

remittent, subsiding occasionally for a few days, and then commencing again. He had prescribed quinine as he would do in intermittent fever, but without any beneficial result. He then changed the treatment to iodine, maltopepsin and carbolic acid. In two cases the patients died in the thirteenth and fourteenth weeks of pure exhaustion. In another case recovery took place after the eighth week. The peculiarities of this fever were its tendency to change from one type of fever to another, and its long duration.

Dr. RIDDELL, Toronto, thought these were cases of a kind of malarial fever peculiar to this part of the world, partaking of the characters of cerebro-spinal meningitis.

Dr. ROSS, Montreal, thought that from the description of these cases as submitted by Dr. Harrison the members were not in a position to discuss them. There might have been suppuration of some internal organ, such as the kidney, which could only have been ascertained by an examination of the urine. It was not impossible that there might have been ulcerative endocarditis.

Dr. TYE, Chatham, stated that some time ago a large number of cases of the kind so graphically described by Dr. Harrison had come under his observation, indeed at one time it had been almost epidemic.

Dr. HOLMES, Chatham, had had similar cases under his care. He did not agree with Dr. Riddell in the view that they were of malarial origin.

Dr. HARRISON, in reply, stated that he had examined the urine, and had not discovered anything abnormal. He had not had an opportunity of making a post-mortem examination; at any rate there was so little left of the patients by the time they died, that there would have been hardly anything to examine post-mortem.

Dr. MULLIN, Hamilton, read a paper on *Diphtheria*. He said that there were various forms of diphtheria, and in some cases other ailments were set down as diphtheria. The severity of the attack depends greatly upon the constitution of the patient and surrounding conditions. He described a case of diphtheritic croup which he had treated. He prescribed an emetic of ipecac and steamed the throat. In a few days the symptoms became unfavorable, and tracheotomy had to be resorted to. An attack of ague supervened, but at last the patient recovered. He described a number of other cases, showing that the symptoms varied according to the age of the patient, and the local and constitutional con-

ditions. He said that the low forms of animal growth that invaded the fauces and tonsils of those suffering from diphtheria were extremely tenacious of life, and he considered it advisable to destroy the bacilli or bacteria, which were undoubtedly present, by cauterization or otherwise. Opinions differed widely as to the value of treatment in diphtheria. Some held that a certain proportion of cases would recover by the unaided *vis medicatrix naturæ*, and that others would not recover under any treatment, and consequently they had little faith in any treatment.

Dr. HOLMES, Chatham, read a paper on *Cholera Infantum*. Since so many children die every year of this disease, its treatment is a matter of great importance. The chief causes are hot weather, damp atmosphere, defective nourishment, bad ventilation and drainage, unsuitable clothing and indigestible food. The symptoms are, elevation of temperature, abnormal character of stools, thirst, pain, and vomiting. To prevent the disease, proper alimentation, ventilation and clothing are essential. The air should be pure, and the clothing in hot weather slight. Artificial feeding of young infants should be avoided if possible; but where resorted to, the milk or other food should be perfectly pure and fresh. Cleanliness is a matter of great importance. The treatment must aim at reducing the temperature and restoring the normal character of the stools; if this cannot be done the patient will surely die. To reduce the temperature, cold sponging with or without spirits. He condemned the use of opiates either for their sedative or astringent effect, as he invariably found that they did harm. He recommended the use of castor oil in suitable cases, and minute doses of hydragryum.

Dr. McDONALD, Hamilton, said that the disease is not now as virulent as it used to be, and better modes of treatment are adopted. He advocated change of air, and was in the habit of sending his patients for a long trip upon the lake or river.

Dr. ROSS said that he had considerable experience in the treatment of cases of cholera infantum. He found bromide of potassium very useful.

Dr. STEWART, Brucefield, read a paper on *Three Cases of Sciatica and one of Painful Stump treated by stretching the Sciatic Nerve*. In each case he used antiseptic precautions. Nerve stretching is now recognised as an important means of curing neuralgia, but it is a practice not unaccom-