

ment he considered very satisfactory, as convalescence was seldom prolonged beyond a fortnight.

Dr. Isaac Rynall, never saw a case which he thought required blood-letting. As for blisters he had no experience of them, for in the only case in which he had ever prescribed their use, the patient did not see what advantage they could be, and sent accordingly for another physician. He gave colchicum with quinine in some cases.

Dr. Mackintosh approved of bleeding in some cases, where it was found that medicines won't act; but relies more on potass. acet. given freely (30 grains every two hours) and largely diluted with water. In some cases has seen marvellous relief from this treatment, but sometimes it disagrees with the stomach, when some other alkali has to be substituted. To get the beneficial effects of p. acet. it is important to keep up its administration every two hours, day and night. Where there is any gouty history he uses colchicum, and thinks it valuable, but not otherwise.

Dr. Geo. Mackelcan now relies upon the alkaline treatment, the use of blisters and keeping the patient between blankets.

Dr. Strange had seen very beneficial effects from acetate of potash in some cases, but in others had found it inert. He did not now think it possessed any superiority over p. bi-carb. His present practice was to combine with each dose of pot. bicarb. from one-half to two drops of Fleming's Tincture of Aconite, which controlled the activity of the circulation, and in a measure relieved pain. The Aconite should be given at first in small quantities, and increased as may be necessary. He used blisters as a matter of routine, and found them very beneficial in relieving pain, but did not regard them as curative. Had also used potassii iodidi, in bitter infusion, after the acute stage, but not with the uniform success of Dr. Mackelcan.

Dr. Macdonald thought we could not plume ourselves very much upon the treatment of rheumatism. He could not help thinking that there was something in the remark of Dr. Bennett at the British Medical Association a year or two ago, that "six weeks and blankets" was as good as any other method of treatment. One thing he had noticed, however, and that was that everything which has acquired even a temporary reputation of late years, seems to be rich in alkali, especially potass. Yet Dr. Gull thinks about the same proportion of cases do well under other modes of treatment. He (Dr. Macdonald) agreed, that blisters were remedial to some extent. In one case he used a single large blister with marked relief. He uses warm wrap-

pings to joints as a preventive, not as a remedial measure. Blood-letting he had not tried. With respect to heart diseases, he considered a patient pretty safe from such a complication after he was thirty years old. The danger, he thought, was in proportion to youth. The only one who died, in the cases reported by Dr. Mackelcan, he observed, was a child. He believed propylamin to be as good as anything else in the treatment of rheumatism, but the varieties of our treatment show that there is something wrong about our observations.

Dr. Mullin has favoured alkaline treatment, but thinks it very uncertain, at one time he thought with Dr. Mackintosh that the acetate of potash was almost a specific, but he had seen so many cases where it did no good that he had changed his mind. He doubted the efficacy of blisters, inclining to the belief that the pain disappears naturally with the subsidence of the local inflammation, and that this would be pretty sure to take place by the time a blister operated. So that we gave the blisters credit for what he thought would take place without them.

The President (Dr. Rosebrugh) accepted the theory that rheumatism was a blood disease, and that the inflammations in the structures of the joints and fibro-scarous tissues were local manifestations of the disease. He inclined to the opinion that the morbid material was lactic acid. In this view, he endeavoured to neutralize and eliminate it as fast as possible if not arrest its development. He had, therefore, made it a point to get the urine alkaline as soon as possible. His plan is to give magnes. sulph. with *vin. sem. colchici* during the early part of the day so as to act freely upon the bowels. This with the blisters as first recommended by Dr. Davies he had found to act speedily in rendering the urine alkaline. At night he gave a full dose of morphia to relieve pain and procure a good night's rest. In blistering, he used one strip above and the other below each affected joint. In his experience they afford permanent relief to every joint which has been well blistered.

Dr. Mackelcan, expressed the fear that such free use of alkaline treatment would lead to a too soluble condition of the blood, and thus really retard recovery.

After some routine business the society adjourned.

I have the sad duty of recording the death of a member of the profession belonging to this city—Dr. David Keagey. Though he was a young man—and only a year amongst us—he had gained the esteem of every member of the profession, with whom he came in contact, and was looked upon as