a tumblerfull of water, and make him sup that during twenty-four hours. The skin breaks out into perspiration, tongue becomes moist, expectoration usually begins; then I immediately stop and treat my patient with effervescing alkaline salines with quinine and citric acid. I next feed him with milk and beef tea. We often forget, practically, that liquid food goes quickly to the lung. In cases where exudation is going on in the lung, we minister to it by filling our patients with fluid food at short intervals. In rapidly extending pneumonia, I have seen exudation hurried to a fatal end by the administration of fluids every half hour. Food should be given in a more solid form, and not oftener than every four hours. This is one of the forms in which I believe alcohol to be extremely useful. In cell proliferation, alcohol is useful, and I would extend it to scrofulous diseases generally.

Dr. RODDICK said the question of climate in connection with the subject of phthisis was one of great interest to the profession in this country, and begged that Dr. Clark would state his views on this very important subject.

Dr. CLARK thought that, notwithstanding the advice given very often, consumptives generally went to those health resorts which were most fashionable. He, unfortunately, had not yet been able to lay down for his own guidance any definite rules on this point. Before deciding where his patient should go for change of air, he first found out whether the most comfort was experienced in the valley or on high land, and would be guided accordingly. Hence what suited one person would be death to another. He deprecated the sending of patients away from home comforts when the disease was far advanced. Madeira and the South of France were the favorite and fashionable health resorts of English consumptives, but he knew of some remarkable instances where the murky atmosphere of London gave the greatest comfort to phthisical patients. He thought highly of our Colorado Canons and Florida, and regretted that they were not more easy of access to European phthisics. He had been informed when in Ottawa that lung troubles were almost unknown among the lumbering classes of that district, but, whether the mode of living or the atmospheric conditions were responsible for such a happy condition of things, he would not pretend to say. In fine, the important matter of climate in phthisis could, in the present state of our knowledge, be decided only by the condition of individual cases.

A cordial vote of thanks to Dr. Clark for his admirable and instructive lecture was carried amid acclamation.

Case of Extra Uterine Pregnancy, Death. By RICHARD A. KENNEDY, M.D., C.M., Professor of Midwifery, Bishop's University. George Ross, B.A., M.D., Professor of Clinical Medicine McGill University, and William Osler, M.D., Professor of Physiology, McGill University.

(Read before the Medico-Chirurgical Society of Montreal, December 13th, 1878.

Mrs. A.—I first saw her in the beginning of February last, suffering from what I was led to believe, a threatened abortion. She considered herself to be pregnant with her second child. There was a bloody discharge per vaginum, great pain in the pelvis, vomiting *and high fever*, with great tenderness of the abdomen, which I diagnosed to be a *localised peritonitis*. She was six days under my treatment, and then went to the Hotel Dieu, under Dr. Hingston. She came out of the Hotel Dieu after a short term.

On *the 24th February*, I again saw her, but do not remember the circumstances of my attendance, though she stated I gave her something which relieved her. I did not see her again until *the 24th July*, when she called at my office to pay something on her account. At that time she called my attention to her condition. The abdominal enlargement being that of a woman at about the *6th month of pregnancy;* she complained of the fœtal movements, and at her request I placed my hand on her abdomen and am positive that I distinctly felt them. Of course not expecting but what it was an ordinary case of pregnancy, and that as usual it was all right, I did not examine her as closely as I now wish I had done. Her calculation was that confinement would take place about the middle of October, for which she wished to engage me. Early in August she called and stated that she feared the child was dead; she had hurt herself getting out of bed and had felt no movement since. The abdomen I found was larger than at the previous time when my attention was called to it. There was no *fœtal movement* nor could I detect fœtal pulsation; as there was no indication of uterine action, I counselled her to keep quiet and wait. At a subsequent examination I thought I could detect the *placental souffle* which was faint, and I thought that probably some circulation was continued in the fœtus, which might account for there being no attempt at labour. From the end of