

time and patience, both of which are freely given. In going from one clinic to another, one is struck by the general sameness of treatment. This is more particularly the case in the department of skin disease.

The prevailing treatment for alopec̄ia areata is the external administration of chrysophanic acid, fifteen grains to the ounce of lanolin. The disease is generally thought to be of parasitic origin; but, in some cases, its nervous character seems established. Mild citrine ointment is the usual external application for impetiginous or pustular eczema.

The usual treatment of tinea tonsurans, of which there is in London an enormous number of cases, may be given as follows: First, wash the patches with ol. terebinthin., and then apply Coster's paste. This is continued for two applications, one each week, when some milder agent is used, such as the mixture of carbolic acid and liq. potassæ. In Dr. Crocker's clinic, a little girl of about ten years of age, suffering from warts upon the hands, was being treated by the internal administration of alkaline purgatives. She had not taken the medicine long enough for one to judge of its efficacy. In a general way, it may be stated that lupus erythematosus is treated by scarifying, and lupus vulgaris by scraping and cauterization. Superficial epitheliomata are treated by scraping and the after application of strong nitric or sulphuric acid. Pyrogallic acid is not used so generally as with us; its place being taken by salicylic acid.

Chronic eczema, with a slight amount of itching and infiltration is treated externally by the following lotion and ointment:

Rx.—Liq. carbonis detergen ʒ ii.
Aq. ʒ viii.

to be mixed with an equal quantity of liq. plumbi subacetat dil. This is applied five or six times during the day, so that the part is constantly moist, and at night the ung. precip. alb. is used. This, together with proper internal medication, appears to be very effectual.

The writer had the pleasure of passing some hours in the museum of the Royal College of Surgeons, accompanied by Dr. Peters. It is only fair to say here that Dr. Peters' success in passing the primary examination for Fellowship of the Royal College of Surgeons, three weeks after his arrival in England, was considered in

London to be an unprecedented feat. The general rule is that after a year's special training the majority are rejected. A noted London physician, with whom I was speaking of Dr. Peters' success, quietly remarked, "You must understand well how to teach anatomy in your school."

As we examined some of the more interesting specimens in that wonderful and unrivalled collection of the College of Surgeons, we could not but express the hope that a museum on a more extensive scale would soon be established in connection with the Toronto University. There is no reason why a fairly good anatomical museum could not be completed within a few years. It would be of the greatest practical importance to students. The expenditure of a few hundred dollars each year for alcohol and glass jars would be all that would be required; the industry and energy of demonstrators and students would supply the rest. Will the University take it in hand?

A noticeable change has been made in London with regard to practical laboratory instruction in both primary and final branches. The English medical schools, although slow in following the German and Edinburgh universities, are now paying great attention to laboratory instruction, regarding it as absolutely necessary that a student should have abundant and deep foundation upon which to build the superstructure of professional knowledge.

Paris presents features in medical education quite different to those of London. There is but one medical school, with a very large faculty. The latter includes almost all the best known names in the French capital. There are at least six or eight large hospitals in different parts of the city, where the clinical lectures are given by members of the faculty. The lectures in the primary department, as well as those of a didactic character in the final branches, are given in the École de Médecine, two large buildings, one of which is principally made up of immense laboratories, and the other of museum and lecture rooms. The practical laboratory instruction seems to be of a most thorough character, but the clinical teaching is not as good as one might expect. Charcot's clinic, at the Salpêtrière, and Fournier's, at the St. Louis, were excellent, but the lectures which I heard