

it in the attempt. While one of the friends held the arm I applied extension from the wrist with my left hand and with my right pressed firmly back on upper part of forearm, and soon the two distinct thuds of the dislocated bones relieved me from my anxiety. The arm made a perfect recovery there being no evidence of any fracture.

She was somewhat cachectic having suffered from knee-joint disease, the leg being ankylosed at an angle of about 45 degrees. She could not tell in what particular way she fell.

SUDDEN CANITIES.

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As there have been only a few well-marked cases of sudden canities reported, I take the liberty of stating one, which puts the possibility of its occurrence beyond all doubt.

Sometime ago an acquaintance of mine came to Toronto to stay for a few days to transact some business before his departure to Kansas, where he intended making his home. When I saw him there were only scattered grey hairs among the rest which were very black and glossy and well curled. His hair was coarse and strong, abundant and apparently healthy.

He was under my observation for a period of five days. This effected a complete change from the above condition to almost total grey-ness. He had never used any dressings of any kind on his hair. The microscope showed a great many air vesicles both in the medullary substance, and between the cortical and medullary substances. The coloring matter could be seen in the hair filaments as fine granular particles, evidently a broken-up condition of the diffused state of pigmentation which was still to be found in some hairs.

Mr. B. had met with a series of heavy business losses and was much worried. He stated that the window in the room he slept in was left up and that he felt as if he had caught cold. These were the only causes that could be ascertained for the change in color. It should be mentioned that there was slight loss of cutaneous sensibility in the scalp.

Selections: Medicine.

EXTRACT FROM A LECTURE ON TUBERCLE,

In the Course of Pathological Anatomy at the Middlesex Hospital Medical School, January, 1882.

BY SIDNEY COUPLAND, M.D., F.R.C.P.

Physician to and Lecturer on Pathological Anatomy at the Middlesex Hospital.

GENTLEMEN,—Having, in my last lecture, given you as explicit an account of the general pathology of tubercle as far as I understand it, I propose to-day, before leaving this subject, to recapitulate to you these facts in the form of a concise summary. In doing so, you must allow me to adopt a somewhat aphoristic and dogmatic method; for I feel that upon this subject, of all in pathology, it is necessary for us to have clear and definite ideas. There is hardly any pathological question that has been so swayed by every wind of doctrine as this of tubercle; not even the subject of inflammation has been viewed from so many standpoints, and received so many and varied explanations. The conclusions I am about to give you do not claim to be anything else than the formulated expression of ideas gathered from time to time from various sources. They embody simply the essential points I have learned from others, confirmed, so far as opportunities have been given me, by my own *post-mortem* experience. Therefore, they are in no way original or novel. I hope they may be nearer the truth in consequence; as near, that is, as our present knowledge allows us to go. My sole aim is to teach you the facts which are established, and the inferences that appear to flow from them, in the simplest and plainest manner.

1. Tuberculosis is an infective disease to which man and the higher animals are liable.

2. It is characterized anatomically by the formation of minute nodules or "granulations," composed of elements like those met with in granulation-tissue, the result of simple reparative inflammation.

3. These nodules, or elementary or primary "tubercles," may occur in an isolated manner, or, by their confluence, may form larger or smaller conglomerate masses.