pouch some poison sacs, cut a piece off and reduced it to powder, pricked his foot near the puncture, which had commenced to swell, and rubbed the virus powder in. One of the other bushmen who had killed the snake and extracted the poison-cysts, handed one of them to him: he squeezed a drop of poison out of it into some water and drank it; he seemed to fall into a kind of a stupor, in which he remained for some hours. At first the swelling increased rapidly, but began to subside after some hours. Next morning he inoculated himself again; that night the swelling had completely disappeared and the fourth day he seemed as well as ever, and claimed the roll of tobacco." Mr. Farini took the precaution to bring home the poison of several snakes and a portion of a N'anboo, which he is sending to M. Pasteur to experiment with.

PERMAMENT DEAFNESS CAUSED BY SALICINE AND QUININE.—The *Lancet* draws attention to the fact that pernament deafness may be caused by the continued use of large doses of quinine and salicine.

From experiments made by Kirchner on cats and rabbits, it appears that hyperemia and exudation in the labyrinth, semicircular canals, and cochlea follows the administration of quinine.

He mentions also the case of a woman who had an exudation into the tympanic cavity after the prolonged use of salicylic acid, which he removed by performing paracentasis of the membrane tympani. It is stated by Schilling that the combination of ergot with salicylate of soda prevents tinnitus in the great majority of cases. borate of quinine has been shown by Finkler and Prior to be less liable to produce quininism than the muriate. It would certainly appear as though the salt was to blame for these cases when permanent deafness follows hyperæmia and exudution in the labyrinth, but the disease for which the salts were used may have played a part in the production of the anatomical change on which the loss of hearing depends.

Ontario Medical Association, Committees.— The President, Dr. Tye, has named the following gentlemen as members of the respective committees:

Medicine—Drs. Gillies, Caw, Hunt, Geikie. Surgery—Drs. Atherton, Stark, Throill, Elliott, Gilpin. Obstetrics—Drs. Eccles, McDonald, (Hamilton) Brouse, A. H. Wright, Roseburgh. Ophthalmology—Drs. Palmer, Reeve, Ryerson, Burnham,

Roseburgh. Necrology—Drs Fulton, Harrison, Wishart. Papers, &c.—Drs. Sheard, Graham, Edwards, Hillary, Walker. Ethics—Drs. Holmes, McLean, Moorehouse, (London), Mullin. Audit.—Drs. Oldright, Teskey, Yeomans. Arrangements—Drs. Temple, Wright, White, W. H. B. Atkins, Pyne, Sheard, Powell, Rosebrugh. The subjects chosen by the chairman in medical surgery and obstetrics, respectively are:—Pneumonia, Fractures of the thigh, and Puerperal Albuminuria.

Presentation to Dr. Mewburn.—The Medical profession of Winnipeg have presented Dr. Mewburn, late Hospital Surgeon, with a gold watch and chain, valued at \$150, accompanied with an address expressive of the high esteem in which he was held by them. He was also presented with a gold-headed cane by the students of the Medical School. We are glad to notice these kind courtesies from members of the profession towards each other.

WOODSTOCK MEDICAL ASSOCIATION.—The second annual meeting of the above association was held in the President's office on the 5th ult. Officers for 1886, Dr. L. H. Swan, President; Dr. J. C. Thrace, Vice-President; Dr. G. W. A. Ross, Secretary and Treasurer. The association is in a flourishing condition; many papers of interest having been read during the past season.

ABORTIVE TREATMENT OF TYPHOID FEVER BY MERCURY.—The N. Y. Medical Journal gives Kalb's method of treating typhoid fever by mercurial inunction. The inunctions should be undertaken before the ninth day, when he says, defervescence takes place in a few days. The inside of the thigh is chosen for the frictions, which should be continued for half an hour each time. To counteract the damage to nutrition it is advised to use large quantities of alcohol.

ELECTRO-THERAPEUTICS.—Those interested in the subject of electro-therapeutics, or the apparatus for its application, are requested to correspond with Dr. A. M. Rosebrugh, Toronto.

CORRECTION.—Readers of the Lancet will please make the following correction in Dr. Arton's article of last month. Page 130, 1st column, 19th line, from top—"cross lesion," should have been gross lesions.