that a vote of thanks was passed unanimously by the members to the above gentlemen. The papers being opened for discussion, the following gentlemen took part: Drs. Pepler, Anderson, Shuttleworth and Roberts; Messrs. Allin, McRae, Nyblett, McIntosh, Lapp and Clare. A vote of thanks was unanimously passed by the members to the officers of the society for the closing session. Mr. Allin and Dr. Roberts replied briefly on behalf of the officers. This brought to a close one of the most enjoyable and successful meetings of the society, which we trust may long continue its good work as prosperously as it has been done during the past year.

LONDON MEDICAL ASSOCIATION.—The following copy of a resolution passed at a regular meeting of the London Medical Association, held February 10th, 1896:

Moved by Dr. Ferguson, seconded by Dr. Arnott, and *resolved*, That the London Medical Association recognizes the services rendered to the medical profession by the Council of the College of Physicians and Surgeons of Ontario, in maintaining an efficient standard of medical education for students, providing for the registration of licentiates, guarding the rights of registered practitioners, prosecuting unlicensed practitioners, and erasing the names of practitioners guilty of infamous or disgraceful conduct in a professional respect.

This Association accordingly holds it to be the duty of every member of the College of Physicians and Surgeons of Ontario, promptly and loyally to pay the annual assessment fee, levied, in accordance with the provisions of the Ontario Medical Act, for the maintenance of the general expenses of the College; and it is further claimed that members of the College taking exception to any of the administrative acts of the Council should seek reforms by way of the medical electorate, rather than by attempting to withhold the payment of assessments authorized by the statute, and indispensable to the very existence of a Council.

Yet this Association begs to protest against By-law No. 69, passed by the Council on the 28th June, 1895, which suspends the penal clause of section 41 of the Amended Medical Act for Ontario until June 1st, 1896, then to come into force only "in case a sufficient amount of dues is not paid in to cover the bank liability." This Association submits the said qualification is grossly unjust to members of the profession who have paid, or may pay, their assessment prior to June 1st, 1896, and affords a loophole to delinquents who are disposed to shirk payment of their fees. The Association recommends the Ontario Medical Council either to rescind said clause of the by-law, or, otherwise, to furnish every member on payment of his fee, a guarantee that no other member shall be permitted to escape payment of his legal indebtedness to the Council.

And *resolved* further, That a copy of these resolutions be forwarded to the Registrar and to the medical journals of the province.

A SPECIFIC FOR SPASMODIC CROUP.—Among the remedies for acute laryngitis suggested in a recent and elaborate contribution to the *Jour. Am. Med. Assoc.*, Dr. Feum says: I am surprised that no mention is made of the oleoresin, improperly called "balsam" copabia. I regard its employment as quite an advance on the antiquated ipecac, turpeth mineral, *et id omne genus* treatment, and for many years I have used it to the exclusion of all such. Preferably, it should be given in a full dose of fifteen or twenty drops to a child two or three years old, at bedtime, or immediately following the first hoarse inspiration or cough. This will generally carry the little patient through the night, or certainly until the early morning hour, when a recurrence of the paroxysm is often expected. *En capsule* is the best method of administration, for the purpose of disguising the unpleasant taste. The syrup of copaiba, prepared by rubbing the oleoresin with calcined magnesia, and adding oil of peppermint and simple syrup, is an eligible formula. Less so, is an emulsion with mucilage, yolk of eggs, or alkalies. The required doses, however, are so few, and time often of such importance, that I commonly extemporize a combination of the remedy with sugar or molasses. The element of fear of suffocation usually renders the little patient quite tractable, so that he gracefully submits to almost any form of medication at such times. I can yet recall, *ad nauseum*, the not infrequent doses of "hive syrup" of my youth.

In the presence of a severe attack, I give the copaiba *imprimis*, and then transfer the child, if