

genuineness of the bacillus of Koch, and of its being peculiar to tuberculosis, but there was an unwillingness on the part of many to consider these bacteria as the real cause of the disease.

Dr. A. J. Harrison then read a paper on primary endocarditis. He thinks that both endo and pericarditis often exist as primary diseases without being diagnosed. Dr. Clifford Albutt agreed with Dr. Harrison in this particular.

To-morrow (Friday) sectional meetings will be held in the morning, and the business of the Association will close.

The social element of the meeting has been very prominent. An elaborate programme has been so far carried out with entire satisfaction to all. No doubt the entertainments yet to come will be quite as delightful as those already over. On Wednesday afternoon a luncheon was given in the Shire Hall, at which the bust of Sir Charles Hastings, the founder of the Association, was presented to the Mayor and Corporation of Worcester. On the evening of the same day the sacred oratorio, "The Creation," was given in the Cathedral. I might here state that the Cathedral which has but recently been restored is a noble structure. The screen and choir together with the pulpit, are perfect gems of art. On this (Thursday) evening the annual dinner took place. To-morrow a garden party will be given by the Earl and Countess Beauchamp, at Malvern. On Saturday arrangements have been made for several excursions; one to Stratford-on-Avon, Warwick, and Kenilworth, and another to Tintern Abbey.

In one of the business meetings there was a lively discussion concerning the Medical Council. The latter body appears to have almost as hard a time as its analogue in our country. Dissatisfaction was evinced, with regard to its constitution, and, of course, with regard to the examiners appointed. Discrimination was said to have been shown against certain schools. Perhaps we had best be contented with our Council in its present state, and be thankful that it is no worse.

Worcester, August 18, 1882.

Punch's Medical Student.—"What would you do, sir," asks *Punch*, "if you were called to see a man who had hung himself?" "I would cut him down." "Then what would you do?" "I would cut him up."

TORONTO MEDICAL SOCIETY.

STATED MEETING, JUNE 15, 1882.

A. H. Wright, B.A., M.B., Vice-President, in the chair. Dr. Bray, President of the Medical Council, and Drs. Rosebrugh, Day, and McCargow, members of the Council, being present, were cordially welcomed by the Vice-President.

Dr. Zimmerman showed a young girl suffering from psoriasis guttata and nummularis. It was eight weeks since the disease began.

Dr. Oldright gave the following facts in connection with a case under his care: A lad, aged 18, rather overgrown, complained of pains of a rheumatic character; after ten days had an attack of pneumonia, and a few days later an acute pleuritis on left side. Shortly afterwards an endocardial murmur of a peculiar hissing character developed. The feet became œdematous, pulse irregular, and temperature varying from 100° to 103°. Urine gave reaction indicating coloring matter of bile. All these symptoms improved, but he has become sullen, listless, not answering when spoken to. Refuses food, so that recourse was had to the stomach pump.

Dr. Cameron thought two explanations might be offered for the nervous symptoms, either œdema of the brain or embolism of the terminal arteries of the brain.

Dr. Oldright thought œdema would cause dilated pupils and some apoplectic symptoms.

Dr. Cameron reported a case of popliteal aneurysm in a man aged 50, under his care at the Toronto General Hospital. The tumor was first noticed last December. Has increased in size steadily since; impulse and bruit distinct. During the last week treatment by flexion and instrumental compression alternately as they could be borne, has been tried, but with only partial success. Dr. C. had proposed applying an Esmarch bandage up to the hip, omitting the tumor, but a systolic cardiac murmur contraindicated the use of an anæsthetic. A second aneurysm was discovered in the lower part of the epigastric region. The increased blood pressure resulting from bandaging as proposed would affect this abdominal aneurysm injuriously. There were, therefore,