

GENERAL SESSION.

*FIRST DAY—AFTERNOON.***Address in Surgery, "The Contribution of Pathology to Surgery."**

By Dr. John Stewart, Halifax, N.S. Owing to the unavoidable absence of Dr. Stewart, this paper was read by Dr. J. W. Stirling, Montreal. (See page 569.)

PRESIDENT'S ADDRESS.

On the evening of the first in the Arts Museum Dr. Francis J. Shepherd, of Montreal, delivered the annual presidential address. (See page 541.)

SECOND DAY—FORENOON.

A general meeting of the association opened with a discussion on diseases of the gall-bladder and bile ducts. Dr. Alexander McPhedran, Toronto, introduced the medical diagnosis in this discussion. He mentioned the fact that the gall ducts are narrower at their entrance to the bowel than in other parts of their lumen, and as they lie nearly horizontally the outflow of bile is easily retarded or obstructed. The ducts are much exposed to infection from the intestinal tract. Of the cardinal symptoms in these cases Dr. McPhedran considered jaundice the most common, while pain varies, but is generally intense. The attendant fever is generally due to toxic absorption. The main diseases to be considered in differential diagnosis are, catarrhal and suppurative cholangitis and acute yellow atrophy. Most catarrhal conditions are infective, but the chills and fever may occur without pus formation. The most common germ present is the common colon bacillus. In the gangrenous cases the symptoms are often ill defined. A most characteristic sign of gall-stone is the recurrence of the attack.

Dr. A. D. Blackader, in discussing the treatment of gall bladder affections, said he would confine himself principally to catarrhal forms of the disease. He considers the condition more commonly due to altered secretion of the bile ducts, the altered mucus causing inspissation of the bile. Infection of bile he thought takes place in two ways, through the bile ducts and through the portal circulation. In the matter of treatment he considers that no drugs stimulate the flow of bile to the same extent as the bile salts. The flow is increased by exercise and deep breathing. Diet should be carefully considered, should be simple, and as far as possible should contain a large amount of fat. Such patients should drink plenty of