

ports six cases treated in the Philadelphia Hospital, three of which were not benefitted, the other three being considerably improved. He claims that the continuous treatment of lung cavities by repeated injections by means of delicate canulae may be conducted without hemorrhage, traumatic irritation, or interference with internal medication and hygienic measures. The cases which are best adapted for this local treatment are those where a single, superficial and circumscribed non-tuberculous cavity exists; but even where there is implication of the rest of the lung, or incipient disease of the opposite lung, some benefit may be expected. The mode in which such local treatment does good is chiefly by altering the character of the morbid action in the walls of the cavity, diminishing the amount of purulent formation, as well as the degree of hectic irritation and the danger of constitutional infection. A certain amount of rest is secured for the walls of the cavity by the marked relief afforded to the cough. Further, the treatment favors the cicatrization and contraction of cavities. He finally maintains that this mode of treatment possesses a certain degree of positive clinical value, since, during its use, uniform improvement to an exceptional extent, has taken place in both the general and local conditions of the patient.

In a matter of such immense importance as this question of the curability of lung cavities, the interest of Prof. Pepper's paper will not be underrated. Without being over-sanguine concerning the results as yet incomplete though promising, the experimental tests recorded, warrant a further and extended trial, which the practice will undoubtedly receive.

PRESENTATION.—Dr. Arch. McLay, of Bryanston, Middlesex, was the recipient of a very handsome present of a gold watch, valued at \$175, by the good people of the village and surrounding country. On the eve of his departure for Iona, Elgin, a large concourse of friends assembled at the Drs. residence, where a beautiful spread was prepared by his lady. Altogether it was an agreeable affair, and is a token of the high esteem in which the Dr. is held by the people in this vicinity. He carries their best wishes with him to his new home.

MUTUAL BENEFIT ASSOCIATION.—A meeting of the Medical Profession of Toronto was held on the 30th of September, for the formation of a Mutual Benefit Association. Dr. Winstanley was chairman, and Dr. Bridgman acted as secretary. It was moved by Dr. Canniff, seconded by Dr. Pyne, and carried, that this meeting deems it expedient to form a Mutual Benefit Association, and that a committee be appointed to prepare a prospectus to be submitted to the profession for their approval at an early date. Drs. Winstanley, Agnew, and Bridgman were appointed a committee. Moved by Dr. Pyne, seconded by Dr. Rosebrugh, that Dr. Bridgman be authorized to advertize the intention of such an organization in the *Ontario Gazette*, and elsewhere, as required by law. A vote of thanks was passed to the chairman, and the meeting adjourned till the 9th October, at eight o'clock, p.m.

EFFECTS OF CHLOROFORM ON THE BRAIN.—At the late meeting of the British Medical Association, the subject of chloroform-narcosis, was under discussion, and the remarks of Dr. Marion Simms and others were given in support of the view that this condition is due to anæmia of the brain. In reference to this Dr. Bedford Brown in the *Med. Times* (Phil.) for October publishes a letter in which he claims to have demonstrated this fact so long ago as 1860, in a case of fracture of the skull published in the *American Journal of Medical Sciences*. In this case, owing to the severity of the fracture, the anterior lobes of the brain were fully exposed, and the action of the chloroform could be readily seen, and was in his opinion sufficient to establish the fact that cerebral anæmia is the invariable result of the action of chloroform. In view of this fact, it is advised in apparent death from chloroform to place the head downwards while efforts are being made to establish respiration.

PRESERVATIVE FOR HYPODERMIC INJECTIONS.—Dr. McPherson (*Phil. Med. Times*) recommends the following as a preservative for hypodermic injection solutions: chloral hydrate, two grains; acetic acid two drops; distilled water half an ounce. In this menstruum *any alkaloid* may be dissolved or suspended in the usual proportions, and with a certainty of its keeping for several weeks without change.