It is to be hoped that the excellent example set by the British Medical Association will be speedily followed by other Associations. We in Canada have many promising fields for investigation, especially in sanitary matters, but we will have little share in the solution of these interesting problems unless we make a united organised effort. What Professor Humphrey amongst us will begin the good work?

ADULTERATION OF BRANDY.

Some startling revelations have recently been made by the U. S. Consul at Rochelle regarding the quality of the liquor exported from France as brandy. He states that the whole business has become a gigantic fraud, and that little or no genuine brandy can be obtained, even by purchasers upon the spot. All the owners of large vineyards are distillers, and they are said to be heaping up colossal fortunes by manufacturing beet and potato spirit, which, by judicious diluting and flavoring, is made to resemble in taste and appearance brandy of any required age or make. When they sell brandy purporting to be twenty or thirty years old, or of a particular vintage, they simply mean that the article looks and tastes like genuine brandy of that stated age or vintage. The vile compounds with which the market is being flooded are highly injurious, not only from the irritating properties of fresh beet and potato spirit, but also from the poisonous qualities of the flavoring and coloring ingredients. As brandy ages, it loses its fiery properties, gains aroma and bouquet, and is then more suitable for medicinal purpose. Fresh new brandy should never be prescribed. It is therefore somewhat startling to learn that we cannot procure a genuine old brandy at any price, even from direct importers, and that we are probably prescribing for our patients the vile combinations of fraudulent French distillers instead of a bland and potent stimulant. If these corrupt practices are not speedily amended, the profession will have to seek elsewhere for a pure and reliable form of alcoholic stimulant, suitable for internal administration.

TUBERCLE-BACILLI IN URINE.

In the last number (No. 5, Feb. 3) of the *Centralblatt f. d. Medicin Wissens.* Professor Rosenstein announces that he has been able to demonstrate the bacilli of tuberculosis in the urine of a patient with urogenital tuberculosis; Lichteim previously mentioned having found these organisms in the pelvis of the kidney of a patient dead from the same disease. The case reported by Rosenstein is one of a man aged 37, with a good family history. Up to four years ago he was quite healthy. Then for the first time he complained of pain during, as well as previous to micturition. Two years ago he noticed, first in the right, later in the left epidydimis a hardness which appeared to be about the size of a small walnut. The testicles were quite free; no swelling of any lymph glands, nor was there present any sign of disease of the lungs. His general condition was good, no fever was present at any time. The patient passed urine in small quantities, about 50 grammes (1½ oz.) at a time. The total quantity in 24 hours varied between 800 and 1660 Cctm. (25 to 52 oz.), sp. gr. 1012 to 1018. Urine was of a pale yellow, acid, highly albuminous, cloudy even when just passed. Whitish flocculi about the size of the head of a pin floated in it. After standing, an abundant sediment of a whitish-grey color was deposited, composed almost exclusively o pus corpuscles and but very little blood. For examination, the urine was passed into a solution of thymol, and the fluid drawn off after standing 24 hours. A drop of the sediment was placed on a cover glass, dried in the gas flame, and treated according to Ehrlich's method. Observations made with Hartnack 3 obj. 9 shewed that in the smallest particles described as flocculi, bacilli were present in great numbers. Prof. Rosenstein further remarks that the urine preparations require 24 hours immersion in the staining solution, in this respect differing from those of sputa, which can be well seen after only half an hour immersion. He also considers it important that the urine preparations after decolorizing with nitric acid should be stained with a watery solution of methylene blue because, notwithstanding the urine may have been passed into a solution of thymol, the bacteria of decomposition might be present, in which case their blue color would readily distinguish them from tubercle bacilli.—GEO. WILKINS, M.D.

PERSONAL.

Dr. Louis Robitaille (M.D., McGill, 1860), a brother of the Lieut.-Governor of Quebec, has been called to the Dominion Senate.