ago last March, and had been kept in bed until October. The treatment was that adopted by Balfour, of Edinboro': Iodide of potash and nitro-glycerine. The nitro-glycerine was increased until the pulse became very small and soft. He began with 1-100th of a grain, and increased it to 1-50th. The diet was light and nutritious, and as little liquid was given as possible. The tumor gradually lessened in size until August, but from August until October there was little change, when he was allowed to go home, with the injunction that he was to do no hard work. However, he worked hard all winter. Now the tumor was somewhat larger than it was. However, the patient was very materially relieved, if not absolutely cured.

Following this was a paper by Dr. Adams, of Toronto, on "The Prevention of Tuberculosis in Ontario." In opening his paper the speaker dwelt on the predisposing causes of the disease, hereditary and unsanitary surroundings being the principal. To lessen this scourge, Dr. Adams recommended: the reporting of all cases to the public health department, the inspection of milk and meat by qualified men, the death of all affected animals, receptacles for sputa in public places, such as railway waiting rooms, thorough disinfection of houses after the death of patients, the complete isolation of first cases in prisons, etc., and the erection of special hospitals for patients suffering from this disease.

Dr. Burns, Toronto, now read a paper on "Polymastia." The case was that of a woman who, in her third confinement, complained of swelling in both arm pits. She had noticed it before her second confinement also, but not after the first. After the second she noticed a constant oozing in the left axilla, which was much aggravated after the third. On examination, a supernumerary mammary gland, quite distinct from the gland proper, and which had a rudimentary nipple

about the size of a split pea, and from which fluid like milk exuded, was found. This fluid, examined under a microscope, showed the presence of colostrum corpuscles. In the right axilla, in a corresponding position, another one was found. The doctor thought if secretion were encouraged lactation would go on as well and as long from them as from the mammae proper.

Dr. Primrose said that he had examined the patient, and had found the supernumerary glands quite distinct. He had also examined the secretion from them under the microscope, and had found the colostrum corpuscles. The mammary gland, he said, was of the same origin as the sebaceous gland.

Dr. Howitt, of Guelph, next addressed the Association on appendicitis. He stated that the authorities differed greatly as to the treatment of the disease. The preliminary abscess was usually intra-peritoneal. The appendix generally had a short mesentery. It varied greatly in size and position. This disease was commonest in the young and in males, and was often not manifest during life. The case, he opined was ulceration of the mucous coat caused by faecal concretions or foreign bodies. After giving the various points in the diagnosis, the Doctor spoke of treatment, rest in bed, opium, easily assimilated food were recommended. After the pain had subsided if twenty-four hours had elapsed, an enema should be given. He would not use calomel. If the symptoms became aggravated and the temperature fluctuated operation would be necessary. As a rule this should be done on the third or fourth day if it is certain pus is present. The Doctor described the method of operation in the different forms. He had operated twenty-four times with good success. He then outlined the history of eight cases, where the seat of trouble was not in the right iliac fossa.

Dr. Temple then said that he had only the highest words of commendation for Dr. Howitt's paper. He thought that the diagnosis was at times very difficult. He agreed that it was also very difficult to say in some cases whether one should operate. If the abscess were allowed to rupture into the peritoneum, it was a most serious matter.

Dr. McFarlane agreed with Dr. Temple in the difficulties he had referred to.

Dr. Howitt then closed the discussion by indicating some of the symptoms which would lead him to operate: they were, the increase in the size of the tumor after the third day, accompanied with pain which opiates failed to control, and the appearance of a septic temperature chart.

Dr. A. B. Osborne, of Hamilton, followed by reading a paper on gonorrhoeal ophthalmia, including ophthalmia neonatorum. He described the peculiar manner in which the gonococcus attacked the