but returned on the 30th of September. The growth had increased greatly in size during the six weeks which had elapsed since his leaving the hospital. His foot and leg were œdematous, and the neuralgic pains very severe. He was exceeddingly weakened, pale, and much emaciated, and his temperature ranged from 100-103° F. On Monday, Oct. 3rd, Dr. Bell amputated through the upper third of the thigh by the circular method. Since the operation his temperature has been perfectly normal, and his general condition has improved very much. The first dressing after operation was done on the eighth day. On section, the tumor was found to have involved the periosteum of the lower third of the bone, but had not invaded the interior. On examination, the epiphysis separated from the shaft and showed a diseased condition (apparently inflammatory) between these two parts.

Discussion. — Dr. JOHNSTON said that the microscopic section of the tumor, which was exhibited, showed the growth to be a round-celled sarcoma, showing here and there scattered among the round-celled tissue small transparent islets, within which a few branched cells could be seen (osteoblasts).

Dr. RODDICK thought that although on account of the man's condition it was probably wise to amputate in the upper third, as had been done, yet he thought that the surgical rule of removing the whole bone should, if possible, have been followed.

Dr. FENWICK did not agree with Dr. Roddick, and thought that in periosteal sarcoma, if the disease were entirely removed, there was no danger of recurrence in the stump, at least for a long time, and mentioned some similar cases which had occurred in his own practice.

Dr. BELL, in reply, stated that in the cases of this disease which had hitherto come under his observation, recurrence in the stump had never occurred, although in every case there had been an early recurrence in some of the fibro-serous sacs of the body—either the pleura, the periosteum, or the dura mater, chiefly the pleura.

RESOLUTIONS OF CONDOLENCE.

Moved by Dr. GEO. FENWICK, seconded by Dr. GODFREY:

Resolved, —"That the Medico-Chirurgical Society of Montreal has learned with deep regret of the sudden, although not unexpected, death of their late esteemed friend and associate, Henry Howard, M.R.C.S., Eng., the oldest member of this Society; that his regular attendance at our gatherings, his readiness to participate in discussions, and also the deep interest taken by our late associate in all scientific questions that came up before us, added greatly to the interest and attractiveness of these meetings; and that this Society desires to place on record the sense of the loss which has fallen upon them in his death."

Dr. GEORGE ROSS moved, seconded by Dr. T. G. RODDICK, "That the members of this Society extend to the family of the deceased their respectful sympathy in their present great bereavement, and that the Secretary be requested to forward a copy of these resolutions to the family of our late member, and also give copies to the city papers for publication."

Dr. PROUDFOOT then referred to the sudden death of Dr. Wm. Stephen in Buenos Ayres, and moved the following resolution seconded by Dr. T. G. RODDICK:

Resolved,—"That the members of this Society have heard with deep regret of the death of their late member and confrère, Dr. William Stephen, whose many good qualities and kindly disposition had endeared him to every member of the profession, and that a copy of this resolution be sent to the friends of the deceased."

ELECTION OF OFFICERS.

The officers of the Society for 1887-8 were then elected as follows:—

President, Dr. Perrigo. *1st Vice-President*, Dr. William Gardner. *2nd Vice President*, Dr. Guerin. *Secretary*, Dr. Ruttan. *Treasurer*, Dr. J. A. MacDonald. *Librarian*, Dr. T. D. Reed. *Council*, Drs. George Ross, T. A. Rodger and A. D. Blackader.

Progress of Science.

THE ADVANTAGES OF ANTIFEBRIN.

Mr. J. K. Murray recommends antifebrins as possessing advantages over other antipyretics on the following grounds (*British Medical Journal*, April 23, 1887):

Antifebrin seems much more powerful than quinine, kairin, or antipyrin. It equals antipyrin in the duration of its effects, and in this respect surpasses quinine or kairin. It is only excelled in the quickness of its action by the external