

whether the case before the Society was one of laryngeal diphtheria or of membranous croup, perhaps could not be satisfactorily determined, but that, in his opinion, the weight of evidence was in favor of the latter view. The attending physicians had examined the child's throat before the operation, and found no exudation there; the subsequent occurrence of a cheesy-like patch on one tonsil and a membranous patch on the other did not establish its diphtheritic nature; such formations are mentioned by Flint and others as not infrequent in membranous croup. There was nothing surprising in the circumstance that an inflammation of such a character as to produce false membrane on the laryngo-tracheal membrane should also attack a similar structure in the neighborhood of larynx. The faucial exudation was not continual with the laryngeal. All pseudo-membranous exudations upon mucous membranes are not products of diphtheria, witness plastic bronchitis and dysentery. No cases of diphtheria had been observed in the house in which the child had lived for the last year; on the other hand, it had had previously several attacks of catarrhal croup. Before diphtheria became a recognized disease here we had fatal cases of membranous croup; they were not infectious, and did not affect several members of a family in succession. It is not a question of histology. The pellicle of croupous laryngitis may not differ from that of diphtheria, but the clinical features and pathology of the two affections are not one.

Dr. Osler, in answer to Dr. Trenholme, said there was no anatomical difference in the two membranes; that in true croup Neimyer mentions cases where there was extensive exudation on the tonsils. There was no extension of the disease among the other children at the Infants' Home. He did not consider the presence of albumen in the urine as settling the diagnosis, as the congestion of the kidneys would be quite sufficient to cause the albumen in this case.

Dr. R. P. Howard then read his inaugural address as President of the Society.

The address was followed by a paper by Dr. Osler on "Three Cases of Disease of the Brain."

In the remarks following this paper Dr. Kennedy related a case occurring in his practice similar to one of Dr. Osler's cases. The subject, a young lady, had both a mitral and aortic mur-

mur. One portion of the vegetation was dislodged, and converged to the left side of the brain.

Dr. Roddick mentioned the fact that rupture of a vessel in the brain occurred at times during the struggles of the patient while under ether. Such a case had occurred in his practice.

Dr. F. W. Campbell said that the method generally adopted in Montreal (so far as his experience enabled him to speak) in the administration of ether was certainly calculated, in his opinion, to favor rupture in vessels which were undergoing atheromatous degeneration, and even possibly in healthy vessels. He had seen a patient to whom ether was being given struggle so violently for several minutes as to require two or three strong assistants to hold him down. This was due to the fact that the ether inhaler, charged with ether, was tightly held over the mouth and nostrils, allowing hardly anything but the vapor of ether to be inhaled. The feeling of suffocation thus produced is described by those who have experienced it as something frightful. He stated that the opinion was gaining ground rapidly that ether could be administered in much the same way as chloroform, by allowing a good quantity of fresh air to be inhaled, so long as it was charged with a fair portion of ether vapor.

Dr. R. P. Howard spoke of the great necessity of students now learning the distribution of the minute vessels of the brain, and confirmed the observation in regard to apoplexy during anaesthesia. He had seen apoplexy in one case follow a hypodermic injection of morphia.

A vote of thanks to Dr. Osler was moved by Dr. Henry Howard, seconded by Dr. Kennedy, and carried.

A vote of thanks to Dr. R. P. Howard, for his address, was moved by Dr. F. W. Campbell, seconded by Dr. Proudfoot, and carried.

It was moved by Dr. Roddick, seconded by Dr. Henry Howard, that the subject of procuring a permanent room be referred to the Council, and that the former Room Committee be thanked and discharged.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.