

dollars nor more than five dollars as may be determined by the Council, is provided for. Failure in payment excludes from the register of the year, and the name shall not be again entered until all arrears and fines and a fee of two dollars have been paid.

The Board of Examiners is to be composed of such a number of Members of the College as the Council may deem expedient. The examinations may be written and oral or written alone at the discretion of the Board of Examiners.

The penalty for fraudulent registration is erasure from the register, and on conviction before a Justice to incur a penalty of \$100; any person knowingly assisting him therein to incur a penalty of not less than \$20, nor more than \$50.

The penalty for practising without being registered, or advertising to give advice in physic, surgery, or midwifery is not to exceed \$100 nor to be less than \$25.

If a person falsely pretend to possess any medical title he is made liable to a fine of not less than \$10 and not exceeding \$50.

For falsely pretending to be registered a penalty of not less than \$25 and not exceeding \$100 is imposed.

Prosecutions under the Act may be brought before Justices of the Peace having jurisdiction in the locality; the Justices to have power to award payment of costs in addition to the penalty; and in default of payment to commit the offender to the common gaol, there to be imprisoned for any term not exceeding three months unless the penalty and costs be sooner paid. On appeal, security for the amount of costs and penalty shall be required before being released from custody.

Penalties are to be paid to the convicting Justice, and by him paid to the Registrar and to form part of the funds of the College. Prosecutions must be commenced within a year from the date of the alleged offence. Proceedings in any prosecution may be stayed by the President where it may be deemed expedient.

All inconsistent provisions are repealed, and the amended Act is to be read as part of the Ontario Medical Act.

PATHOLOGY.

DR. PARKES ON INFLAMMATION.

The following admirable summary is taken from the address by Prof. Parkes before the British Medical Association:—

The great subject of inflammation, which underlies so much of pathology, has suffered many changes, and yet the views held by some observers thirty years ago, at the outset of microscopic research, were almost perfectly true.

Thirty years ago the doctrine of the Vienna school, based partly on the teaching of Rokitansky, though never, I think, accepted as a whole by that great master, was dominant in Germany and in France. Everything was dyscrasia, and the belief that a profound alteration of the fluids, and especially of the blood, underlies most morbid changes, for a long time governed a large

school of pathologists. In this country it has never obtained great weight, though it certainly tended to modify our ideas of the origin both of cancer and of tubercle. Gradually losing ground before the pressure of opposing facts, the doctrine of crisis at length gave way to a local pathology almost as extreme. The theory which superseded it was the celebrated cellular pathology of Virchow—that theory which looked only to the individual elements, which traced all to growth of cells, and which virtually rejected the idea of exudation in the old sense of the word. It was admitted, indeed, that nutritive fluid emerged in disease from the vessels as in health, but it was caught up and appropriated by the cells met with outside the vessels, and especially by the connective-tissue corpuscles. At one time it seemed as if the time-honoured term "exudation" would be banished from pathology, and the old doctrine of inflammation seemed altogether undermined. But this cellular pathology was, like the creed it superseded, pushed too far. True to a large extent, it was made to embrace conditions beyond it, and the inevitable reaction came. In 1867 Cohnheim described the transit of the white blood-cells through the unruptured walls of the capillaries, and the old doctrine of exudation had again an empirical foundation. I say Cohnheim described, but I did not say he discovered. For the discovery had long been made, and the fact that it had been made and had been disregarded is a striking instance of want of appreciation of a cardinal fact, of which so many cases are recorded in the history of all sciences. It is bare justice to record that in 1839 William Addison, now of Brighton, perfectly described the emigration of the white blood-cells, as well as many other phenomena which attend inflammation. The fact did not escape notice, and one writer at least—Charles Williams, in his well-known work on the Principles of Medicine—appreciated its importance. But as a practical matter the discovery fell dead, and when Cohnheim announced the fact twenty-eight years later the world of pathology was stirred to its depths. It is also but justice to observe that the chief microscopic phenomena of inflammation and the processes of stasis and exudation were nearly as well described twenty-five years ago by W. Addison and Williams as they are now, though certainly the proliferation of tissue-cells outside vessels was not known.

The pathology of inflammation seems settling down on a mixed humoral and solid basis. It seems to be admitted that the albumen in the blood which feeds the organs partakes of the quality of the food which supplies it, and is modified also by the condition of the organs, whose action prepares its introduction into the main torrent of the blood. Degrees of nutritive adaptability may, therefore, exist in it, and we may fairly assume that the composition of the blood albumen must vary, and that it is quite possible it may be sometimes so degraded as to justify the idea which underlay the Vienna doctrine of crisis. But it seems also clear that the main phenomena of nutrition (normal and abnormal) rest with the cells and with the ultimate molecules, so to speak, which, though without a

cell wall, can be classed with cells. That cellular pathology is, to this extent, an undoubted and valuable generalization.

KINGSTON HOSPITAL.

CASE OF METRO-RECTAL FISTULA.

(Under the care of Dr. A. S. OLIVER; Reported by Mr. K. N. FENWICK, House Surgeon.)

Miss M. J. W., set 40, spinster, was admitted into the Kingston General Hospital on the 26th June, 1873. For some years back she has had poor health and towards the end of 1872 was affected with an excessive flowing from the womb which came on at the menstrual period and persisted for some two weeks. After this she partially recovered her usual health, but in the month of November, 1872, she was attacked with severe pain in the back at the lumbar region, and towards one side. On the 25th December an abscess, which had been forming between the rectum and uterus, broke, and pus was discharged per vaginam. In April, 1873, feces were discharged from the vagina for the first time, since which the vagina has become almost the sole passage for the evacuations. In the month of April she became so reduced as to have every appearance of impending dissolution, but latterly her health recovering somewhat she came to this institution for treatment. She complained of a constant lancinating and shooting pain in the lumbar region, and had a yellow waxy complexion. On examination the anus was found somewhat constricted from disease and on introducing the finger up the rectum though no opening communicating with the uterus could be felt, there was a hard tumour perceptible. The finger was then introduced into the vagina, which was found very short, and the open os uteri was felt from which feces were escaping having a most persistent and unmistakable odour, but all doubt was removed on introducing a speculum, when the feces could be seen coming from the open os. There could be no doubt that scirrhus was present, and as the case was hopeless she was discharged with directions to use a wash composed of zinc, alum, and carbolic acid. She died a few weeks after arriving home.

MEDICAL NEWS.

The latest accounts from Paris represent the condition of Dr. Nelaton as hopeless.

The deaths in Vienna in the month of August from cholera have already reached 300. Since the 24th July 34 deaths have occurred in the cholera hospital.

Poor Strasburg, as if it had not suffered enough from famine, fire, and the sword, has now to bear a visitation of cholera.

The third International Medical Congress will commence its sittings on September 1, in Vienna, under the presidency of Professor Rokitansky. The meetings will terminate on September 8.

Special hospitals have been erected in various parts of Berlin for the reception of cholera patients, and rigid precautions have been taken to prevent the approach of suspected vessels. The city has voted a grant of 6000 thalers towards sanitary and preventive purposes.

There was a marked increase of the cholera epidemic in Buda-Pesth during the week ending August 12; the average daily number of persons attacked being 89. From July 18 to August 2, 41,673 persons were attacked with the disease in Hungary, making, with 3,147 remaining under treatment, a total of 44,820, of whom 18,139 recovered, and 15,855 died. Since the outbreak of the epidemic, there have been, in 97 political circles, comprising 2,622 districts, with a population of 4,395,859, 91,786 cases, of which 44,525 have recovered, and 36,435 have died. In Austrian Galicia, from May 15 to July 6, there were 51,577 cases of cholera, with 19,007 deaths. The disease has broken out with severity in several parts of Roumania, in consequence of which the Turkish Government has ordered a strict quarantine along the Danube. The disease is reported to have spread in Venice and Padua, and in the adjoining localities.