

ear better than in any other way with which I am familiar. It must be remembered that pneumonia is sometimes complicated, as well as being a common complication of other diseases.

I think habits and environment may have something to do with this, still I believe the disease will be much more frequently found everywhere if carefully looked for, and the finding of it will remove an unpleasant element of doubt in the mind of the attending physician.

It will also be a mighty solace to the members of the family and all the curious old ladies, who are so anxious to know "exactly what's the matter with the child."

Thanking you for the use of your columns.

I am, yours truly,

J. D. DUNLOP, Alpena, Mich.

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#### KINGSTON MEDICAL AND SURGICAL SOCIETY.

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THE regular May meeting was held May 9th. Dr. Herald, President, in the chair and 15 members present.

Drs. E. C. Watson, A. R. B. Williamson, A. W. Richardson, and Robert Hanley were elected members of the society.

Dr. Oliver then opened the discussion on small-pox giving a clinical description of the disease and its diagnostic characteristics. He gave a resume of the cases he had seen in the past 42 years of practice in Kingston and elsewhere. As these cases are interesting as showing something of the history of small-pox in Kingston over that period they are appended.

In 1857 one case was in the General Hospital—one in 1858-1859, two cases; 1860, one; 1861 two.

In 1862 and 1863 Dr. Oliver was attached to the Federal Army as surgeon and saw over 900 cases of small-pox, chiefly in hospitals about Washington.

In 1864, four cases were attended; 1865 three. In 1866 there were upward of 40 cases (epidemic year). 1867 eighteen cases; 1868, three cases; 1869, free; 1870, 1871, 1872, each one.