tions upon which licenses are granted in Great Britain render it necessary to hold examinations in Canada in order to protect the public against incompetent practitioners. It is true that it is said that some who failed to pass the examinations of the Council here, have gone to Edinburgh and obtained a license there. This may be perfectly true. On the same ground exactly it might be argued that the examinations of the Council here are too easy because many men, who have failed to pass the examinations of the Universities, have succeeded in passing before the Council. These things are simply the accidents of examinations and prove nothing. To those who know how much practical work is needed to obtain a license in Great Britain as compared with Ontario, the idea of holding further examinations here, on British licentiates, is a little absurd. If the reason for the proposed change be that when students go to the old country, the fees are lost to the Council without any real advantage to the student, owing to the shortness of the time he spends there; then a much more dignified way out of the difficulty would be to refuse registration to such students, unless they have spent one or more years in one of the medical schools of Great Britain, and have obtained a creditable diploma. To shut the door in the face of the English practitioner is rather a heroic remedy for the small evil of losing student's fees! If Canada possessed the advantages of the great medical schools of Edinburgh and London, and exacted a much higher standard of medical knowledge than obtains in Great Britain, then we would have some excuse for being exclusive. We possess neither the one nor the other, and now, that equal rights can be secured to the colonial practitioner, by making registration in England and the colonies reciprocal, it is neither dignified nor good policy to enact prohibitory laws.

Yours, etc.,

D. E. J.

Toronto, Dec. 5th, 1886.

RE DOVER'S POWDER.

To the Editor of the CANADA LANCET.

SIR,—I notice in the CANADA LANCET for Nov., an article from *The Asclepiad*, on Dover's Powders. I have in my library a work, entitled, "The Ancient Physician's Legacy to his Country," by Thos. Dover, M.B., 1732, in which, under the treatment of gout, he gives the following prescription:—"Take opium, one ounce; saltpetre and tartar vitriolated, each four ounces; *ipocacuana*, one ounce; *liquorish*, one ounce. Put the saltpetre and tartar into a red-hot mortar, stirring them with a spoon till they have done flaming. Then powder them very fine; after that, slice in your opium; grind these into a powder, and then mix the other powders with these. Dose: from forty to sixty, or seventy grains." Is not this the original Dover's Powder? Judging from his book, Thomas Dover, M.B., was an arrant humbug.

Yours truly,

WM. J. ALMON, M.D.

Halifax, N.S., Nov. 28, '86.

Reports of Societies.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

The monthly meeting of this society was held November 3rd, Dr. J. P. Rutherford, president, in the chair.

Dr. Tye read a carefully prepared paper on The Differential Diagnosis of Hysteria from Diseases of the Brain. He narrated a couple of cases where, after a thorough examination by two or more medical men, hysteria was diagnosed in each case; and yet, within a few days, one patient died of an uncertain brain disease and the other of tubercular meningitis. He quoted Gowers to the effect that hysteria simulated nearly every organic brain disease. Dr. Grassett, of Montpelier University, France, in "Brain" for January, 1884, advances the theory that hysteria is a symptom of the tubercular diathesis, and that attacks of each may alternate, one with the other. The reader of the paper has noticed this in many cases, and his attention was drawn to it in the above journal. In grave and obscure cases we are justified in diagnosing the more serious malady; or, at least, in warning them that more serious symptoms may appear in the future. Hysterical pyrosis is generally fugitive, hence a continuous fever for some days, favors a lesion. The coma due to hysteria must be diagnosed by the age, sex, absence of fever, ease or difficulty in deglutition, and the former and present history of the patient. Rapid