

frequently, if not more so, than in the physician's office. The Company last year made a sort of indefinite promise to lower the rates, but have not done so, hence the complaints we hear on every hand. In our opinion \$25 would be quite sufficient remuneration for the present service, which, as a rule, is nearly useless after dark, owing to the current from the electric light system, causing such a buzzing and roaring that little else can be heard. Of course the Bell Telephone Co. being a monopoly has the advantage of being able to dictate their own terms. But if the medical men of the province drop a hint to their local members of the privileges now enjoyed by the Company might be curtailed, or, if that was impossible, a new and rival corporation might be successful in their efforts to obtain Legislative recognition. It would not be a bad idea to have a meeting of the medical men convened to discuss the matter during the coming summer.

PROPHYLAXIS OF INHERITED INEBRIETY.—At the quarterly meeting of the Society for the Study of Inebriety, on January 5th, Dr. Charles Hare presiding, a paper was read by Dr. James Stewart (*Br. Med. Jour.*), who said they could not too often, as scientific men, protest against the use of the words drunkenness and inebriety as if they were controvertible terms. M. Trélat had put the difference very clearly: "Drunkards are people who drink when they find any opportunity of drinking; dipsomaniacs are diseased persons who get drunk whenever their attack seizes them." The conclusions arrived at were summarized as follows: 1. Drunkenness is a vice, inebriety a disease. 2. The disease of inebriety once established may be transmitted to the offspring, either in the form of the alcoholic diathesis, epilepsy, chorea, insanity, or even tendency to crime. 3. The child of an inebriate, born after the functional or structural lesion has been established, is sure to inherit some nervous diathesis. 4. The only security against this diathesis developing as inebriety is by lifelong total abstinence on the part of the child. 5. Even the adoption of this precaution will not absolutely make certain that there will be no transmission of the cachexia by the child to his or her own offspring. 6. To prevent the development of the alcoholic neurosis in other directions—

such as epilepsy—sudden excitement of the emotions and sensibilities (such as might be produced by corporal punishment at the hands of strangers) should in all cases be guarded against. 7. In the prophylaxis of inebriety the principle to be acted on with regard to children's training is that, if the good be accentuated, the evil is attenuated. 8. The marriage of the child or even grandchild of an inebriate to a first cousin should be absolutely interdicted. A brief discussion ensued.

SALTS OF STRONTIUM.—Dujardin-Beaumetz (*Sem. Méd.—Br. Med. Jour.*) makes some further statements as to the clinical uses of salts of strontium. The only salt of which he had had any experience was the lactate. This he had employed in a number of cases of Bright's disease, with albuminuria; under its influence he had the satisfaction of seeing the albumen diminish very considerably, in some cases being reduced to one-half of that previously excreted. He attributed this favorable action rather to the very beneficial action of the strontium salts on digestion than to their direct action on the kidneys. At the same time he pointed out that the greater or less quantity of albumen passed was of less importance in the prognosis of the disease than the proportion of toxins retained in the organism, which the renal filter either retains or allows to pass into the urine. He recommended that a milk and vegetable diet be employed in combination with the drug, which he gave in doses of ʒjss. per diem.

PUNCTURE IN CHRONIC HYDROCEPHALUS.—Karnitzky (*Arch. für Ped., Br. Med. Jour.*) reports five cases of chronic hydrocephalus treated by puncture. In none of the cases did any complication follow the operation, which was performed with aseptic instruments. In two cases the child died; in one the head was tapped twice, in the other five times; in the latter, death was due to diarrhoea, and considerable improvement followed the first tapping. In another case, tapped five times, the child was growing rapidly worse when last seen; one case was only under observation five days; in the fifth case—a female child, 11 months old, with a very large head, with extremely thin bones—six punctures were made during the course of a month; the circumference