Graduate Studies a candidate who has fulfilled all other requirements may present himself for examination in all subjects at the end of his second year.

As an illustration of the opportunities which exist in Canada for graduate work the writer has referred mainly to the facilities for post-graduate study as they exist in the University of Toronto. Other universities of the country afford equal opportunity for graduate work.

In addition to the courses which have been described above, Fellowships have been provided in our Canadian Universities which permit a graduate to devote his time to special graduate study and research. Thus in the University of Toronto last year in the department of Medicine there were four full-time men, a similar number in the department of Surgery, and two in Obstetrics and Gynaecology. These men all receive emolument of from \$1,500 to \$2,500 annually and may retain their positions for from one to three or more years. From this group men become qualified for positions on the clinical teaching staff and may take higher academic qualifications.

One may refer to the increasing demand made by our Canadian students for post-graduate work in England. The recent action of the Royal College of Surgeons of England in conducting the primary examination for the Fellowship in Canada creates a group of students who wish to proceed to England for the final Fellowship examination. These men will have the advantage of study in an environment other than that of their alma mater. It is imperative that adequate facilities should exist in the old country for the type of post-graduate instruction required. Clinical and laboratory instruction must be provided under conditions which will afford ample opportunity to meet the demand. In fact the provision suggested is essential if the scheme so successfully initiated by the College is to be brought to a successful issue.

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THE BRITISH MEDICAL ASSOCIATION AT WINNIPEG.

By DONALD ARMOUR,

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THE Annual Meeting of the British Medical Association is being held this year in Canada.

It may be asked what has a meeting of the British Medical Association to do with Post-Graduate teaching. But, surely, every annual meeting of the Association is in effect an *intensive* course in Post-Graduate teaching.

For one week large numbers of medical men and women are gathered together to listen, under the chairmanship of chosen experts, to the latest developments in the various and ever-increasing branches of medicine and surgery. The subjects under review are largely those which are of widest interest to the profession, and every facility is given for a free and open discussion and ventilation of opposing or conflicting views upon these subjects. In this way there are brought to the knowledge of the far-flung and busy members of our profession all the latest scientific advances in the practice of medicine and the art of surgery, together with their cognate sciences, which are thought worthy of consideration and discussion.

But the value of an annual meeting of the British Medical Association does not end here. It has the more important result of making closer contact of individuals, with opportunities of a personal exchange of ideas and opinions.

As long as the meetings of the British Medical Association are confined to these islands, this value must be, to a certain extent, limited. But how greatly increased it becomes when the meeting takes place, as it does this year, in one of the Overseas Dominions. This will at once bring British

and Canadian medicine and surgery into closer touch with one another, with all the advantages that accrue from the personal factors of a more intimate knowledge of and acquaintance with the members of our profession in Canada.

And as a welcome repercussion of this event, comes the announcement that the Canadian Medical Association will hold its meeting in 1933 in London.

The British Medical Association has met outside the United Kingdom on only two previous occasions, and these both were also in Canada. The first of these overseas meetings was held in Montreal in 1897 under the Presidency of Dr. Roddick, and the second at Toronto in 1906, with Dr. R. A. Reeve as President.

The meeting this year, much further west, at Winnipeg, promises to be one of greater interest still, especially from a geographical standpoint. For it will give the members of the Association living in the British Isles unrivalled opportunities of seeing Canada from East to West, from ocean to ocean.

Thus will the educative value of the Annual Meeting of the British Medical Association be enhanced by opportunities of getting to know better both the people and the geography of the great Dominion of Canada.

REMARKS UPON THE PATHOLOGY OF ACUTE ABDOMINAL DISEASE.

By ZACHARY COPE,

M.S.

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APART from spontaneous hæmorrhage, torsions of viscera, and injuries, most acute abdominal conditions can be most simply grouped into :—

- (1) Acute inflammations, primarily of a viscus, secondly of the peritoneum.
- (2) Obstruction of one of the various hollow tubes or ducts within the abdomen, especially the intestine.

As you are aware, these groups are not clearly divided, for the later stages of an inflammatory condition is often an obstructive ileus, whilst many an obstruction of the intestine (or even of the biliary ducts) may proceed on to local or generalized peritoneal inflammation. Now there are two outstanding problems in acute abdominal disease. The one is concerned with the beginning and the other with the ending of a great number of the cases.

The first problem is that of the factors involved in the causation of the acute visceral inflammations. The second concerns the nature of the toxæmia which ensues when the intestine has been obstructed for some time. Solve the first, and we could prevent two-thirds of acute abdominal disease. Elucidate the second, and few victims of the acute abdomen should ever die.

Of the acute visceral inflammations, salpingitis requires least discussion, for the mode of infection from the uterine cavity is usually clear. In the case of appendicitis, cholecystitis, duodenitis, and pancreatitis there are considerable differences of opinion as to how the infection gains access, and what factors conduce to its successful lodgment. I am compelled to consider appendicitis first, both on account of its frequency, and because of its possible causative relationship to some of the other conditions. Appendicitis is no new disease, though it took its name and came into prominence fifty years ago after Fitz's paper. Cases of perforation of the appendix were recorded from time to time when morbid anatomy began to be studied at the time of Hunter, and during the last century under the term "typhlitis" the same condition was no doubt treated before the newer term came into fashion. With the advent of safer operative surgery, and the recognition of the minor forms of the disease, appendicitis has become the commonest abdominal derangement. Moreover, the generally received opinion is that the incidence of the