Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

March 27, 1884.

The President, Dr. Graham, in the chair. The minutes were read and confirmed. Dr. Macdonald, of Church street, was elected to membership.

Dr. Graham read a paper on a peculiar case of suppurative disease. (See Canadian Practitioner, May, 1884, page 158.)

Dr. Nevitt thought the history pointed to chronic pyæmia. He cited a case which had been under treatment for a number of years. A great variety of treatment was used with indifferent success; the patient became emaciated; a foreign body was carefully sought for, but was not found; and the diagnosis made was of some form of spinal injury. The patient was sent to an hospital, and after a further minute and careful search a foreign body was found and extracted, and prompt recovery en-The abscesses in this case were in the connective tissue.

Dr. Macfarlane was disposed to agree with Dr. Nevitt, that the case was one of chronic pyæmia. In strumous cases the glands about to suppurate are indolent taking a long time to mature, while in Dr. Graham's case the abscesses formed rapid-He thought it difficult to draw the distinguishing line between tubercle and He spoke of a family of four scrofula. children, whose parents died of consump-Two of the children were tuberculous, and two were scrofulous. In all cases of this kind there is a cachexia, whether it attacks glands or lungs, or brain, the same cachexia exists. He was disposed to think them the same disease; but attacking different structures.

Dr. Ferguson spoke of a case which had occurred under Mr. Heath's care, where multiple abscesses occurred, and at the autopsy no cause for the pyæmia could be found, save a carious condition of the teeth.

Dr. J. F. W. Ross was inclined to regard these as mixed cases. If it were simple pyæmia there would more likely be severe or well marked rigors. There had been two or three points omitted in the postmortem examination which might have thrown some light upon the case, especially as to the presence or absence of tubercle in the lungs in the meninges, and in the abdomen.

Dr. McPhedran was disposed to agree with Dr. Nevitt, that the case was not scrofulous, or at least not entirely so. regard to a remark made in the paper that syphilis is a predisposing cause of scrofula, he quoted Treves to prove it a direct cause, the first children of syphilitic parents being syphilitic, and the later children scrofulous.

Dr. Graham admitted a pyæmic condition in his patient in the later stages. The great difficulty of the diagnosis occurred in the early part of the disease, and in the intervals of comparative health. In scrofula the parts affected particularly are lymphatic glands, mucous membranes, and the joints. The mucous membrane of the ileum in this case was affected.

Dr. Cameron presented some atypical temperature charts of typhoid fever.

Dr. Cassidy had been pleased with the action of quinine as an antipyretic administered hypodermically. He made a solution of the bisulphate with hydrobromic acid. He injected ten grains of the salt, and in half an hour a second dose of ten The effect upon the temperature was marked, and the reduction was more permanent than when given by the mouth.

Dr. Graham referred to a case which he had exhibited to the Society upon a previous occasion—a case of alopecia univer-The patient is again under his care, this being the fourth time that she has lost The first time of the falling of her hair was during her first pregnancy; the other occasions were during lactation. When she ceases nursing the hair grows in. On one occasion she weaned the child at two months, and the hair immediately began to grow. At present she is nursing a seven months old child, and the hair is still absent.

The President stated that the meetings of the Society will be weekly after the general meeting in May.

April 10th.—President, Dr. Graham, in the chair, minutes read and confirmed.

A case of Dr. J. W. Lesslie's of impetigo contagiosum was exhibited. A child, four years of age, a long time ago had an eruption on the hand, beginning as a red elevation of the skin; in twenty-four hours becoming vesicular, then pustular and surrounded by a red areola; it then drys and disappears; it is more abundant on the