six years ago, at which time she received a hurt in the knee. Now she cannot walk without a cane. She would fall forward if unsupported. In most respects she resembles her sister. Her speech is slow and not very plain.

The brother, aged 36. Feet began to deform at 15. When eyes were closed he would fall backwards. Gait wide legged, zig-zag and somewhat stamping. Lying down he can do all the ordinary movements of the legs. In prominent symptoms, much like sisters. Right hand is claw-shaped. Atrophy of muscles of hands. Left hand somewhat affected too. Curvature of spine. Suffers with excessive sweating.

Drs. Meyers, Macallum, Mills, Arnott and Moorhouse took part in the discussion, Dr. Hodge replying.

Dr. McKEOUGH then followed by reading a paper on puerperal eclampsia. In all cases the urine should be examined,—more especially in primapara, who make up ⅞ of the cases. Albuminuria, however, is not always followed by eclampsia. The prophylactic treatment should be directed to diet and the use of eliminatives. Mild diet—milk being best—should be recommended. Salines should be given to keep the bowels free; while for the skin, nothing was so good as the daily hot bath for 20 minutes, the temperature on immersion 99, and gradually raised to 112. Ice might be applied to head, and large quantities of water should be freely given the patient. If after this treatment the albuminuria is still present, labor should be induced. The process the reader of the paper then described. If any nervous symptoms showed themselves, chloroform should be administered. One should always keep in mind in treating such cases three points in the etiology,—heightened vascular and nervous tension, the presence of some poison probably from the kidneys in the system, and the presence of the fœtus in utero. If eclampsia comes on in spite of all previous treatment, the steps should be: 1st, sedative; 2nd, eliminative; and 3rd, induction of labor. The Doctor referred to venesection. In certain plethoric cases it might prove useful. But in trying it as a last resort in two of his own cases it did not save them. In 50 cases in Guy's in which it was performed, 30 p.c. died. Immediately after in 34 cases where it was not used, 20½ p.c. died.

THURSDAY EVENING.

The report of the Committee, *re* Interprovincial Registration, was presented by Dr. Praeger, in the absence of Dr. J. E. White, Chairman of the Committee. It proposed that a Dominion Medical Council be formed, "to take general surveillance of the medical curriculum, and of all matters affecting the general public and profession of the whole Dominion," formed either by representatives (one each) from the members of the various provincial Medical Councils, or elected by the Medical population of Canada, irrespective of provincial lines; or on the "line of the British Medical Council." Its duties should be the equalization of the Medical curriculum to a just and high standard; to secure interprovincial reciprocity; to have the power to withhold or take away a Dominion license from a provincial graduate for just cause; to approve all provincial examination papers before they are presented to candidates. There should only be one examination for the Provincial and Dominion licenses, and an extra fee for the latter. If it followed the British Medical Council in its formation, the B. M. C. regulations should be operative as applicable to the Dominion. All men now on Provincial registers to be entitled to Dominion registration within one year of the formation of the first Dominion Medical Council, on payment of $10. All practitioners outside of Canada and Great Britain would be allowed a Dominion license upon passing the prescribed examination. All those on the British register would be entitled to registration upon payment of $25, as soon as Great Britain extended the same privilege to Canada. The Committee further recommended that the Association through a Committee should present these views to the Provincial councils, and by concerted action with them to apply at the next session of legislature for such permissive legislation as would be required to establish the powers and duties of the Dominion Medical Council. If any provincial Council refused to accede to the demands of the general profession for these objects, that this Association should instruct their delegates to go to the Legislature of such Province and secure the required concession.

Dr. PRAEGER moved its reception.

Dr. A. B. MACALLUM thought there were many difficulties in the way of bringing about the result desired for in the report. The formation of a Dominion Council as was recommended in the report would have to conflict with the various Provincial Legislatures which had under their control the subject of medical education. Such a Council would be inert. One of the difficulties was, that the graduates of Universities in Quebec were granted licenses to practice, while this was not the case in Ontario. If such outside Universities were granted such extended privileges, the Ontario, Manitoba, and institutions of the other Provinces would be clamoring for their rights. Then, too, the courses of study in medicine in the various universities were much dfferent. In Quebec, for instance, subjects were taken up which were regarded as foreign to medical education. Some of their universities demand-