

distended and there seems to be no other explanation than that there was obstruction of the ducts and this might suggest that the condition of the pancreas was secondary to liver or gall bladder disease.

DR. DEROME: Nothing was noticed in connexion with the gall ducts though it was quite possible that the inflamed area over the pancreas might have caused obstruction to the ducts with subsequent distension of the gall bladder.

DR. ENGLAND: Mr. Mayo Robson in his last paper published in the MONTREAL MEDICAL JOURNAL takes up the relationship between disease of the biliary passages and pancreatic disease and he shows very forcibly by his photographs of sections where the pancreatic duct is sometimes found to be anomalous and in this way that any obstruction to the common duct may cause the infected bile to be forced back into the pancreatic duct or ducts, as the case may be, and in that way have an original focus of infection. In such obscure cases, this should be thought of as the gall bladder is so frequently infected. I would like to ask Dr. Telfer if he is satisfied in his own mind that these attacks of indigestion were not of the nature of biliary colic.

DR. TELFER: I frequently saw the stools that were voided following an enema, prior to medication by the rectum, and they appeared to be the ordinary milk stools with a little bile, light yellow and semi-formed. After we commenced rectal medication there was not very much to be seen. It seems to me that some of the bed pans I saw occasionally might have been a little fatty, but at the time this was not in my mind and I did not remark it especially. With regard to the possibility of gastric ulcer there was no vomiting at all and nourishment was taken readily, there was no tenderness on quite severe palpitation over the stomach. With regard to the attacks of indigestion I saw him after some of these and I could not say but that they might not have been colicky; he never was jaundiced and was always relieved by an injection, something that would empty the bowel freely, and from the history, his irregularity in taking meals seemed to explain the attacks readily, that is, going for long without food, then eating heartily at night.

DR. BLACKADER reported a case of glandular fever in his practice and as these cases usually occurred in epidemics he asked the members to notify him should any come under their care.

DR. MONOD read a paper on hæmorrhage from the uterus which appears on page 18 of this number.

DR. LOCKHART: There is scarcely room for criticism in this admirable paper, and yet I am sorry the reader did not include the form of uterine hæmorrhage due to general disease. There is quite a large proportion of uterine hæmorrhages which are due to disease of