

that a third edition has been called for in the short time that has elapsed since the first was published marks its great usefulness.

During his attendance at College, the student has so many subjects to engage his attention it is almost impossible for him to understand the various symptoms of disease—which are often so similar in different cases—that are taught him, that a concise work like Loomis' is of great value, and even older practitioners will find it of useful service. The lessons on Mechanical aid to Diagnosis are new and pertinent, and will well repay the time occupied in studying them. It is illustrated with excellent wood cuts, beautifully printed on good paper, and neatly bound—as are all works that emanate from the establishment of the Messrs. Wood.

Reports of Societies.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

MEETING HELD NOVEMBER 30TH, 1872.

Dr. REDDY, Vice-President, in the chair.

After reading of the minutes, Dr. F. W. Campbell read a report of a case of local ague, which will be found among our original communications.

Dr. SCOTT said in 1842 and 1843, when he was House Surgeon of the Montreal General Hospital, several cases of fever and ague were admitted into that Institution. All were clearly local in their origin, and came from what was known as the *Cavé* or the plateau between St. Catherine and Sherbrooke streets. He had, however, not seen any since that time.

Dr. ROBILLARD said that somewhat recently he had had a case in a child residing in Victoria street. The child was born in Montreal, but had passed a few months at *Riviere du Loup en bas*. At first the child shook every twenty-four hours, and then every forty-eight hours.

Dr. RODDICK mentioned that there was a local case at present in the Hospital, under the care of Dr. Wright, the notes of which were being kept by Dr. Chipman.

Dr. CHIPMAN said it was an undoubted case of tertian ague, in an Irishman who had resided in Montreal during the past three years, but who previously lived for some time in London. He was taken ill five weeks before admission. The chill always came on about one o'clock, so Dr. Wright ordered him half a drachm of chloral, to be taken the morning of the attack. He had taken two or

three doses, but so far no results had followed its employment,

Dr. TRENHOLME stated that he had a case of intermittent fever in a child seven years of age, who was born and had always resided in Montreal. The patient lived in the upper part of St. Urbain street. It was of the tertiary form. It was somewhat remarkable in the fact that every second attack was less severe in character. The child was placed on quinine, and did very well.

Dr. HINGSTON said that were Dr. Drake to re-issue his work on the Diseases of the Valley of North America, he would have to modify the statement that ague was unknown East of Lachine. Last summer (71) he had had two cases in a family residing three miles from Montreal. These two cases had come on after a very dry season, and they resided close to the quarries at Petite Cote. He treated them with quinine. After the close of the American war, he had many cases in hospital of ague in discharged soldiers, and he invariably gave large doses—sometimes thirty grains—just before the attack, seldom less than twenty grains.

Dr. FENWICK stated that in his practice he never gave such large doses. He generally gave a grain three times a day, and about two hours before the expected attack came on, he gave six or eight grains. If this treatment did not succeed the first time, it usually did after a few days.

Dr. REDDY said he always had good results from quinine in doses of thirty grains.

Dr. BESSEY spoke of the cause of intermittent fever, which he believed might be due to the direct influence of marsh vegetation. It had been observed that this fever made its appearance in the vicinity of marshy districts soon after the blooming of a certain aquatic plant found growing in marshes in July or August. He had noticed this connection in several localities. Ague was pre-eminently an autumnal fever; at least, this had been the result of his own observations, and he thought a connection might be thus traced to the taking into the body of vegetable emanations or organisms. It might be that the pollen or minute spores wafted in the wind were inhaled, or the sporules might be ingested in drinking river water, and this might account for cases occurring in Montreal, where the water came from the upper country, and might contain stray vegetable germs capable of producing the disease.

Dr. MACEWAN (of Carleton Place Junction) stated that, immediately after he graduated, he settled ten miles out of London, and in a very short