

persistent and rapid emaciation, but the patient may even gain flesh under treatment ; 10, signs of tubercle in the lungs, bowels, testes, præstata, vertebræ, or elsewhere ; 11, the fact that it occurs more frequently in males than in females ; 12, the absence of dropsy and any tendency to uræmia, the patient dying from exhaustion ; 13, the rapid progress of the disease, which rarely lasts two years.

D. *Pyelitis from obstruction of the urinary passages* is distinguished by : 1, the history and the symptoms of a primary obstructive disease, as cancer of the uterus, stricture, enlarged prostate, hydatids in the pelvis, etc. ; 2, constant aching pain and tenderness in the back, over one kidney or both ; 3, copious urine of a low specific gravity, with little urea or albumen ; 4, a varying quantity of pus in the urine, possibly with casts, consisting of pus-cells from small abscesses in the substance of the kidney, or with an alkaline reaction due to the concurrent cystitis ; 5, very commonly paroxysms of intermittent pyrexia ; 6, the great tendency to headache and uræmic symptoms.

V. *If the pus be from an abscess bursting into the urinary passages*, its places of origin may be very various, some of them being : A. In rare cases, empyema. B. A tropical abscess of the liver. C. A psoas abscess. D. A prostatic abscess. E. Pelvic cellulitis after or independent of parturition. The urine is usually acid, and the pus falls as a creamy layer. Further, the diagnosis depends upon : 1, the clinical history previous to the pyuria ; and, 2, the concomitant symptoms and signs of the primary disease.—*New York Medical Record*.

CONTRACTURES IN HEMIPLEGIA.—A hemiplegia (cerebral) quickly followed by contractures, nearly always quickly results in death. It is always a sign of cerebral hæmorrhage, sclerosis, or softening from embolic or thrombic occlusion. Hysteria must be eliminated in the diagnosis. In it contracture occurs suddenly, develops rapidly and varies frequently ; facial paralysis is absent, but there is hemianæsthesia. Finally the contractures (except in the oldest cases, where organic lesion has developed) yield to anæsthetics.—*Cinn. Lancet and Clinic*.

## BRITISH QUALIFICATIONS IN CANADA.

At the recent meeting of the General Council of Medical Education and Registration of Great Britain the question of Colonial registration of British qualifications came up for discussion. The following excerpt is from the *British Med. Journal* of July 26th :—

Communications from the Colonial and Privy Council offices, with legal opinions thereon by Messrs. Jenkyns and Ouvry, and an application from a Canadian practitioner, in regard to registration in Canada, referred to the General Council by the Executive Committee, were ordered to be received and entered on the minutes. Among the documents, was a petition from the College of Physicians and Surgeons of Ontario to his Excellency the Governor General of the Dominion of Canada, dated March 7th, 1879, asking him to submit the case of the petitioners, as set forth in their memorial, to Her Majesty's Government, and to recommend that those portions of the Medical Act passed by the Imperial Parliament which affect Canada and interfere with the rights of self-government and self-legislation conferred upon her Parliament and the legislatures of her several provinces by the British North America Act (1867) may be repealed. Among the grounds of this request were the following.

"The effect of permitting persons registered on the *Medical Register* of Great Britain to register in Ontario without complying with the rules of your petitioners' Council will have a most harmful effect on the progress of medical science in this province.....Physicians and Surgeons are distinct professions in the United Kingdom, but, being registered in the *Medical Register* of Great Britain, a physician or a surgeon can, under the provisions of the Imperial Acts, register in Ontario, and so become entitled to practice in all branches of the profession in that province, although only licensed to practice in one branch in the United Kingdom. . . . A number of diseases are necessarily treated differently in Canada and in the United Kingdom on account of differences, climatic and physical ; so that, in the interests of the public, it is necessary for medical students and professional men to receive a practical medical educa-