companying 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 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 soon as the bile 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 a pyæmia, the seat of the pus formation being supposed to be in the neighborhood of the liver. A stone was found blocking the cystic duct, w ich was pressed along the duct by means of the fingers into the duodenum. The diagnosis was supposed to have been distended gall bladder be-

..pening the abdomen. On opening, lump was discovered to be a floating kidney.

Dr. Macdonald said in these cases death occurred after the primary operation in 19 per cent. of the cases, but where it was done as a secondary the death rate was reduced to about 10 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 its loss there was intestinal indigestion. This loss would not occur after the cholecystotomy. Another procedure was cholecystotomy by aid of Murphy's button. Murphy's latest results show 100 per cent. 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 his 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 food, 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. Greig (Toronto) 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