B. Fl. ext. grind. robustae 3ii.

Aquam ad 3viii.

M. Apply frequently with a cloth.

The inflamed parts should be bathed twice or thrice during the day with water and Castile soap, and the bowels should be opened freely for a couple of mornings with Epsom salts or seidlitz powders—preferably, I think, the former.

PEMPHIGUS VULGARIS.

I have found this a most troublesome disease, resisting treatment stubbornly and exercising a marked depression upon the vital powers of its little victims. With the most careful and painstaking treatment, we will not seldom be disappointed in seeing the eruption spreading until a large portion of the body is affected with the disease in some stage or other. I do not think there should be any difference of opinion with regard to the value of arsenic in this disease. The cases I have had lead me to think very highly of its use. although I cannot agree with Morris when he declares arsenic to be as valuable in pemphigus as quinine is in ague. The external treatment I believe to be important. blebs should be opened while they are yet very small and their contents evacuated, care being taken that the little patch of raised cuticle is not detached. Frequent gentle washing with Castile soap should also be practised. For local application I use the following ointment:-

RUSSIAN MEDICAL STUDENTS.—It is stated that medical schools in Russia are becoming so crowded that systematic efforts are being made to diminish the number of applicants by imposing certain restrictions, one of which is to allow only those who have received an education at a gymnasium.

REPORTS OF CASES.

BY DR. CAMPBELL, SEAFORTH.

The following cases were reported at a late meeting of the Huron Medical Association held in Clinton. They were reported as ordinary cases with which the active country practitioner has frequently to contend—therefore the reports would be of more use than those of rare cases which he might never meet with in a lifetime. The papers were very well received by and favorably commented on by the members of the Association.

CASE I., Apoplexy. - Diagnosis - Hemorrhage left side; complete insensibility; paralysis of right side. Death the fifth day. No autopsy. History-Mrs. H. McK., aged 77; a native of Scotland; a fat, heavy woman, with short neck and full face; was found lying on the floor of her bedroom at eight o'clock on the morning of the 25th September. She was lifted into bed by her daughter and daughter-in-law. remained insensible, breathing hard, and when her two sons returned late in the evening they became alarmed and drove to my office. They thought that she had fallen accidentally and injured her head. I told them that, in my opinion, they were putting the effect for the cause and the cause for the effect; that it was a case of apoplexy caused by the bursting of a blood-vessel on the brain, but would know better when I examined her. Reached the patient by midnight, sixteen hours after the attack. Found the right side completely paralyzed, with the reflexes abolished, both pupils contracted, the patient insensible, speechless and unable to protrude her tongue. The urine was passed involuntary. The temperature was 102°, the pulse 90; the face was slightly flushed, her breathing somewhat stertorous and there was some puffing of the cheeks. side was natural, and retained full motor power with the reflexes intact. Had no croton oil or I would have given her a dose, but instead, gave a good dose of calomel mixed with fresh butter, pushing it well back on the tongue; gave an enema which, however, came right back, the bowel evidently being paralyzed. Put mustard to the soles of the feet, calves of the leg and nape of the neck; drew off the water and told