

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 fæces 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 these cases death occurred after the primary operation in 19% of the cases, but where it was done as a secondary, the death rate was reduced to about 10%. An objection to this operation was the loss of such a large amount of bile, which was needed in the intestinal economy. By its loss there was intestinal indigestion. This loss would not occur after cholecystotomy. Another procedure was cholecystenterostomy by aid of Murphy's button. Murphy's latest results show 100% of recoveries.

Dr. Starr presented a patient suffering from lumbar 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 Petit. 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 foods he had used, indicating the amount prescribed for an average-sized child at varying periods up to the age of twelve months. The artificial foods, especially in the country, had to be at once cheap and easily obtainable. The composition he advocated consisted of barley water, diluted cows' milk and sweetened water.

Dr. McPhedran thought the general principles outlined in the paper good, and could hardly be improved upon. The remarks as to temperature of food reminded him of the Irish nurse, who got the proper temperature of the child's bowels by inserting her hand: if it burnt them, too hot; otherwise, all right. But seriously speaking, that was about the way people temper a child's food. He advocated the thermometer for this. The food prescribed by the paper read might suit in the country, where the sanitary conditions were good, but not so in the city, and physicians had to resort to other artificial foods—often barley water alone, tea, broths, etc.; sometimes a little starch and arrowroot. But there was no universal rule, and each case had to be considered by itself.

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 40 to 50% of such foods consists 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 amount 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 about 145° for 15 or 20 minutes.

Dr. Machell said that although part of the albumen is cows' milk in 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.