in a very large number of cases infective or zymotic influence is to be traced. The membrane, even when chiefly laryngeal, is more often than not associated with some extent of a similar change in the pharynx or in the tonsils; and whether we have regard to the construction of the membrane, or to the constitutional state as evinced by the presence of albumen in the urine, it is not practicable to show an absolute line of demarkation (save what depends upon the position of the membrane) between the pharyngeal and laryngeal forms of the disease. The facts before the committee only warrant them in the view that when it obviously occurs from a zymotic cause of distinct infection, and primarily affects the pharynx, constitutional depression is more marked, and albuminuria is more often and more largely present, though in both conditions some albumen in the urine is more frequently present than absent. The most marked division indicated by the facts before the committee is that between membranous and non-membranous laryngitis. The committee suggest that the term "croup" be henceforth used wholly as a clinical definition, implying laryngeal obstruction occurring with febrile symptoms in children. Their croup may be membranous or not membranous, due to diphtheria or not so. The term "diphtheria" is the anatomical definition of a zymotic disease, which may or may not be attended with croup. The committee propose that the term "membranous laryngitis" should be employed, for the avoidance of confusion, whenever the knowledge of the case is such as to allow of its application.

(Signed): W. Howship Dickinson, Chairman, C. Hilton Fagge, Samuel Gee, G. F. Payne, H. G. Howse, R. H. Semple, W. S. Greenfield, Secretary. — EDITOR.]

DR. SAMUEL HOWE.

It is with feelings of great sorrow that it becomes our duty to record the death of Dr. Samuel Howe, which occurred on the last day of April. Dr. Howe, though young in years and in the practice of his profession, had demonstrated that his long term of study had borne good fruit. He was not only well versed in the science of medicine in general, but he was peculiarly fitted for the specialty which he had chosen, and outside of the strict limits of his professional study there were few, if any, among his brother practitioners whose knowledge of topics embraced in general literary culture covered so wide a range. Equally at home in modern history, his knowledge included these subjects in both their general and constitutional aspects; while his familiarity with the subjects of natural history and comparative anatomy was a matter of surprise to those who knew how closely he had applied himself to the study of his profession. His knowledge was equaled by his modesty in asserting it. A genial companion and generous almost to a fault, his loss will be severely felt by those with whom he most constantly associated. His dislike of self-assertion and his scrupulous honesty in the practice of his profession was perhaps an obstacle to his full success at the outset of his career. But none who had employed his services had ever reason to complain of lack of skill, or of that careful attention which he felt was ever due to one who had entrusted himself to his care, whatever the circumstances; in life of that patient might be. While regretting his untimely death, it is to be hoped that his habits of careful study and conscientious practice may prove an example to those who are left to mourn his loss.

PROLAPSE OF RECTUM.

MR. EDITOR, — I notice, in *JOURNAL* for April 10th, apparatus for prolapse of rectum, etc. I have recommended for twenty-five years the mother to place the finger in front of rectum (anus) press up, and pull forward the flesh during defæcation. This prevents descent of the bowel.

JAMES O. WHITNEY.

PAWTUCKET, R. I.