he attended hospital for several years, during which time he was vesicated, cauterized and scraped with a dermic gouge, but with little benefit. In November, 1889, the patient came to him, whereupon he removed all the new growth with a dermic shovel and Paquelin and dressed the fresh wound with Peru balsam, which he applied on boracic lint with antiseptic bandages. It was dressed every second day; later every fourth day. He had left the hospital perfectly cured. Tubercular bacilli could not be found in any of the new growth removed from the wounds, nor could they be found in the sputa.

TREATMENT OF CARBUNCLE.

Dr. J. L. Napier, of Blenheim, S.C., uses pure carbolic acid locally in the treatment of carbuncles. He paints the whole carbuncular mass with pure carbolic acid three times a day, until the mass begins to lessen and the slough is detached. If the carbuncle is seen before suppuration has begun, in three or four days it will abort. If suppuration has started, in seven to ten days the whole carbuncular mass can be removed with the forceps, leaving a healthy, granulating ulcer.

The treatment, as above detailed, reduces the time of treatment from weeks to days; and besides that, the acid being a local anæsthetic, adds very much to the comfort of the patient by relieving the pain,—so much so that, after the first application, very little anodyne is needed—*North Carolina Medical Journal*, August 1890, p. 540.

DRY SEBORRHŒA OF THE SCALP.

Dr. L. A. Duhring, of Philadelphia, states that in mild cases, such as are usually met with, the diagnosis is easy; but in severe cases the affection may resemble squamous eczema or psoriasis. The treatment is generally followed by satisfactory results. An ointment of precipitated sulphur (1 part to 8 or 1 part to 4), which is the simplest and at the same time one of the most efficacious remedies, will be prescribed. Resorcin, as an ointment or as a lotion, is also useful, and may be ordered in the strength of 1 part to 48, or 1 part to 24. Lotions are often more convenient to apply than pomades, and a formula like this may be employed:—

℞—Resorcini, 1.00 gramme (gr. xv).
Glycerini, 0.64 gramme (♏x).
Alcoholis, 1.00 gramme (♏xv).
Aquæ, 30.00 grammes (℥j).—M.

—*The Medical News*, August 30, 1890, p. 202.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Fortnightly Meeting, October 3rd, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present:—Doctors Lapthorn Smith, R. L. McDonnell, Birkett, Bell, Shepherd, J. A. McDonald, Roddick, Perrigo, Spendlove, Mills, Wyatt Johnson, Kinloch, F. W. Campbell, Smith, Hutchison, Allan, R. Campbell, F. R. England, T. D. Reed, Ruttan, J. M. Jack, W. Gardner, J. J. Gardner, Alex. Gardner, Brown, Leslie Foley, Alloway, Sterling, Stewart, A. D. Blackader, Buller, Edward Blackader, J. C. Cameron, Guid, J. Evans, McGannon, Vidal, La Fleur, McCarthy, Proudfoot.

Dr. R. McDonnell exhibited a case, the history of which he read, of Hodgkin's disease, in which the nervous symptoms were very marked, there being unilateral sweating, cough and fainting attacks, as well as dilatation of the pupil. Dr. Mills wanted to know whether the dilatation or the cardiac troubles were subsequent to the glandular disease, or had preceded it. Dr. McDonnell was unable to answer. Dr. Mills referred to the experimental production of unilateral sweat and dilatation of the pupil by cutting the vagus and stimulating the peripheral end, also in the leg by cutting the sciatic. The question which he asked himself, was, was this glanduar disease the result of some disorder of the nervous system, which we know is sometimes capable of affecting nutrition, for instance, when profound anæmia is caused by grief; he thought that it was. With regard to the pulse which was always 100 or more, Dr. Mills thought that this was due to the pressure of the enlarged glands on the middle cervical ganglia. Dr. Birkett reported that he had examined this case and thought at first it was a case of laryngeal phthisis, as the vocal chords were ulcerated. He had treated this with lactic acid, under which it healed. The lungs were subsequently thoroughly examined, when no evidence of phthisis could be found. This was worthy of notice, because many cures of laryngeal phthisis with lactic acid had been reported, probably incorrectly. Dr. Shepherd stated that he had removed a chain of glands from this patient, extending so far down that he could feel the arch of the aorta when he did not venture to go any further, preferring to leave a part of the last gland undisturbed. The appearance of this patient's neck led him to think that these glands were strumous; as in Hodgkin's disease the shape was different. Dr. Roddick was opposed to the removal of diseased glands in Hodgkin's disease, and he referred to