

glass put on, and after a couple of minutes a drop of 50 per cent. glycerine run in. The alcohol and the iodine fix the endocytes, and the iodine gives them a brown-yellow tint, which fades slowly in glycerine. This investigator was thus able to demonstrate these bodies in the free cells, the unteased portions; and in the epithelial cells covering the retracted nipple and filling the ducts. Endocytes present in epitheliomata are distinguishable from these by the absence of cystic membrane, their smaller size and their situation in the central cell of the "nest." Macallum, while unwilling fully to endorse the views of Darier and Wickham, is convinced that the sporozoa furnish a valuable aid in the diagnosis of Paget's disease.

This seems to us a most important field for future work, and not only the diagnostic value of the endocytes, but also their essential nature, are worthy of the careful study which they are at present attracting as etiological factors in various chronic cutaneous disease, and in epitheliomata.—*Univ. Med. Mag.*

WHEN SHOULD MEDICINE BE TAKEN.—The editor of the *Medical Summary* for November thus discourses on this topic: The proper time for the administration of medicines is of equal importance in many instances with the selection of the medicine itself. The sooner physicians realize this fact the better for the patients. A large number of medicines are used in a routine way, after meals, but too often; when so employed, they are not properly absorbed, or they hinder digestion, and thus undermine the foundations of nutrition. For example, if the bromides be given after meals their absorption is hindered, and their presence in the stomach interferes with the peptic ferment, so that in addition to the depression caused by bromide treatment, we have superadded that which follows derangements of digestion. Some medicines can be taken at any time because of their diffusibility; other medicaments, in order to produce good results, should be exhibited after meals; and others again should be used only between meals, when the stomach is presumed to be empty. The administration of pepsin and pancreatin furnish excellent illustrations of these principles. When the secretions of the stomach are sufficiently acid, pepsin alone can be used in

the course of half an hour after food; but if there be a lack of acidity, it will be advisable to combine the pepsin with an acid, preferably hydrochloric acid, which is the normal acid of the stomach. Should gastric digestion be slow or imperfect, a little more acid can be added from time to time, although there will be no need for increasing the amount of pepsin provided the peptones are taken up. In the use of pancreatin, on the other hand, the acid condition of the stomach will destroy its activity. This will not take place, however, if the pancreatin be taken with food just after the first mouthful is swallowed, or if the preparation be taken about two or two and a half hours after, when the contents of the stomach are supposed to be neutral in reaction.—*Medical Age.*

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Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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THE CURRICULUM OF THE ONTARIO MEDICAL COUNCIL.

At the last meeting of the Ontario Medical Council, a committee, consisting of Doctors Bray, Bergin, Thorburn, Johnson, and Oliphant, was appointed to consider the matter of proposed changes in the requirements of the curriculum. The following extract from the report of the council's proceedings will show the intention:

"Moved by Dr. Bergin, and resolved—That the registrar be directed to place himself in communication with the authorities of the Canadian and British universities and medical colleges, and obtain their views thereon, and also obtain curricula of the leading universities on the continent of Europe; and further, that a committee be appointed, to whom shall be submitted the information so obtained, said committee to frame a report, a copy