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Selections: Medicine.

PATHOLOGICAL SOCIETY OF LONDON.

Dr. Dickinson showed a specimen of Ulceration of the Intestines in connection with Granular Kidney. He said that two years ago, in his Croonian Lectures, he had related two cases of granular kidney in young subjects, both of whom died from peritonitis due to perforation (or nearly complete perforation) of the bowel from ulceration. This ulceration resembled that of dysentery, except that it occurred in the ileum, and not in the colon. Dr. Greenhow had since mentioned to him a third case of ileal ulceration and purulent peritonitis in a girl aged twenty, the subject of granular kidney. The present was the fourth case with which he was acquainted. The patient was a young man twenty years of age, who had marked symptoms of chronic Bright's disease, copious pale albuminous urine, very little dropsy, albuminuric retinitis, extreme hardness of the pulse, and hypertrophy of the heart. He had occasional hæmorrhage from the bowel and nose, as well as the retinal hæmorrhages. The supervention of peritonitis (from which he sank) made Dr. Dickinson think the case to be parallel to the other three. The kidneys were markedly granular and fibroid, and an interesting fact was that the renal lesion was the direct outcome of an attack of scarlet fever fourteen years before. At that time, when he was six years old, he had scarlatinal dropsy, and ever since his health had been bad. The ileum was ulcerated, and in two places perforated; the peritoneal sac containing purulent fluid. There was no tu-

bercle, and no evidence of typhoid ulceration. As to the way in which the ulceration arose in these cases Dr. Dickinson was unable to speak with certainty; he believed it to be an actual result of the granular kidney with which it was associated, and it might be due to hæmorrhage into the wall of the gut. The President remarked upon the youth of all the patients, and asked whether any explanation could be given of this. Dr. Dickinson said that in the present case the renal disease was clearly due to scarlet fever, and in another it was due to calculous affection. The President asked, further, what proof was there of the absence of typhoid fever? Was the temperature raised? It was remarkable that in not one of the cases was the patient advanced in life. Dr. Dickinson said there was no history of typhoid fever in any of the cases, and two of them were under observation for a long time. There was no noticeable rise of temperature, and the chronicity of the disease put any acute fever out of the question.

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DR. ALFRED CARPENTER ON ALCOHOL.—Dr. Alfred Carpenter's medical deliverance on Alcohol has not unnaturally excited attention beyond the bounds of the Medical Society. The question is a very large one, with commercial, fiscal, dietetic, physiological relations, besides pathological ones. As an illustration of the commercial aspect of the use and non-use of alcohol, we may say that the Temperance and General Provident Society in thirty-eight years has accumulated a fund of more than two and a quarter millions sterling as the savings and property of surviving members. But the sanitary and medical bearings of alcohol alone