of drugs when the disease is seated. We might as well expect to cure a case of malignant growth in a similiar way. By future study of the disease, however, and by a careful collection of clinical and pathological facts, we may arrive at the cause so as to prevent its onset, and thus save the patient from an entirely uncurable condition.

In conclusion, from my study of these diseases, I may be allowed to venture the following opinions:—

- (1) That the essential features of lencocythemia are the lymphoid growths, and the lencocytes found in the blood derived from them.
- (2) That the existence of similar growths is the essential feature of Hodgkin's disease, but in it the cells, for some reason which I cannot explain, do not find the way into the circulation.
- (3) That in both diseases the presence of these growths or deposits interferes with the manufacture of the red corpuscles producing anæmia.
- (4) That these growths bear a strong resemblance to those of a malignant character, especially sarcomata.
- (5) That progressive pernicious anæmia may arise as a consequence of lencocythæmia or Hodgkin's disease in the same way as it sometimes results from pregnancy, or any other condition which interferes with the proper elaboration of the blood.

These opinions I give as the result of very limited opportunities of study, and hope you will receive them as such. I am, however, well aware that somewhat similar conclusions have been arrived at by authorities—Wilkes and M ixon for instance—much more competent to give an opinion than I am.

A measure is before the French Chamber of Deputies, enacting that in future no druggist shall be allowed to combine with his profession that of a doctor, or to sell or advertise any patent medicine or nostrum.

Professor Wm. Warren Greene, of Portland, Maine, returning from the International Medical Congress, died on board the Cunard steamer Parthia, and was buried at sea.

## A CASE OF INTRA-CRANIAL DISEASE

BY WM. CANNIFF, M D., M.R.C.S., ESQ.

Read before the Ontario Medical Associazion.

The case I am about to bring under the notice of this Association may not be regarded as one of extraordinary interest, but is, I think, of sufficient practical information to warrant me to ask your attention for a brief space of Indeed I venture to say my opinion is that unique and startling relations which any one in active practice may select for the consideration of meetings like this, will not best serve to make this Association a success, and secure that mutual advantage which the promoters of it aim to secure for the profession of Ontario. I wish to say, moreover, that my object is not to throw light, but to obtain it; and after I have related the case and the result of the treatment which, I may say, has not been marked by anything unusual, I hope to hear from those present remarks and suggestions of such a practical nature as to afford instruction for future guidance.

The patient of whom I am about to speak has been under treatment in the Toronto General Hospital since the 19th June, 1880, where he is still an inmate. His history, as supplied by himself, is briefly as follows: Aged 31, is a native of Ontario. Since the age of 15 his occupation has been chiefly chopping and hewing timber in the woods in winter, and acting as engineer in mills and factories in Up to the period when he began to work he always had good health, except an attack of scarlet fever when quite young, in connection with which there was nothing particular. In the summer of 1871 he was laid up with typhoid fever, which was prevalent where he lived, and when recovering he suffered a relapse, which was complicated with inflammation of the lungs. He was confined altogether for three months. For a few months before the fever he felt pain in the back of the neck, and easily became tired. Three weeks before the attack he had contracted gonorrhea. In the fall of '71 he went to the wools, and continued there at work all winter, in good The following spring he came to Toronto, with the view of joining the Mounted