

the necessity of incising the mucous membrane above the prostate, the sections being scooped out from below, the opening above enabling the operator to exert pressure downwards on the gland from above.

Dr. McKinnon said that he had found hot water would control the hæmorrhage, but if necessary the opening might be plugged.

Dr. R. Whiteman, of Shakespeare, followed by a paper on "Cholecystotomy." He described the history of a case of obstructive jaundice. It was difficult to decide whether it was due to gall stone or malignant disease, but the diagnosis inclined to the latter. Cholecystotomy was performed in the usual manner with success. As all of the bile passed out of the abdominal incision, a number of interesting features were observed in connection therewith on the administration of the calomel, the flow was lessened, but increased on the giving of salicylate of bismuth. It was also noted that when the bile decreased the urine increased, and *vice versa*. On post-mortem it was found that an epithelial cancer occupied the region of the duodenum at the junction of the bile duct.

Dr. Graham said he was very much interested in this case, as he had seen it in consultation. The diagnosis was comparatively easy, as the distended gall bladder was in the position one would expect it to be, and the accompanying symptoms pointed in the direction of obstruction to the outflow of bile, but he had seen cases where the diagnosis was exceedingly difficult, the gall bladder having assumed such a curious shape as to make it unrecognizable. Regarding the treatment of catarrhal jaundice, he advocated the use of large doses of calomel at first, then salol for three or four days, followed by the continuous administration of salicylate of soda. He was pleased with the experimentation on these cases, as it all tended to throw light on the obscure pathology of this trouble.

Dr. Teskey reported the history of a case where cholecystotomy had been done in which he had assisted Dr. Powell and Dr. A. A. Macdonald in operating. The gall bladder was not enlarged. The crescentic incision had been made through the abdominal wall. There was considerable inflammatory adhesion of the omentum. Seventy small gall stones were removed. On account of the adhesions, it was impossible to reach the duct, but it must have been patent as the bile soon flowed through the intestinal tract, as was shown by the coloration of the feces and the closure of the incision.

Dr. Oldright told of a case he had operated upon where there was pyæmia, the seat of pus formation being supposed to be in the neighborhood of the liver. A stone was found blocking the cystic duct, which was pressed along the duct by means of the fingers into the duodenum. The diagnosis was supposed to have been distended gall bladder before opening the abdomen. On opening, the lump was discovered to be floating kidney.

Dr. Macdonald said in those cases death occurred after the primary operation in nineteen per cent. of the cases, but where it was done as a secondary, the death rate was reduced to about ten per cent. An objection to this operation was the loss of such a large amount of bile, which was needed in the intestinal economy. By this loss there was intestinal indigestion. This loss would not occur after cholecystomy. Another procedure was cholecystenterostomy

by aid of Murphy's button. Murphy's latest results show 100 per cent. of recoveries.

Dr. Starr presented a patient suffering from lumber hernia. About twelve months ago, while stooping down and lifting, he was seized with a stitch in the side. This was accompanied by the occurrence of a swelling, about the size of a duck's egg, in his back, below the last rib. The lump has persisted. It is slightly tender on pressure, elastic to the touch and reducible. As it returns into the abdominal cavity it gives a gurgling sensation, and emits a tympanitic note if percussed while the patient strains. Its exit was through the triangle of Pett. Its relations Dr. Starr showed by means of charts.

MEDICAL SECTION.

Dr. Mitchell in the chair.

"The Artificial Feeding and Care of Children" was the title of a paper by Dr. McCullough, of Alliston. He condemned the use of proprietary foods, and spoke of a combination of goods he had used, indicating the amount prescribed for an average sized child at varying periods up to the age of twelve months. The artificial food, especially in the country, had to be at once cheap and easily obtainable. The composition he advocated consisted of barley water, diluted cow's milk and sweetened water.

Dr. Gregg severely denounced proprietary foods. Though people had been warned as to the evil nature of them, these foods are still largely used, more so in Canada than in the United States. From forty to fifty per cent. of such foods consist of starch, which an infant under seven months is unable to digest. He thought, instead of whole barley being used, as advocated by Dr. McCullough, crushed or even ordinary pearl barley preferable, being more easily prepared and answering the purpose better. He thought the subject of fixing amounts for children at certain ages beyond our control, as the stomachs of infants were of different sizes at the same age. The proper rule was to give the child as much as it wants, if it takes too much the surplus will be thrown up, and no harm done. Sterilization of milk was not important save in large cities, where abundance of fresh milk was not procurable. Experiments in American hospitals showed that children were practically starved to death by the use of it, where it had been sterilized at a temperature of 212°. As a result, the practice was to have the milk placed at a temperature of 145° for fifteen or twenty minutes.

Dr. Machell said that although part of the albumen in cow's milk is coagulable, part is not, and in this respect it is similar to the mother's milk, but in the latter, the percentage that is non-coagulable is twice as great as in the former. He agreed with Dr. Gregg in denouncing proprietary foods, which he said were manufactured not for the purpose of benefiting patients but to make money, and physicians should not play into their hands, when as good foods could be prescribed. He also cited Dr. Roach, of Boston, for the statement that water will do as well if not better than barley water—the function of it being to get in between the case and prevent it from becoming lumpy. He advocated, as well, the Berlin bottle, obtainable in all drug stores at a cost of 15 cents.

Dr. McPherson also took part

Dr. McCullough, in reply, said that pearl barley did not come up to the mark, as the virtue of the ordinary