

nally, with nourishing diet and stimulants when indicated, with little success. In January he began using the sulphur treatment. The treatment consisted in burning sulphur in the room for one or two minutes every two hours, giving sulphur grs. x. every two hours internally, and applying sulphurous acid locally. He cited a very severe and hopeless case which he had been treating in the old method; he began the sulphur treatment, and in 16 hours there was marked improvement and the patient recovered. The sulphur sometimes produced a relaxed state of the bowels in from 12 to 24 hours when it was necessary to lessen the dose. He had at that time treated 16 cases by that method, 11 under 10 years of age, 3 from 12 to 15 years and the rest adults, and since January he had treated two more cases in the same way, without a fatal case, and among them some had been very severe. He was satisfied of the great superiority of this treatment above all others, and strongly urged his confrères to give it a trial.

Dr. REDDY did not endorse all that Dr. Finnie said. He had tried the sulphur treatment, but combined it with the use of ammonia and iron internally.

Dr. F. W. CAMPBELL asked what was the effect on the membrane? He had seen the membrane reproduced after peeling off, and the symptoms reappear. There was a great difference in the severity of cases, a great many cases of inflammation of the tonsils with exudation of lymph were mistaken for diphtheria. In true diphtheria the membrane was dark brown and leathery, and there was enlargement of the submaxillary glands.

Dr. CLINE gave the statistics of the results of the treatment of diphtheria in the Montreal General Hospital. Out of twenty-seven cases there has been eight deaths, giving a mortality of 29 per cent. These cases had been treated on the old plan, ammonia and iron and sometimes chloral of potash internally, and locally disinfectant gargles and washes of carbolic acid, etc., with the exception of three or four cases which had been treated by the sulphur method. The ages of the fatal cases were two, 2 years, two, 3 years and the rest 1, 10, 6, and 24.

Dr. ROSS remarked that all the cases treated in the hospital were of a severe type, mild cases were not generally sent to hospital. It was necessary to have some idea of the severity of the cases reported in order to form any opinion as to the result of different modes of treatment. He asked if any local application of heat or cold had been used. He had lately been using ice internally and externally, and preferred

it to heat. It appeared to check the swelling of the glands.

Dr. OSLER at the Boston Medical Club had heard a paper read on the treatment of diphtheria. A great number of specifics had been advocated by different men, all of whom had reported a large number of cases attended with extraordinary success under their special mode of treatment. One man had reported 100 cases without a death.

Dr. FENWICK did not think that all cases of true diphtheria were attended with enlargement of the glands. Had seen very severe cases without such enlargement. Admitted that it was present in the majority of severe cases. The membrane was leathery, greyish, and about $\frac{1}{8}$ inch thick.

Dr. FINNIE admitted the difficulty sometimes of distinguishing tonsillitis from diphtheria, yet was confident that none of his cases were cases of tonsillitis. Cited one case in which he was enabled to disprove diphtheria by the presence of a diphtheritic membrane on an abraded surface on the ear. He had used ice, but given it up on account of the discomfort its use generally produced. The local disease was not always proportionate to the severity of the general symptoms. The epidemic had been of a severe type, and out of 38 cases which he had some were very severe. Had great confidence in the sulphur treatment.

A vote of thanks to Dr. Finnie was moved by Dr. REDDY and seconded by Dr. CAMPBELL.

Dr. FENWICK made a proposition for the entertainment by the Medico-Chirurgical Society of the members of the Canada Medical Association, which was to meet in Montreal next month. It was decided to postpone the consideration of the proposition till next meeting.

August 31st, 1877.

The President, Dr. Fenwick, in the chair.

Dr. CLINE read a paper on an endemic of typhus fever in Montreal. It was a report of eleven cases of fever sent to the Montreal General Hospital from the Protestant House of Refuge last winter, in the beginning of the present year. The first cases were looked upon as typhoid, presenting anomalous symptoms, particularly in the eruption, as typhus is not a fever of this country. Some of these cases which proved fatal were found at the autopsies not to be typhoid. The undoubted character of another case, a full report of which was given, recalled to mind the previous cases, and led to further inquiries as to their origin. The cases were traced to an old woman who entered the