Dr. Davidson thought there might be difficulty sometimes in securing the retention of the tube within the larynx.

Dr. Primrose thought that the operation of tracheotomy permitted local treatment of the disease in the trachea, which intubation would not do. He had seen, in Mr. Watson Cheyne's Clinic, the trachea opened and the membranes stripped off, and applications made to the underlying surface.

Dr. Sweetnam reported four cases of intubation with two recoveries. He had found little difficulty in feeding after the irritation caused by the insertion of the tube had subsided. Dr. O'Dwyer deemed the entrance of a little fluid an advantage, as it aided in clearing the trachea.

Dr. Palmer, in reply, commented upon the percentage obtained by Dr. Jennings. The best he had heard of previously were 30 per cent. of recoveries in tracheotomy and 23 per cent. in intubation. In his opinion the results were about equal so far. With all due deference to Mr. Watson Cheyne, he considered the stripping off of the membrane meddlesome surgery.

Whatever intubation secured to the patient, it certainly could not be said to do any harm. The involvment of the trachea and bronchi in fatal cases was a part of the disease and not due to the presence of the tube.

In regard to the admission of fluids into the trachea, he considered this unpermissible, as liable to produce traumatic pneumonia. He had considered the artificial epiglottis attachment as apt to do harm on account of the œdema and secretion present in the passages, which would favor sudden death from asphyxia. After Dr. Brown's remarks, he was confirmed in his opposition to the so-called improvement.

Dr. A. R. Robertson, of New York, was unanimously elected an honorary member of the Society. D. J. G. W.

REGULAR MEETING, FEBRUARY 12TH.

Dr. Atherton in the chair.

DIPHTHERITIC MEMBRANE.

Dr. Davidson exhibited a larynx removed from a child, aged three years, who had died of diphtheria. The membrane was first observed in the pharynx and from there spread into the larynx. Four days from the onset of the disease, intubation was attempted, but the tube was not retained in the larynx any length of time, it being repeatedly coughed up. The child died three hours after the operation. The post mortem specimen showed that the membrane covered the vocal cords, blocked up the rima glottidis, and extended for a short distance into the trachea.

Dr. Davidson also exhibited a small

RENAL CALCULUS,

with the following clinical history. Was called about ten o'clock in the morning to see patient evidently suffering from an attack of renal colic; ordered morphine and hot local applications. Next morning the calculus was passed into the chamber without any disturbance. Dr. McPhedran explained the quick passage of the calculus by its small size.

Dr. Davidson showed a third specimen, a calcareous deposit removed from the arm. The seat of it was about the insertion of the deltoid muscle. He took it to be a sebaceous cyst which had undergone calcareous degeneration.

Dr. Pepler presented a

BICEPHALOUS MONSTER.

Two heads on one neck. Labor was not very difficult; the presentation was footling. It was a male child; the mother had had two normal children previously. When Dr. Pepler has completed the dissection of this monster, we hope to be able to give a full report of the anatomical conditions found.

Dr. Peters showed

THREE SMALL CALCULI,

which had been removed by Dr. Cameron by perineal section, from a patient suffering from cystitis and prostatitis. On two previous occasions this patient had been successfully cut for stone.

Dr. McPhedran read notes of a case of

SUDDEN DEATH IN TYPHOID FEVER.

The patient was a male, aged thirty-two years; was admitted to Toronto General Hospital early in December, 1888, having been ill one week previous to his admission. After removal to the hospital the patient's temperature was 105° F.; it also reached this point on the second day after admittance; from this time it