

to us coming as it does from a Toronto publication and reflects great credit upon the editor as it is an evidence that he is not guided by any narrow views of what would be of local advantage but is thinking rather of the good of the profession at large and of the success of the proposed Dominion Council. Our contemporary fears that our proposals to give to each university having a medical faculty, actually engaged in teaching, one representative on the Council would not meet with a hearty response from the great mass of physicians in Canada. On this point we must differ from our contemporary. We are of opinion that the great mass of the medical practitioners of this country are large minded enough to support any scheme which is for the good of the profession. On this point our contemporary appears to be of our opinion when he says:—"and, still, we think that a few university men in the Council would be found useful." The other objections which we made to the Bill were as our contemporary says, mere matters of detail, and yet it does seem to us that in launching any new scheme it is wise for us to see that it is as free as possible from defects even in matters of detail. We all know it is much easier to avoid objectionable features going into a bill than it is to remove them after the bill becomes law. The truest friend of Dominion Registration, it seems to us, is not he who is willing to take the necessary legislation defects and all but rather it is he who seeing what is objectionable in the proposals points it out and so, perhaps, prevents the scheme going through in such a form as in a short time would jeopardize the very existence of the Council.

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#### CLINICAL REPORT OF A CASE OF INFECTIVE ENDOCARDITIS.

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**M**AUD S. aged 16 years, was admitted to the London General Hospital under my care on December 21st 1896. Although not a strong girl, there was no history of her having previously suffered from any serious illness. Never had rheumatism. Her present illness dates from September last *i.e.*, three