WITH CHOLEDUODENOSTOMY, FOR THE RELIEF OF CHOLÆMIA," due to obstruction of the common bile duct. The following is an excerpt of the paper :

"Gall-stones may exist for some time in the gall bladder and produce no definite symptoms, but not so when they become impacted in the common duct. The treatment for this latter condition has heretofore been unsatisfactory, but now such an advance has been made in the way of surgical treatment that it appears that it will be placed on a scientific and satisfactory basis. Chronic jaundice depends upon obstruction to the flow of bile. Where the jaundice is due to a new growth, the following are some of the symptoms: emaciation, dyspepsia, flatulence, absence of bile in the fæces, its presence in the urine, etc. Death ensues usually within a year. When due to impacted gallstones or stricture, the symptoms are not so constant, and the case may last for years. The presence of gall-stones in the gall-bladder cannot be accounted for, although they are frequently found at autopsies in subjects over sixty years old. The assigned causes are sedentary habits, too much starchy food, constipation, tight lacing, etc. In order to treat these cases successfully, the bile must re-enter the intestine."

Dr. Macdonald then outlined the history of a case. After an incision through the abdominal wall, the gall-bladder and the duodenum were opened, and through each incision was put one of Murphy's buttons. These were then approximated, bringing the two serous surfaces together. The patient's jaundice disappeared, but death ensued. A post-mortem showed nonunion. The patient was too far gone at the time of operation.

. Dr. N. A. Powell then gave the history of a case in which a similar operation had been performed, but the method employed was that of Gaston—the use of the elastic ligature. The operation was ultimately a failure, for the patient died. He thought the butto.as an improvement on the elastic ligature.

Dr. Macdonald, in replying, pointed out the fault in Gaston's method to be the closing of the fistula made by the ligature by the process of healing as the ligature cut through. He then detailed some of the objections raised against the buttons, but showed that they were not at all serious objections. Concluding, he hoped before many months there would be many successful cases reported in this very interesting branch of intestinal surgery.

The President, Dr. Hilliary, then delivered his address. He said he felt much honoured at being elected to the position he occupied, more especially as he was absent from the last year's meeting, and also because the position had formerly been filled by such a distinguished array of men. He referred feelingly to the loss the Association had sustained by the deaths of Dr. Worthington, of Clinton, and Dr. Henderson, of Kingston,-both past-Presidents of the Association. He was glad to know that the matter of reciprocal registration of medical men between Canada and the Old Land rested with the home authorities but thought not much could be expected from them when we ourselves had not decided on reciprocal provincial registration. He (the speaker) advocated a Dominion Council and endorsed the raise in the educational standard for medical men in the Province. He detailed some of the evils of club practice and denounced it. In regard to the Medical Council, he saw much to approve and some things to condemn ; but, as it was constantly improving in many ways, he thought it should be liberally dealt with. He favoured the increase of territorial representatives, and in regard to contested elections, he approved of the method of having the case tried before the County