

a few days after she had an exudation, which distinctly pressed upon the nerves coming from the sacral plexus, causing her right leg to be almost completely paralyzed. This exudation yielded to proper treatment, and on the 22nd May she had regained the use of her right leg. The salicylate treatment was kept up during six weeks but in greatly lessened doses after the first two weeks. She is making a good recovery, there being no heart murmurs, temperature only one degree above normal and the discharge almost stopped. As I have met with only two or three cases of gonorrhœal rheumatism in the female I thought it might be of interest to record this one.

WARMING MEDICINE BEFORE ADMINISTRATION.

Lewin recommends the warming of medicines before administering, and of subcutaneous solution as well. The absorption, he points out, is much quicker and the doses necessarily smaller.—*The Medical Age.*

PRESCRIPTION FOR PSORIASIS.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

- R.—Acid. chrysophanic.....gr. x.
- Liq. carbonis deterg. (Wright's)...℥. x.
- Hydr. amm. chlorid.....gr. x.
- Adip. benzoat.....ʒj.

Misce fiat unguent.

At night the patient should wash the diseased surfaces free from all scales, then standing before a fire rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.—*Archives of Surgery*, 1889.

POWDER FOR PAPULAR ERYTHEMA.

The following powder is recommended by Besnier, in *L'Union Médicale*, for the treatment of papular erythema:

- R.—Powdered boric acid.....ʒss to ʒj.
- Chalk
- Oxide of zinc
- Powdered starch

This is to be dusted over the part. If the irritation is intense, a mild solution of boric acid is first to be applied and followed by the powder.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, May 10th, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. Major, Richard Macdonell, Kenneth Cameron, A. D. Blackader, E. H. Blackader, Spandlove, Jack, Rollo Campbell, Finley, Wesley Mills, J. J. Gardner, Lapiborn Smith, Shepherd, James Bell, James Guerin, T. W. Campbell, McKechnie, H. Bell, Shanks, Birkett, Trenholme, W. Gardner, Proudfoot, England, Allan, Hutchison, Reed, DeCow and McCarthy.

After routine the following pathological specimens were shown:

- (1.) Duodenal ulcer, by Dr. Geo. Ross.
- (2.) Renal calculus, by Dr. Shepherd.
- (3.) Tumor of brain, by Drs. A. D. Blackader and Finley.

Dr. Shepherd said that he had performed the lumbar operation; that before the operation the patient had been reduced in weight to 90 lbs., but that after the removal of the calculus she had gradually gained in weight till she had reached 230 lbs.

Dr. Major showed a rhinolith, the nucleus of which was a piece of sea-shell introduced into the nostril 25 years ago. For some time past it had given rise to no discharge, nor to ozana, there being simply obstruction. Dr. Major also placed on record a case of papilloma of the larynx.

Dr. Macdonell showed photographs of a woman, the subject of exophthalmic goitre; it was interesting from the fact that there were areas of pigmentation in the face near the eyes. This, though rare, has been already described.

Dr. Macdonell then read the history of a case of aneurism of the arch of the aorta. He said that the patient was walking across the hall of the hospital when he suddenly became cyanosed and clung to the bannister of the stair to save himself from falling. He was taken to his bed and, after a consultation, Dr. Major performed intubation. Next day he was somewhat better and the tube was removed. It was learned that he had no history of syphilis but that he had been employed in a warehouse where there was heavy lifting to be done. He was a very large man, being tall and very fat. Before this attack he appeared to be in good health. There was no tracheal tugging; and the pupils were equal. There was a great deal of difficulty in respiration which was not, apparently, due to obstruction. In the course of a few days he grew weaker and weaker and then died. At the autopsy there was found an aneurism of the arch of the aorta about three by four inches in size, the walls of