Mr. T. E. Baker (Bengal Establishment) said—It is now thirty years since I first saw the disorder. The treatment then strongly recommended was, scrope doses of calomel, with half an ounce of opium in peppermint water. This treatment was often successful when the disease had assumed a milder form, but was very far from succeeding when it first broke out, and the patients would die in from two to three hours. We find the vense cavse gorged with blood; the heart beats so rapidly as to have lost all sense of rhythm. The tight flannel rollers relieve the painful spasms; they do not stop the circulation in the arteries, but may retard the flow of blood to the extremities. Opium he regarded, as generally useless or injurious. Calomel, in small and often repeated doses, and emetics, with attention to the surface of the body, he regarded as the best plan of treatment.

Dr. BENNETT enquired if, in the case treated by chloroform, any secondary fever had followed? He related a case which had occurred in St. Thomas's Hospital, in which the patient died from secondary fever.

Dr. CLUTTERBUCK said that in all cases which had recovered secondary fever occurred.

Mr. DEWDY reiterated his opinions respecting the diseased condition of the blood in cholera.

Mr. HEADLAND made some observations on the directions respecting cholera which had been promulgated by the Board of Health. He regarded these as reflecting highly on the medical profession. He thought we should do more good by treating this disease on some recognized principle, than by looking merely at the symptoms. Some of these symptoms, he thought, were due to the acetic acid. Scarlet fever was sometimes so mild that it would get well without any treatment, or from the reinoculation of the virus into the system before the Society. He believed that death was caused either from depression of the nervous system, from disease of the kidneys, or from inflammation of the virus in the system by the external air passing into the lungs, over the viscid secretion of the tonsils and faucæ, carrying into the blood the poison, and thus preventing any chance of the disease being eliminated. Mr. Brown then alluded to dropsy, which he had never seen follow the plan of treatment he advocated. In reference to this subject, Mr. Brown laid great stress on the importance of keeping the patient in bed during the stage of deposition; he dwelt on the necessity of a careful inspection of the quantity and quality of the urine, and mentioned his preference for the microscope, in the examination of it, to chemical processes. He related two cases of very severe malignant disease successfully treated. Mr. Brown thought that the action of the acetic acid was that of a specific stimulant to the cutaneous vessels, for an alcohol, ether, chloroform, and all other compounds allied to acetic acid in their chemical constitution, had peculiar and marked influence on the nervous system, he did not see why acetic acid might not have its peculiar influence on some parts of the organism.

Mr. HIRD could not regard all the good effects in the cases alluded to as due to the acetic acid. Scarlet fever was sometimes so mild that it would get well without any treatment, whilst in other cases it killed before any medicine could exert its influence. He thought we should be safe in treating the disease on general grounds.

Mr. Sawai considered that the kidney was liable, as well as the skin and tonsils, to partake of the primary affection of scrofula, and this was well shown by secondary effects at the end of two or three weeks, probably analogous to the desquamation of the cuticle, which led to congestion of its vessels, and obstruction to its secreting functions. This desquamation state of the kidneys, he thought, was due to inflammation of the serous membranes, and sometimes renal convulsions. Dr. Popping, if confined to the cellular tissue, or to this and the peritoneum, was not so serious as the other results of the

in relieving pain) should have been five years in Boston, and yet that its suggestions apparently should not have been seen—shown themselves. Dr. Snell, who indisputably matured the great fact that the direct inhalation of either by the lungs soothes, and at last so stupifies, as to render its recipient unconscious of pain during surgical operations.
renal affection, and was amenable to treatment. He had seen
fever, therefore it yet remained to be seen whether this patient
was out of danger, and Mr. Brown might have dismissed
days since the commencement of one of the cases Mr. Brown
evidence of interrupted function of the kidney, and the renal
dropsy was about twenty-one days from the beginning of the
fever. Three of these suffered from dropsy afterwards.

Dr. WILLSHIRE related the case of a man who might subsequenty have had renal affections.
Mr. Brown had seen the chlorate of potash of most service. It appeared sometimes with-
side of the water did not in general at all approach to the
present epiderm was peculiarly disposed to be followed by rhenomatoial
affections. He had never used the acetic acid, but had found
the chlorate of potash of most service.

The discussion was adjourned.

Mr. WADE related the case of a man who placed a pistol
loaded only with powder into his mouth, and discharged it.
In the course of the evening, Dr. WILLSHIRE exhibited a
headkerchief belonging to a phthisical patient, which was full
holes in consequence of its mother having taken diluted sul-

Dr. O'GIER WARD referred to the disease as epidemic in
Kensington and Fulham. He traced its prevalence to bad
found most beneficial, and when in a low state, ammonia.

The society adjourned.

Mr. DEAN related a case of placenta previa, in which
hemorrhage prevailed for some time, but was arrested by
plugging the vagina with a sponge dipped in vinegar.

The committee of correspondence for the presentation of
was adjourned. The

Mr. HIRD, PRESIDENT.

Dr. HOOPER, seconded the motion that the present case of
acidic acid had not prevailed in the arterial system, or whether both were the-

While the latter was blanched, and more pale than natural,
no unnatural appearance, and unfortunately time did not
allow of holes. He had noticed this in two or three other cases, and

The adjourned discussion on scarlatina was resumed. The
speakers were, Mr. Clarke, Mr. Wing, Mr. Wade, Mr. Harding,
Mr. Webster, and Dr. A. T. Thomson. The speakers,
without exception, spoke of the fallacy of attributing to a medi-
cal cause an acute acid any particular form of acute fever. The
disease was one assuming, under various circumstances, and in the various epidemics, characters so different, that at one time they were totally opposed to those at another.

The disease, to be treated successfully, must be handled on the known principles of pathology and physiology. To seek for a particular remedy under such circumstances, as applicable in all cases, was to seek for that which did not exist. No one system could believe the present acute acid had peculiar service in any of the cases, but all regarded it as an adjunct to more suitable medicines, at best, but of doubtful utility.

At the next meeting, Dr. GARDIN will read a paper on some
points connected with gout and phthisis pulmonalis.