that he agreed with Dr. Arnott as to the use of alcohol.

Dr. Philp, of Hamilton, now read a paper on the "Prevention of Cholera." The doctor proved by citing several instances, that the progress of the cholera could be checked by quarantine and thorough disinfection, also that it was mainly propogated by the stools of the patient affected, therefore it was imperative that the water supply should in no way become contaminated with the stools of the cholera patients. All excreta, he said should be sterilized by carbolic acid or sulphate of iron, all clothing should be thoroughly disinfected which had come into contact with the contagium and that great cleanliness should be observed and the houses fumigated.

The following synopsis of a paper on "Cholera," was presented to the Association by Dr. Saunders. In speaking of the morbid anatomy, he stated that there were very few characteristic appearances to account for the violent nature of the disease. The speaker described the condition in which the alimentary tract, heart, liver, lungs and kidneys, were usually found. One of the most constant pathological conditions was that the blood was nearly always dark and thick. There were two views as to what caused this. The doctor decided that it was due to the chemical action of the morbific material excreted by the comma bacillus. It must be remembered that the bacillus was destroyed by a heat of 140 F., and by weak disinfectants. Cholera could be diagnosed by bringing a culture of the bacilli into contact with free acid in the presence of oxygen, when a bright red color would be produced.

Dr. Rice, of Woodstock, now read a paper on "The symptoms and Treatment of Cholera." He said that many cases of dysentery, diarrhœa, etc., under bad hygienic surroundings would, if they occurred in infected countries, be classed as cases of cholera. The doctor then proceeded to give the symptoms which were found in the four stages of the disease. Then he dwelt on the treatment, saying that their was no specific line of treatment, but five indications were to be met, viz.:

1. The premonitory diarrhœa. 2. The loss of liquid by the bowels. 3. The low temperature. 4. The toxæmia. 5. The collapse. The first condition could be met with calomel followed by an astringent, with proper food and surroundings.

In the second stage a large dose of calomel should be given followed by successive small doses of the same and opium or chloral or chlorodyne, the latter to be given for the pain, if present. The doctor advised the use of hot antiseptic douches with tannin, for the serous diarrhœa. For the lowered temperature he recommended the continuance of the douches with hot baths. We have, he said, no specific for the toxæmia, but calomel, iron and quinine have been recommended. In the stage of collapse hot baths were advised with injections of whiskey, brandy, strychnia, ether, etc. But usually when this stage had arrived the patient was beyond help.

Dr. Harrison, on being called now addressed the Association on the subject of blood-letting. He said that it had been practised from time immemorial, that Virgil had mentioned it in one of his pastorals. He did not think there were many men who had graduated during the last fifteen years, who knew how to perform venesection. Prof. John Hughes Bennet, he said, gave blood-letting its death blow by his attack against it. The doctor thought that its indiscriminate use also assisted; but he felt sure that this was a very useful agent, which was now so universally discarded by the profession. He said that he had perfect confidence in it as an efficient remedy in pneumonia, in which he had often tried it with success. It was useful, too, in emphysema. It was also useful in the various forms of heart disease, particularly where the right ventricle was overloaded. He also spoke highly of its use in his own practice in the treatment of apoplexy, and also in eclampsia. Even tuberculous patients were often helped. He stated that it was also useful in chlorosis by stimulating the blood forming organs.

Dr. Olmstead in discussion said that he had not had much experience in blood-letting, but thought it was indicated in conditions of high arterial tension, lividity and engorgement of the right ventricle, such as is often found in pneumonia and some conditions of the heart. In using it in cerebral cases we should be very careful because if the case were one of thrombosis, blood-letting would be contra-indicated. In chlorosis, he would stick to iron.

Dr. McPhedran said he could not agree with Dr. Harrison's statement, that pneumonia was more fatal in the hands of the modern practitioner than formerly, and he had seen statistics which proved this. The object of blood-letting was to relieve the right ventricle. This could be done in a great many cases effectually by bleeding the patient into his own vessels by using nitro-glycerine. The speaker had proved this by experience.

Dr. R. A. Reeve said that blood-letting, by means of leeches, was very serviceable in certain forms of disease in the eye and ear.

Dr. McKinnon, of Guelph, said that he had seen beneficial results from blood-letting in eclampsia, pleuritis and pneumonia, and strongly recommended it in eclampsia, Dr. Birkett, of Montreal, had seen good results in mitral stenosis in old people from blood-letting by nature's method, epistaxis.

Dr. Barrick related a case of eclampsia where everything else had been tried. Blood-letting afforded immediate relief. He would not advise its use in anæmia.