their size, the whole blood of the right side of the heart has to pass through the other lung, and death is from suffocating œdema. If a good bleeding had been resorted to this condition would have been relieved. Dr. Osler considered the lancet more useful in the middle stage. He thought the use of medicine would not alter the course of the disease, as it is distinct in its course.

Dr. GODFREY said in 1830 all cases were bled in the early stage, and at that time there was sometimes three distinct bleedings. The number of recoveries was very great. This practice continued up to 1850. At that time Resore's treatment came into vogue, which consisted in giving from one to four or five grains of tartar emetic every four hours. Dr. Godfrey always looked upon this treatment as causing gastro-intestinal irritation. Dr. Johnson afterwards published a large number of cases showing the expectant treatment was equally successful. Dr. Godfrey still favors the plan of taking blood in the early stage of the disease. He considered that the pneumonia of to-day was a different disease from that of his early recollection. It was then of a sthenic character, and there was no fever; in that of to-day we have high fever, and when it is present with furred tongue and typhoid symptoms we should not use the lancet. Dr. Godfrey said in 1845 his custom was to give two grains of Calomel, seven of Dover's powder every three hours. His present plan is to give four drops of tr. aconite every four hours for four or five days, and less frequently afterwards; also fluid ext. of senega and carb. of ammonia every three hours; externally poultices but not blisters.

Dr. WILKINS objected to the use of opium as it would upset the stomach. His custom was to use thin poultices enclosed in water proof.

Dr. FENWICK agreed with Dr. Godfrey in theview that the type of the disease had changed. Brain symptoms were now much more observed.

A vote of thanks to Dr. Oakley was moved by Dr. Loverin, seconded by Dr. Reddy and carried.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

MONTREAL, April 18th, 1879.

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

There were present:—Drs. Henry Howard, R. P. Howard, Kennedy, Kerry, MacDonald, Nelson, McConnell, F. W. Campbell, Bessey, Smith, Osler, Ross, Schmidt, Loverin, Shepherd, Fenwick, Reddy, Guerin, Hingston, Roddick Blackader and Edwards.

The minutes of last meeting were read, and on motion, approved.

Dr. EDWARDS proposed, and Dr. SCHMIDT seconded, the proposition of Dr. Rodolph E. Leprohon as a member of this Society.

Dr. OSLER exhibited the following pathological specimens:—

1. Sarcoma of the breast.
2. Schirrus of the breast.
3. Primary cancer of the liver.
4. Empyema.
5. Ovary at fifth month of gestation.

Dr. R. P. HOWARD remarked that Dr. Roddick's case was a simple sarcoma and not true cancer, and, therefore, if it does not return, it is no proof of being a cancer removed with no return of the disease.

Dr. F. W. CAMPBELL read a paper on "Whooping Cough treated by Quinine," citing a number of cases in which he had found this remedy very effective.

In the discussion which followed, Dr. R. P. HOWARD remarked that, in 1873, Dr. Dawson published his paper on the mode of treatment, since which time Dr. Howard had taught the use of quinine in the disease in his lectures to his students. He had used it in his own practice, and his testimony was that in some cases it proved beneficial while in others it failed. The difficulty in its use is to get children to take it, as it is directed to be given in simple solution and one grain at a dose. A question of special interest arises in the possibility of the disease being due to a fungus. If it is true that it depends on a fungus, the action of quinine is sufficient explanation. In hay fever a fungus had been discovered, and quinine is good there.

Quinine has proved equally successful in