"silent stage" when the prominent symptoms were anaemia, debility, cough and quickened respiration. Early hæmoptysis because it directed early attention to the condition of the lung was a favorable symptom. A tendency to a fibrous rather than to a caseous metamorphosis was a favorable condition. Absence of excessive tissue sensibility, of hereditary taint, the inoculation with a mitigated virus, admission of the bacilli through the respiratory passages rather than through the vascular apparatus, a sound organic state of the patient,—all these were favorable to treatment. The two lines of treatment were the attacking of the bacill direct, and the fortifying treatment. The latter was the most satisfactory. Fats and proteids should be pushed, except in dyspeptic cases, when liquid food, easily digested, should be given. As to alcohol he was not very favorable; if given at all, it should be administered at meals and in small doses. The dwelling should be well ventilated and lighted, and situated on a dry soil. Storm windows should be discarded. The question of climate, exercise, bathing, clothing, medicinal treatment, were each concisely discussed.

As to anti-specifics, the essayist spoke of tuberculin anti-tubercle serum, aseptolin; but he believed creasote to be the remedy *par excellence* along this line.

TWO CASES OF SLOW PULSE.

This was the title of a paper read by P. A. Dewar. He said the causes of irregular and slow heart's action were so numerous that the difficulty in any one case was not in assigning as the causation of the trouble (to the patient at least) but rather in determining which one of the many causes was to be credited and relieved if possible, thereby treating the ailment in the only logical way. Pepper had mentioned a case in which the pulse was 22. Flint had mentioned cases as low as 26; but these were either functional or of a temporary nature. The two cases the speaker had to report were, he believed, the result of intra-cranial trouble. The first patient shewn was a man 63. He gave the history of rheumatism and malaria. Two years ago he consulted the essayist. He was pale and haggard. The respirations were sighing, the digestion faulty. All the organs seemed normal except the heart. Its beat was strong and regular. The rate was 22 per minute, unaffected by position or exercise. It dropped to 16. Rose to 36. Frequently fell to 20. Of late he had distinct attacks of pelit mal. The pulse lately had become rapid, weak and irregular. The second case gave also an epileptic history. The pulse beat about 25. The members examined the patients.

"Occipito-Posterio-Positions," was the title of a paper by A. A. McDonald. Authorities differed as to the frequency of these cases, and also as to their importance. Some held that they occurred frequently, others that they occurred rarely. Some held that nature looked after the majority of such cases, and that labor terminated easily. Others held that it was one of the greatest obstetric difficulties. In a case recently reported, where the occiput had rotated into the hollow of the sacrum, the mother and child had both died. The essayist discussed the causation of this condition, and then referred to the diagnosis. The diagnosis, he said, was often difficult, and required the introduction of the hand,