

The profession of Ottawa were very kind in entertaining the visitors. They gave a conversazione on the first evening in the Russell House, which passed off very pleasantly. On the second evening the members' dinner was given, also in the Russell House. About eighty seats were occupied, and all appeared to enjoy themselves.

#### THE PRESIDENT'S ADDRESS.

The able and carefully-prepared address of the president was heard with much interest. He first directed attention to the condition of things in medical educational matters twenty-five years ago, when the association was formed, and described the great advances which had been made since that time. He showed that in consequence of the formation of the Ontario Medical Council we had now a Central Examining Board with a high standard, instead of a number of examining bodies with low standards, which existed under the old régime. He referred to some elements of discontent among a section of the profession in Ontario on account of certain regulations adopted by the council, and advised caution in attempting to make important changes. At the same time he showed a conciliatory spirit, and suggested, as he had already done at the last meeting of the council, that a peaceful solution of the difficulties might be reached through a friendly conference between representatives of the profession and the council respectively.

He then discussed the very important question of medical reciprocity between the various provinces of the Dominion. This has been considered a burning question for many years by a majority of physicians in all sections of Canada. While all think it exceedingly unfortunate that no such reciprocity does exist, still all who have carefully studied the question are ready to admit that the subject is beset with many serious difficulties and complexities. We hope, however, that they are not insurmountable; but that the efforts which are now being put forth, especially by prominent members of the profession in the Provinces of Ontario, Quebec, and Manitoba, to bring about a better condition of things will be successful.

We have much pleasure in referring our

readers to the text of the address, which appears in this issue, and is well worthy of a careful perusal.

#### Clinical Notes.

##### DIPHTHERIA—DEATH FROM EMBOLISM OF BASILAR ARTERY.

BY A. M'PHEDRAN, M.B., TORONTO.

The following case will prove of interest on account of the unusual complication that caused the death. Grace M., æt. 12, became ill with pharyngeal diphtheria on May 30th last. The attack was a moderately severe one, but by June 4th she was convalescing satisfactorily, the throat having cleared. At 3 o'clock on the morning of the 5th she took nourishment, and expressed herself as feeling very well, desiring her nurse to lie down as she herself was going to sleep. A few minutes later she breathed deeply, and by the time the nurse could reach her bedside she was unconscious. Then coma deepened, and she died at 9 a.m.

At the autopsy a firm white embolus was found lodged at the bifurcation of the basilar artery; its origin could not be ascertained. The heart was not examined, but neither it nor the kidneys had shown any signs of disease.

#### Correspondence.

##### COCAINE IN HAY FEVER.

Editor of THE CANADIAN PRACTITIONER :

SIR,—There recently appeared in your journal a prescription for the combined use of morphine and cocaine as a snuff in hay fever. While that formula may be a success, I feel bound to say that it is one which will well bear watching, for it involves a risk with some cases that it would not be wise to incur. Morphism from morphia per nares is possible, as a notable case under our care some years since attests. *Vide*, "A curious case of opium addiction," *Maryland Med. Journal*, 29th March, 1884; reprint at command.

While this case is unique, so far as we know, those from cocaine are less so, despite the mistaken and mischievous statements of Hammond and Bosworth as to the non-risk of inebriety from cocaine.