

congratulating the profession for the excellent schools which they had in Canada, which, if anything, excelled any similar institutions in the States, and thanking them for the kind manner in which they had received the toast, he resumed his seat.

Dr. Dunlap, Dr. Noyes, and Dr. Goodwillie also responded, the latter gentleman saying that if he required to be killed with kindness he should come to Canada.

"The Canada Medical Press," "Our Guests," and "The Ladies" were also given, and suitably responded to, and the company broke up at a seasonable hour, thoroughly pleased with their evening's entertainment.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Aug. 22nd, 1879.

A regular meeting of the Society was held this evening.

There were present, Drs. Henry Howard (President), Ross, Kennedy, McConnell, Armstrong, Munro, Smith, Loverin, Molson, Osler, Ritchie, Blackader, Proudfoot, Finnie, Roddick, and Edwards.

The minutes of last meeting were read and approved.

Dr. OSLER exhibited as specimens:—

1st. Mitral stenosis, embolism of the right cerebral artery.

2nd. Heart and bony sclerotic of a sword-fish.

Dr. FINNIE read a paper on "Notes of a Case of Chronic Ulcer of the Stomach." J. L., æt. 53, had been under observation for six years. He suffered from what was supposed to be chronic dyspepsia; complained of pains in the back and over the stomach. Had frequent attacks of diarrhoea, but never any vomiting. On a recent date, in stooping over, was seized with a sudden pain and felt faint. He was seen that evening by Dr. Finnie, who ordered 1 gr. of opium every two hours and hot applications to the stomach. Next day when seen was easier; towards evening, however, symptoms of collapse came on, and death took place 26 hours after attack set in. Post-mortem examination evinced extensive peritonitis and an ulcer at the pyloric end of the stomach. All other organs were normal. The patient during life did not complain of the symptoms of ulcer in

the stomach; never had any coffee ground vomiting, no pain after eating. The pain that was present was diffuse, and there was at times an entire absence of it. In 1857 this patient had an attack of inflammation of the bowels.

Remarks on this case were made by Drs. KENNEDY, ROSS and BLACKADER, after which a vote of thanks to Dr. Finnie was moved by Dr. Ross, seconded by Dr. Kennedy, and carried.

OLIVER C. EDWARDS, M.D.,
Secretary.

BRUISES—CHLORINE WATER.

Dr. S. A. Oren writes: A case of bruise causing discoloration of the skin (black eye) came under my care. I used a cloth saturated with *chlorine water* on the bruised part as an experiment, depending upon its power as a bleaching agent to bleach the part. I kept the eye closed and greased the edges of the lids so as to prevent contact and irritation of the eye. The discoloration was all gone in five days. I had seen the same party with the same trouble on several prior occasions, and the part was always discolored not less than two weeks.—*Med. Brief.*

ICE CREAM AND BEEF JUICE.

As an excellent dietary article, this is praised by Dr. J. J. Tucker, in the *Chicago Journal*. His formula is:

R. Cream.....	120 grams
Sugar.....	30 "
Extract of Vanilla....	8 "
Beef juice.....	8 "

Any confectioner can make it, or it may readily be prepared at home with a freezer. Its uses are obvious.

TREATMENT FOR CHILBLAINS.

A good wash for the hands or feet affected with chilblains is:

Sulphurous acid.....	3 drachms.
Glycerine.....	1 drachm.
Water.....	1 drachm.

This acid is particularly useful in the irritating, tormenting stage of chilblains.—*Lancet.*

DEATH.

In Montreal, on the 17th Sept., Rossanna E. Mullins, wife of J. L. Leprohon, M.D., Professor of Hygiene, University of Bishops College.