

We are always pleased to see extracts from the pages of the *PRACTITIONER* in contemporary journals, but we certainly think the *PRACTITIONER* should receive credit for the same, and express the hope that these small courtesies of journalism may not be in the future so fully disregarded.

The Pharmaceutical Era, edited by Dr. A. B. Lyons, and published by D. O. Haynes & Co., Detroit, offers a prize of fifty dollars in gold for the best essay on the subject, "The Mutual Relations of Physician and Pharmacist." Any one may compete. The essay must not exceed 2,000 words in length, and must be sent in before the first of January.

A rare case of death from rupture of the liver is mentioned by Hugo Heinzelmänn (*Rundschau*). The patient had recovered from an attack of pluro-pneumonia and pericarditis, and had been out of bed twelve days when he received a slight blow over the region of the liver, which caused its rupture, probably owing to cloudy swelling and fatty degeneration of its tissue, it was eminently friable.

Senger having made a series of experiments on the influence of iodoform on anthrax bacilli, finds that it does not prevent the liquefaction of gelatine, but changes are produced in the bacillary growth, so that their virulency and their infective properties are diminished; and the *Medical Chronicle* thinks that iodoform does not exert an energetic action on these bacteria, but only affects them after some time, and whilst it may exercise an antiseptic power locally, it has no influence on bacilli within the body.

The *Centralblatt für Therapie* states that amylenhydrat is a desirable hypnotic and recommends the following formula:

R Amylenhydrat	7.0
Aqu destill	60.0
Extr. liquir	10.0

Take half of the mixture before retiring.

The *Toronto World* says:—"That London West minister who refused to visit and baptize an infant dying of diphtheria, has mistaken his calling.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, SEPT. 29th.

OVARIAN CYST.

Dr. Temple showed a large multilocular cystic tumour. The remarkable feature of the case was the obscurity in the diagnosis. The patient had been examined by various physicians since the discovery of the presence of the tumour seven months ago, and in no case was the growth supposed to be ovarian. The mass of the tumor lay to the rear of the fundus uteri, so tightly packed into Douglas cul-de-sac as to prevent fluctuation being perceptible through the vagina. Both ovaries were involved—the right chiefly. Several cysts were attached to the fimbriated extremities of the tubes. No antiseptic was used, but great attention was paid to cleanliness, and boiled water was employed for the instruments and dressings. The case did well.

ETIOLOGY OF DIPHTHERIA.

Dr. Ross drew the attention of the Society to a point in the etiology of diphtheria. A case might retain its power to infect others much longer than was generally supposed. Infected children should not be allowed to mingle with others till at least five weeks after all traces of the disease have disappeared. A case had lately come under his notice in which a child had communicated this dread disease to other children, whom it met for the first time a month after its apparent recovery.

Dr. Bryce had also met with several cases bearing out this point.

STATED MEETING, Oct. 6th.

EPITHELIOMA.

Dr. Nevitt presented a woman who, 29 years ago, had received a severe injury to the head from machinery—a portion of the scalp, the size of the palm, having been torn off from behind the right temple. A sore the size of a silver dollar had always remained. During the last three years this had been growing larger; granulations appeared and large nodular swell-