ture of medicine which is permanent. Even some of these names are wrongly used. What is described in literature as Meniere's disease does not, as a rule, correspond except very remotely to what was originally described by Meniere as labyrinthine vertigo due to hemorrhage in the labyrinth.

I wish, therefore, to emphasize the plea that in the papers which we write we describe procedures as such. It will make our literature always comprehensible to the next generation as well as to our own and add much to the accuracy of our work.

In conclusion, I welcome you all once more, and hope that in the ensuing discussions the remarks will be confined directly to the topic as treated by the reader rather than wandering off in the discussion of the general subject.

THE FIELD OF THE SECTION ON HYGIENE AND SANITARY SCIENCE.

CHAIRMAN'S ADDRESS BEFORE THE SECTION, AT THE FIFTY-FOURTH ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION AT NEW ORLEANS, MAY 5-8, 1903.

HENRY M. BRACKEN, M.D.
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The question may reasonably be raised as to whether sanitary science should have recognition through a section in the American Medical Association. The answer, I think, must be in the affirmative.

Assuming this to be the fact, the next question is as to the function of the Section, and to this the answer should be: To look after those matters that have a specific bearing on sanitary science and hygiene. This would appear to embrace questions pertaining to vital statistics, water, sewage and other topics of like nature. The fact must not be lost sight of that these topics are fully considered by various sanitary bodies, such as the American Public Health Association, the Conference of State and Provincial Boards of Health of North America, etc. This Section should be working in harmony with these strictly sanitary associations.

I take it that matters pertaining strictly to preventable diseases should be dealt with in the Section on Practice of Medicine, rather than in this Section, otherwise there would be two divisions of medical topics, viz.: preventable and non-preventable diseases. Were this true the Section on Practice of Medicine would truly be in a sad plight, or there would be the lapping over of sectional work. This has been true in the past. Smallpox, during the past few years of this Association's work, has been discussed in the sections on medicine, on sanitary science and on skin diseases. Other diseases, such as tuberculosis, pneumonia, typhoid fever, etc., have been discussed in different sections. While to a certain extent this may be unavoidable, as a general principle it is decidedly faulty. The discussion of any one topic in different sections fails to secure full consideration because those interested in the subject are separated by sections. If a specific time could be set for any given paper in a section and this time be definitely known by all members of the Association, the objection to discussing one topic in various sections would be minimized, for members might go from section to section, following the subjects in which they were interested, but such a plan in this Association is quite impossible.

I take it as a recognized fact that all physicians who are sanitarians should be medical men, or at least in-

terested in general medicine. If this is true every medical man in this Section should register in the Section on Practice of Medicine. If he registers in that Section he should attend it. What is to be gained by a small party of specialized medical men sitting together in this room to discuss a broad subject like that of tuberculosis or typhoid fever while the great body of medical men are discussing the same subject in one of the largest and most important sections of the Association—that on medicine? If we have anything good to say on the subject the general medical man should hear it. The general medical man can not discuss these or other subjects relating to preventable diseases without saying something which every sanitarian should hear.

I would suggest that in the future the work of this Section should be concentrated as much as possible on strictly sanitary or hygienic subjects. This work could be easily covered in two days.

The chairman of this Section should make it a point always to keep in touch with the chairman of the Section on Practice of Medicine. So far as possible, subjects relating to communicable diseases should be so arranged on the program of the Section on Practice of Medicine as not to conflict with sessions of this Section. The program has been so planned this year between Dr. Thayer, chairman of the Section on Practice of Medicine, and myself as to give a day in joint session. The subjects assigned for that day—typhoid fever, plague and yellow fever—are truly of as much interest to the sanitarian as to the medical practitioner. There are other subjects on the program of the medical section which should interest us, such as dysentery.

If we wish to become narrow in our studies as specialists we will organize ourselves into a little mutual admiration section. If, on the other hand, we wish to pursue the course that will be of greatest benefit to the profession, we will seek to be recognized as medical specialists thoroughly in touch with the great body of medical men. I hope all here will agree with me that the latter is the better course for us to follow.

Original Articles.

APPENDICITIS FROM THE STANDPOINT OF THE GYNECOLOGIST.*

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In general, the diagnosis of appendicitis is not difficult to-day. Scarcely a decade and a half ago we were either losing the severe cases as acute peritonitis or inflammation of the bowels, or nursing them through the more protracted stages of typhlitis or perityphlitis, while the mild catarrhal cases were regarded as attacks of cholera morbus or congestion of the bowels. To-day the laity are almost as alert as the practitioners to recognize even the premonitory symptoms.

When we meet exceptions to this rule, the case is apt to be one associated with or simulating disease of the pelvic organs in the female. A case in point is one which was brought to my attention recently. A young girl of about sixteen years of age, healthy in appearance, but nervous and slightly anemic, suffered from recurrent attacks of pain and soreness in the lower abdomen.

* Read at the Fifty-fourth Annual Session of the American Medical Association, in the Section on Obstetrics and Diseases of Women, and approved for publication by the Executive Committee: Drs. A. Palmer Dudley, H. P. Newman and J. H. Carstens.