

whooping cough, when given in the form of injection, and the question is, if it is not simply a nervine tonic. In a case occurring in his own family he had administered to a child of three years a mixture of alum, salicylic acid and dilute hydrocyanic acid, and it acted as a charm. He had found this mixture fail in other cases.

Dr. REDDY said he had found this combination of alum, salicylic acid and hydrocyanic acid succeed well in some cases. In one lately, in which it failed, he had used the quinine with success.

Dr. OSLER said that four and a half years ago Dr Grant of Ottawa asked Dr. Osler if he had examined the mucus of the throat in whooping cough, expressing his conviction that he had discovered a fungus to account for the disease. Dr. Osler examined the mucus in three separate cases, but was unable to find anything except common bacteria; there was no specific fungus to be seen.

A vote of thanks to Dr. Campbell was moved by Dr. FINNIE, seconded by Dr. R. P. HOWARD, and carried.

A report was next received from the council.

The meeting then adjourned.

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MONTREAL, May 2nd, 1879.

A regular meeting of the above Society was held this evening, the President, Dr. Henry Howard in the chair.

There were present:—Drs. Henry Howard, R. P. Howard, Buller, Kennedy, Smith, Reddy, Kerry, Osler, Bell, Campbell, Macdonald, Trenholme, Fenwick, Roddick, Loverin, Rodger, Alloway, Bessey and Edwards.

The minutes of last meeting were read and approved.

Dr. RODOLPH E. LEPROHON was balloted for, and unanimously elected a member of this Society.

Dr. OSLER exhibited the following pathological specimens:—

1. Atrophy of the kidney.
2. Miner's lung.

Dr. R. P. HOWARD remarked that was a

case of cirrhosis of the lung, from mechanical causes—the local irritation of inhaled carbon. The ordinary forms of this disease in this country are from neglected pneumonia, chronic tubercular diseases or chronic pleurisy.

We have changes of a destructive character, namely cavities, in this fibroid lung. The question is what is their nature? It is singular that in fibroid degeneration of other organs we do not have these changes. Are these cavities or simply distended tubes? There is now and then a simple degeneration in fibroids of the uterus. The lung is a peculiar structure, and ordinary laws in other organs do not apply to it. It is laid down as a rule that when, in a case of cirrhosis of the lung, there is a cavity at the apex it is tubercular.

Dr. REDDY remarked that he had had a case of cavities at the apex, and there was no evidence of tubercle.

Dr. SMITH stated that he noticed in the post mortem examinations in London the dark appearance of the lungs.

Dr. OSLER remarked that what was called carbonization of the lung was common in all cities, and it was possible as soon as the thorax was opened to decide whether the person had lived in the city or the country.

Dr. FENWICK presented a portion of bowel passed by stool, sent by Dr. McLeod of Charlotte-town, N. B. The facts relating to this case were read by Dr Fenwick.

Dr. F. W. CAMPBELL said in 1870 he had a patient who had taken several large doses of sulphate of magnesia which was followed by intussusception of the bowel. She lived for ten days, and the day before she died she passed some six inches of intestine.

Dr. TRENHOLME moved, and Dr. Campbell seconded, a vote of thanks to Dr. McLeod for this interesting specimen.

Dr. HENRY HOWARD then read a paper on "Some Practical Remarks on the General Treatment of the Insane." A short discussion followed, and Dr. REDDY moved, and Dr. LOVERIN seconded, a vote of thanks to Dr. Howard for his interesting paper.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.