not its poisonous products that produce morbid changes in the system, he spoke of the early researches of Panum (1856), who showed that the poison in putrid meat for example, was not due to a ferment, since boiling did not destroy it as it did other ferments, like pepsin or ptyalin, and must therefore be an active agent like strychnia. And so on through Selmi (1870), Koch and Kühne, until we now know that although (as in cooking putrid meat) a higher temperature or other germicide may kill off the immediate cause of the ptomaines, viz., the microbes, and so prevent any further formation of them, it does not necessarily follow that these poisonous products are themselves eradicated. He then spoke of an every-day appreciation of this fact which would appeal more effectually, I fancy, to English people than to Canadians; "the practical application of these results in regard to the prevention of disease is that they seem to show that meat which has become tainted by the presence of putrefactive microbes may possibly be cooked sufficiently to destroy the microbes themselves, while the ferments they have formed continue to decompose the meat and give rise to poisonous substances. We can thus see how a cold beefsteak pie, or other cold meat may become poisonous and produce serious symptoms, although there may have been none in it immediately after it had been removed from the oven, and any microbes present were likely to have been killed by the cooking. The frequency with which meat, very slightly tainted, must be eaten in summer, and the common rule of not eating game at all until it is somewhat "high," as it is termed, makes one rather wonder why poisoning by ptomaines formed in such meat and game does not occur more frequently, although I believe that it occurs in a slight degree, more frequently than people are generally willing to allow."

The daily use of cocaine in hospitals and private practice, tends to make one forget that it is a powerful and exceedingly active poison. Two cases of death from its use, one in an adult from hypodermic injection and the other in a child, whose naso-pharynx had been anæsthetised as a preliminary to the removal of adenoid vegetations, have occurred here lately. I happened to be a witness of the latter accident. Less than six grains (in a 10 per cent. solution) had been sprayed through the nose, when in about fifteen minutes the patient became quite faint but shortly afterwards recovered. The removal of the growths was completed but it was again noticed that the child had become pale and faint and that his pulse was very fast and weak. He soon became unconscious, had a succession of epileptiform convulsions, and in spite of heat applied to the extremities, hypodermic injections of brandy and ether, and inhalations of nitrite of amyl along with artificial respiration, was dead in an hour and a half. The use of a weaker solution of cocaine and the employment of an absorbent cotton applicator instead of the spray would probably answer all necessary purposes and would not be attended by any risk.

An American graduate wrote to one of the London medical journals the other day asking how it is that graduates of New Zealand University possess the privilege of registering under the present British Medical Act, while Harvard, New York, Philadelphia and Canadian graduates are not recognized. The answer given was that *all* foreign degrees are placed by the 11th and subsequent clauses of the Medical Act of 1886 under precisely similar circumstances. If the degrees from American Universities have not been registered the fault lies with them and not with the English authorities. Consequently I scanned the proceedings of the last meeting of the General Medical Council, held a fortnight ago, in the hope of finding some reference to the proceedings taken some time since, I believe, to have the Quebec College of