

many of our most eminent practitioners are known outside of Canada? aye, even outside of the city or town they practice in? They could be counted upon the fingers of one hand, and that is the cold, naked truth.

Another feature indicative of the keen competition existing in Ontario, is the prostitution of medicine by the various societies, who for a meagre pittance, scarcely better than a colored waiter would receive for a tip, secure the services of a doctor, who must, as a rule, supply the drugs as well.

The fault is not the practitioner's, he must live and support a family; having been lured into medicine by the false hopes and ideals formed of a life of gentlemanly ease and affluence; and many a man, who would otherwise scorn to do "lodge work," is driven to it by stern necessity which knows no law. The fault lies in our erroneous system of over-education which prevails in Canada. Education is, in many cases, a curse instead of a blessing. Owing to it, the farms are being deserted. The young men are flocking to the cities to be hangers-on in real estate, businesses, or professions leaving strangers and aliens to till their fathers' soil. Education, theoretically, is a most excellent thing, and up to a certain point this is the truth; but it remains a fact that the pursuit of happiness and pleasure is the leading passion animating the human breast, and will ever remain so. Therefore, the system of compulsory education of this Province, planting the germ of diseased ambition in hundreds of brains, causing them to regard labor as degrading and unworthy of them, embittering their whole existence in the futile struggle for wealth, is wrong, and is doing Canada more harm than any other one thing.

People don't like to be told this, but it is nevertheless a fact. The Government of the country should close up some of the superfluous medical schools of this Province. One would be more than sufficient to cater to the needs of the community. But we might as well tell the waves of the sea to recede as to expect any thing of the kind to be done. It is clearly the duty of every conscientious practitioner to warn the young men of the country to avoid the profession of medicine; for Canada is a young country with sparse population, and stands in need of strong arms and willing hearts to build

her up and develop her mines, manufacturing industries and agricultural interests, in order that, at a future date, we may take a place as one of the wealthiest nations of the earth.

MEDICUS.

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DRAINAGE OF WOUNDS, ESPECIALLY AFTER URETHROTOMY.—Dr. Kinloch gives the following conclusions regarding the drainage necessary after urethrotomy (*Annals of Surgery*):

1. Urethrotomies for strictures of the penile portion of the urethra, including the meatus, require no artificial drainage. In case the urine is healthy, the natural passage of this is sufficient to prevent lodgment of blood or inflammatory exudates and subsequent decomposition, putrescency, and sepsis.

2. To insure against the action of unhealthy urine, the secretion must be modified before resorting to operation by the use of proper medicinal agents known to be efficient for this end. The bladder must also be treated as a preliminary, when its condition is such as to furnish diseased elements which give deleterious character to the urine.

3. If deemed necessary further to guard against the noxious character of the urinary secretions, the catheter *à demeure* must be resorted to for draining the bladder for forty-eight to seventy-two hours. The rigid English gum catheter is to be preferred to the soft rubber one, as less likely to be displaced.

4. After internal urethrotomies of the deep portion of the urethra, drainage is most essential. This cannot be properly secured by the mere use of the catheter, and, therefore, it is best to abandon such operation and to substitute for it a perineal section or external urethrotomy.

5. After this latter operation, drainage goes on securely, because of the direct external opening. It should, however, be more thoroughly insured by a *perforated* drainage-tube, reaching from the meatus, and made to project through the perineal wound; this is to be kept in place from three to five days.

6. Bladder drainage after perineal urethrotomy is not essential if the urine be healthy. By the voluntary efforts of the patient the urine flows readily from the bladder, and escapes through the perineal wound.