

Other letters of similar tenor have appeared. The Medical Council of Ontario has also disappointed the expectations of many by its failure to repress quackery, and Canadian students have a similar grievance that the expense of maintaining the Council falls upon their slender purses.

MEETING OF THE MEDICAL COUNCIL.

The Medical Council of the College of Physicians and Surgeons of Ontario held its annual meeting in Toronto on Tuesday, June 24th, and remained in session three days. The principal business done was a revision of the draft bill to amend the Medical Act. Some alterations with respect to conducting the examinations were considered. The meeting proved to be a very stormy one, owing to the extraordinary conduct of Dr. Campbell, the leader of the homoeopaths, who as retiring Vice-President, looked forward to the President's chair and was disappointed, since Dr. Clarke was elected. Dr. Campbell became very personal, and eventually he and the other homoeopaths withdrew from the Council, sending in their resignations, and declaring that the homoeopaths had done with the Council and would have a board of their own. The same member had previously provoked much indignation by preferring a grave charge against Dr. Aikens, the Treasurer, which on investigation proved altogether unfounded. Dr. Campbell had charged the Treasurer with being the cause of a loss of \$6,000 to the Council, and the way he made it out was in this wise:—That Dr. Aikens had represented to the Parliamentary committee on the Medical Bill that a certain printing account of Hunter, Rose & Co. was paid and that a favourable balance remained in his hands to carry on the operations of the Council. The bill had proposed to levy an assessment of two dollars on the fifteen hundred medical men of Ontario, and the government had promised to give an equal amount of assistance. This was of course defeated by the failure of the Medical Bill. The committee of investigation completely exonerated Dr. Aikens from the charge, and censured Dr. Campbell for attempting to attach a stigma to the name and character of their Treasurer. Our space this week compels us to defer a more particular account of the proceedings of this body.

ANATOMY.

ANATOMICAL ANOMALIES.

By H. J. SAUNDERS, M.D., M.R.C.S.E.

Judging from the cases recorded in the *Lancet* during the past few weeks, the occasional absence of the pectoral muscles would appear to occur more frequently than is commonly supposed. I can add from my own observation another case to those already mentioned, which was noticed in a subject dissected in the Royal College of Physicians and Surgeons, during the past session.

The sterno-costal portion of the pectoralis major and the pectoralis minor were completely absent on the right side, with the exception of a few dense tendinous fibres attached to the third and fourth ribs and coracoid process of the scapula. The clavicular portion of the pectoralis major was present, and, with the deltoid muscle and rest of

the arm, was fairly developed. The pectoral muscles on the left side were normal. Of the effect of the deficiency on the man during life I know nothing, as I had never seen him till he was brought into the dissecting-room, and was unable to trace his history. He appeared to be about forty years of age.

Another congenital malformation noticed in the dissecting-room during the past session, which may be sufficiently rare to interest some of your readers, was a union of the kidneys by an arch across the aorta, forming the so-called horseshoe kidney, the compound kidney thus formed being supplied with blood by four renal arteries, two on each side, and each side having two ureters, which united about six inches from the kidney. As in the former case, I did not see the man till after death: but it is scarcely probable that such a condition of things could be detected during life; nor would it be of much practical use if it could, except possibly with regard to prognosis in any injury or disease affecting one side.

Kington, June.

HEREDITARY TRANSMISSION OF IMPERFORATE HYMEN.

By Dr HORATIO YATES, Senior Surgeon to the Kingston General Hospital.

Some time since a respectable farmer's wife brought her daughter to me for advice. The girl was a fine, well-developed young woman of 18. She had never menstruated, nor had ever any vicarious hæmorrhage. From her physical appearance, and from the history of the case, I at once suspected an imperforate hymen. The belly was only slightly swollen, and she had the ordinary monthly constitutional symptoms, but without any "show." I found, on making a vaginal examination, a convex, elastic bulging tumour at the orifice of the canal. After a dose of castor oil, followed by one of laudanum, I made a crucial incision large enough to admit the index finger, when there commenced to flow, in a steady stream, an inodorous, chocolate-coloured fluid, of the consistence of treacle, to the extent of forty-two ounces. The incised hymen was as thick as buckskin, and as firm as parchment. I kept her in town and in bed for four days, lest inflammatory symptoms should occur, and directed in the meantime tepid water injections slightly impregnated with carbolic acid, eight drops to the pint. The girl returned home all right, and I hear has remained in perfect health ever since.

Thus far is detailed an ordinary case of imperforate hymen, with the common treatment; and but for what is to follow, I should not think of making a public record of it.

The girl's mother informed me that another daughter of hers, an equally well-developed girl, had been affected in the very same way as this one; had never menstruated, and at twenty her belly had become so much swollen as to induce some of her kind neighbours to suspect pregnancy. Rather suddenly, she became ill, and, as suddenly, died, undoubtedly of peritonitis. She had been seen only by an ignorant quack. I concluded that without doubt this was also a case of imperforate hymen, some of the accumulated fluid ultimately finding its way into the peritoneal

cavity.] And it was this fatal issue which induced the mother to make the journey to Kingston with her second daughter. These two cases might be called a coincidence. But soon after my patient had returned home, there appeared in my office her brother's wife with two female children, one eleven months and the other three years old, and each of these had an imperforate hymen. This was too much to be called a coincidence. This was clearly an example of an hereditary, or at least of a family peculiarity, and the more curious, from the fact of a transmission through the father to the next generation.

Most medical observers have noticed peculiarities of formation or malformation of one sort or other running in families. There is now a man living in this town who has six fingers (i. e., five fingers and a thumb) on each hand, and six toes on each foot. He has a brother with the same redundancy, and he is the father of four children, all of whom have precisely the same redundancy. And there is also a woman living in this town who had a hare-lip, and on five of her seven children I have operated for hare-lip. The other two were unaffected. None of the five had cleft palata. Parallel cases need not be repeated, but, I doubt not, have been observed by most medical men.

MEDICAL ETHICS.

THE PRINCIPLES OF ETHICS.

It would be very useful if the ethics of professional relations with the public, and with brother practitioners, were more studied than they are. The broad rules to do justice and to love mercy, and to treat one's neighbour as oneself are far more easily enunciated than applied; and on many matters of ordinary conduct we are, perhaps, too apt to be guided by custom or by what is called etiquette, without sufficient thought about the principles upon which custom and etiquette should be based. It would always be a wholesome mental exercise to review dispassionately the various points of friction that are met with in the discharge of medical functions, and the exercise could hardly fail in positions of difficulty that must come to all, to strengthen the hands of those by whom it had been practised.

THE LIBERTY OF PATIENTS.

A patient has perfect liberty to have any doctor he pleases, within reasonable limits, and to change his doctor when he thinks fit, provided it is done courteously. It is infinitely better and more respectful to a medical man to make a change than to go on secretly disparaging him, and hankering after another medical adviser. No right-minded medical man would be willing to advise a patient who did not respect his advice, or who systematically preferred the advice of another practitioner. It is the privilege of the practitioner as well as of the patient to be independent.

Nitrite of amyl is proving of great service in spasmodic and convulsive disorders. Dr. Jenks, of Philadelphia, narrates a case of puerperal convulsions, which was immediately and satisfactorily overcome by the inhalation of nitrite of amyl.