

ing of the pallial chamber, duct of salivary gland, the eye with its cornea, conjunctiva, sclerotic and choroid coats, retina and lens, the optic nerve, buccal nerve-ganglia, cerebral, pedal and parieto-splanchnic ganglia with branches, albumen gland, ovotestis and its duct, end of follicle of ovotestis, oviduct, vas deferens, duct of spermatheca, dart and dartsac, auditory canal and sac with otoliths in fluid. Plate XIX. shows the frog's skeleton with all necessary minuteness, different colours being employed to distinguish cartilage from true bone, as well as those bones that originate in cartilage from those that have their origin in membrane. Again, in Plates XX. and XXI. we find the ventricle and auricles of the heart of the frog, the bulbus arteriosus, right and left aortic arches, the cœliac, mesenteric, gastric, hepatic, dorsal, iliac, femoral, sciatic, splenic, carotid, and lingual arterial branches, the chief cranial nerves, a transverse section of the spinal cord and neural canal, the nervous supply to the muscles of the eye, and the vertical and horizontal longitudinal sections of the brain. Finally, in Plate XXIV. we have, what is of great interest and importance, a comparison of the histology of *Rana* and *Homo*.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

This Society met on the 18th Nov., 1880, the President (Dr. Covernton) in the chair. After preliminaries, Dr. Geo. Wright related two cases of syphilis; in one, in which the primary sore appeared on the lip, the source of infection was traced to a pipe which had been smoked by a person having mucous patches in the mouth. The second case was one of syphilitic psoriasis, in which the only source of infection appeared to arise from sleeping in the same bed and using the same towels as a friend with syphilis.—Dr. Graham had met with four cases of a similar character—the first in a male, with labial chancre, from the use of a syphilized pipe; the second and third both in girls, resulting from inoculation; and the fourth with a superciliary chancre without history.—Dr. Reeve mentioned a case of conjunctival chancre in an infant a few months old.

Dr. McPhedran related a case of luxation of lower end of the fibula forwards (published in another column).—Dr. Reeve then proceeded to read his paper upon some diseases of the Nasopharynx, Tympanum and Mastoid (will be published). The discussion was adjourned till next meeting. After some general business the Society adjourned.

At the meeting of Dec. 2nd, the President in the chair, Drs. T. S. Covernton, Rolph Lesslie and J. Lesslie were proposed as members.

Dr. Davidson exhibited a patient with a skin affection pustular in character, and confined exclusively to the back, and said to be of two years' duration. It resembles acne vulgaris.

Dr. Graham stated that a case of elephantiasis arabum under his care was improving under the administration of chaulmoogra oil internally and externally.

The adjourned discussion on Dr. Reeve's paper then came up; and after some remarks by Drs. Ryerson and Palmer, and a few questions from Drs. Nevitt and Cameron, Dr. Reeve closed the debate with a most able reply.

Dr. Graham then presented some pathological specimens from a case of lymphatic leucocythæmia under his care for four weeks. The disease ran a typical but rapid course. The lymphatic glands were universally enlarged. The spleen was not enlarged, weighing $5\frac{1}{2}$ ounces. A small *lien succenturiatus* also existed. All the organs were unusually firm, and presented well-marked lymphatic infiltration. The lower lobe of left lung was perfectly white and almost absolutely solid.

Dr. Machell presented a patient, the subject of fracture of lower angle of scapula (published last month).

Dr. Geo. Wright related a case of chancroid in a boy of 13, said to have been caught from a girl of 11 or 12. He also related a case of cardiac syncope, in which a most alarming condition was brought on by slight exertion. There was no organic valvular disease and no pericardial effusion. The patient was improving under rest, ammonia and digitalis.

Dr. Workman read a translation of Géli-neau's case of narcolepsy, and offered some remarks upon it. Any excitement caused the