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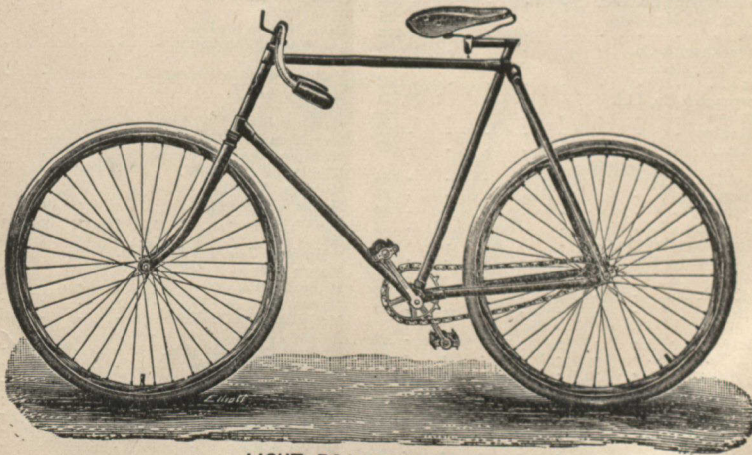
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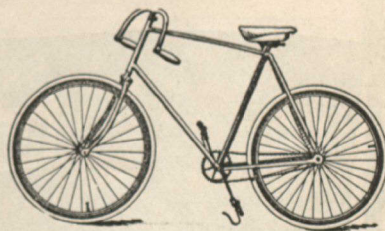
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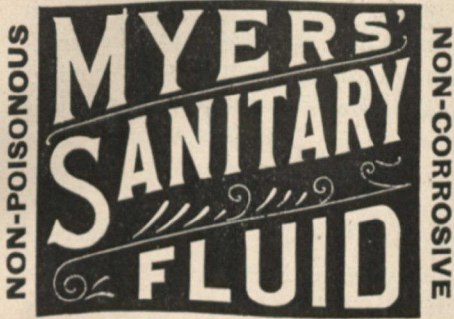
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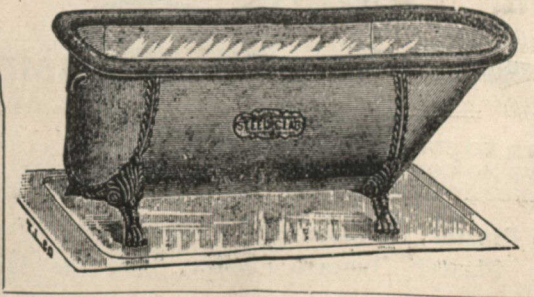
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A GREAT FEAT.—The bicycle run of “200 miles in one day,” performed by Dr. W. N. Robertson, of Stratford, Ont., on the 3rd of June, was a remarkable exhibition of endurance in a purely amateur rider. The doctor’s scientific training would, no doubt, prove an important factor in successfully engineering such a difficult operation, though (as will be seen by a letter published in another column) he does not hesitate to award due credit for his performance to the agent he relied upon in his great effort. The doctor’s testimony to the marvelously sustaining powers of “Maltine with Coca Wine” is entirely spontaneous and unsolicited, and, therefore, of the higher value. His report will be read with interest by wheelmen generally, in view of his claim that

“Maltine and Coca Wine” enabled him to “pedal comfortably for hours after the period that I should have been exhausted without it.” Dr. Robertson tersely summarises the valuable action of “Maltine with Coca Wine” in those cases of enervation common among most “novices on the wheel,” and affirms that “it is a wonderful heart-sustainer.” This preparation may be had of all druggists, and may be relied upon as an agent of infinite value in nervous prostration and brain exhaustion resulting from undue strain upon the mental or physical energies.—*Daily Globe, July 6th, 1895.*

Retro-pharyngeal abscesses are generally situate to one side of the median line.

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BACTERIOLOGISTS MEET.—There was lately held in New York city a convention of bacteriologists from all parts of America. The object of the meeting was the devising of means whereby the work of all the different laboratories of the country might conform to certain standards, in order that results may be properly comparable. Variations in materials and in technique render it difficult at the present time to make comparisons of work which shall be of much value. To the American Association of Health Officers is due the credit of bringing about the convention. The chair was occupied by Prof. Welch, of Johns Hopkins University. Among those present were Dr. Smart, Surgeon-General's Department, Washington; Prof. Sedgwick, Boston; Dr.

Theobald Smith, Boston; Mr. Geo. Fuller, Lawrence, Mass.; Dr. Prudden, N.Y.; Dr. Abbott, Philadelphia; Dr. Kinyon, Prof. Adams, and Dr. Wyatt Johnston, Montreal; Mr. J. J. McKenzie and Dr. J. Caven, Toronto.

EH—WHAT'S THIS?—The *Boston Traveler* says: "A butterfly was caught at the South End yesterday." It may be safe enough to catch a butterfly at the south end, but when you go to grab a wasp you want to catch it at the northeasterly end, shifting westerly towards the head.—*Scottish American*.

Prof. Parvin thinks that the time at which impregnation is most likely to occur is at the decline of menstruation.

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THE MARVELOUS POWERS OF THE KOLA NUT TESTED IN THE UNITED STATES ARMY.—Much interest has been excited by the recent tests made at Fort Sheridan, Ill., by Chas. E. Woodruff, M.D., Captain and Assistant Surgeon, United States Army, showing the power of the African kola nut in conserving nervous and [muscular energy, thus enabling those who use it to undergo

great exertion without fatigue. We supplied the material for these tests and are therefore especially interested therein. The following correspondence between Dr. Woodruff and our Scientific Department is self explanatory:

DETROIT, MICH., April 29, 1895.
Chas. E. Woodruff, Capt. and Asst. Surg., U.S. Army, Fort Sheridan, Ill.:

DEAR DOCTOR,—We have read with much interest your experiments with kola as an emergency food and nervous and muscular stimulant, contained in the Chicago *Sunday Times-Herald* for April 28, 1895. Have you any objection to our mentioning the fact that we supplied you with fresh kola nuts and kolavin for the experiments referred to, in reprinting

[Continued on page 18

THE FEDERAL LIFE ASSURANCE CO.

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Massage, etc., may be obtained at the Home without residence if so wished.

Both male and female patients will be received.

The Institution will be made as comfortable and home-like as possible, and is pleasantly situated close to the Horticultural Gardens, and easily reached by the Carlton Street or Belt Line Cars.

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Medical men and others interested are cordially invited to call and see the Institution.

The charges for Rooms, Nursing, and Medical Attendance, will be \$25.00 per week in advance.

For Rooms, Nursing, etc., without Medical Attendance, the charge will be \$6.00, \$10.00 and \$12.00 in advance.

For Massage, Electrical Treatment, etc., without residence, the fee will be \$1.00 per treatment.

References given when required.

TORONTO, September 4, 1893.

the article from the *Times-Herald*? Have you any objection to our using the letter you wrote to us on the same subject, prior to the publication of the article in the *Times-Herald*?

Yours very truly,

F. E. STEWART, M.D., PH.G.,
Director of the Scientific Department
of Frederick Stearns & Co.
FORT SHERIDAN, ILL.,

April 30, 1895.

F. E. Stewart, M.D., Ph.G., Director
of the Scientific Department of
Frederick Stearns & Co., Detroit,
Mich.:

MY DEAR DOCTOR,—I have no objections at all to your publishing my letter and mentioning the fact that you supplied the kola nuts (fresh) and the kolavin for the experiments described in the *Times-Herald*. Some

of the officers told the reporter of the experiments and he made a special trip to the Fort to get data. I gave him your monograph on the subject, and from that he copied cuts and much of his material. I shall probably make other experiments if I can find time. Sincerely yours,

CHAS. E. WOODRUFF,
Capt. and Asst. Surgeon, U.S. Army.

The following letter is the one which the doctor wrote us on the same subject prior to the publication of the article in the *Times-Herald*:

FORT SHERIDAN, Ill.,

April 25th, 1895.

F. E. Stewart, M.D., Ph.G., Director
of the Scientific Department of
Frederick Stearns & Co., Detroit,
Mich.:

MY DEAR DOCTOR,—As you are

[Continued on page 20]

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- 4th. No offensive odor during administration.

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REPAIRS A SPECIALTY

interested in my experiment with the fresh kola nuts and kolavin you kindly sent me, I will give you an account of it, prior to a fuller report to be made later. Lieut. F. E. Harris, of the First Artillery, and myself walked to Chicago on April 12th. The exact distance covered is unknown, but will be measured later. It was in the neighborhood of thirty-five miles, and some think a little further by our route. This distance was made in nine hours, or at a rate of over three and one-third miles per hour. The regular rate for troops is rarely over two and a half miles, including halts. We experienced no hunger whatever and took no food until we returned home at 6.30 p.m. I had no thirst, but he had considerable, probably due to a pharyngitis

from which he suffered. I ate two and a half fresh kola nuts during the trip and he took about ten ounces of kolavin. We had no training; our muscles were soft, and he had recently had an illness resembling influenza and was debilitated from that, so that we think the results very good and speak well for kolavin.

We felt very well after the trip, excepting the soreness and stiffness of the outraged muscles. For instance, in walking upstairs I was as fresh as in the morning, and except for the pains in the muscles used in walking, I cannot say that we experienced any noticeable fatigue or exhaustion. We both retired at the usual time. Both took slight colds from carelessness *en route*, but beyond this, Lieut. Harris felt no ill effects

[Continued on page 22]

Doctor, if you value the gratitude of your patients, prescribe

PIL ORIENTALIS THOMPSON

In which the profession have a formula designed with special reference to the glands of the REPRODUCTIVE ORGANS of both sexes, which will increase their activity and promote their secretive powers.

- R Ambrosia Orientalis..... grs 2
 - Extract Saw Palmetto..... gr ¼
 - Zinc Phosphide..... gr ½
 - Strychnos Ignatia..... gr ½
- With Capsicum and Aromatic Powder.

INDICATIONS—Impotency (functional and congenital), Spermatorrhea, Sexual Debility, Weakness of the Bladder, Testes, Mammæ, or Ovaries. Prostatitis—valuable as a diuretic. All cases of loss of nerve power, Amenorrhœa, Dysmenorrhœa, Leucorrhœa, Melancholia, Hysteria, Sexual Apathy, and all diseases of the female reproductive organs may be greatly benefited by the use of this pill. The lately imported Aphrodisiac

“AMBROSIA ORIENTALIS”

The therapeutical value of this Extract as a powerful Nerve and Brain Tonic, and powerful stimulant of the Reproductive Organs in both sexes, cannot be over-estimated. Many physicians endorse the Extract as the most reliable Aphrodisiac on the market, and is without a rival in Pharmacy for Loss of Erective Power and Impotency.

Dr. C. H. HARRIMAN (Whitensville, Mass.), in alluding to an obstinate case of impotency, says: “They certainly have done my patient more good than all the remedies I have given him, which consists of everything recommended. . . . His erections are much stronger. I believe Pil Orientalis is the nearest of being a specific for impotency of anything ever recommended. . . . It has been a most obstinate case, having been under treatment by some of the best physicians in the country, to say nothing of the ‘quacks’ who have had a ‘lick’ at him,” etc., etc.

Dr. BEN H. BRODNAX (Brodnox, La.): “I gave them to a man who was troubled with a lack of erectile power. He is cured, and says he is ‘all right.’” At another time the doctor says: “It seems to do its work well, and those who have used it are well pleased with the effects.”

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FORMULA	
Parsley seed	Gr. 30
Black Haw (bark of the root)	" 60
Asparagus seed	" 30
Gum Guaiacum	" 30
Henbane leaves	" 6
Aromatics	
To each fluid ounce.	

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of his exertion while my own muscles complained for twenty-four or thirty-six hours longer.

Ten days later I took the same trip without kola, and after covering twenty miles or more I certainly did become very much fatigued, and was quite certain that though I could have finished the trip, it would have been at the expense of considerable exertion and suffering. My feet dragged so much that I was unwilling to continue, so that I bought on the way some kola preparation (your make) and noticed after a few doses that pains and fatigue were surely lessened. Under its influence I finished the trip in about the same time as before. I was quite hungry, and found it necessary at 4 p.m. to eat something to allay nausea, which was beginning to

appear—that is, not exactly nausea, but the sick feeling accompanying or replacing excessive hunger.

Experiments like the above are apt to be very deceptive on account of the influence of the imagination, which, you know, will enable men to do wonders. Yet after a careful survey of all the facts, I concluded that both the fresh nut and your fluid preparations enabled us to do from one-fifth to one-third more than we could have done without them, and that there was the added gain of ease of walking, and loss of hunger. It may prove to be nearer the lower than the upper limit. In both trips the muscles which were unused to such great exertion, became stiff and painful to a certain extent, but from previous experiences I think these symptoms.

[Continued on page 24]



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SANDAL
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THEY ARE NOT MADE OF GELATINE
THEY ARE MADE OF MEMBRANE

In consequence of the membranous coating they are

FREE FROM THE OBJECTIONS TO ALL GELATINE CAPSULES.

They do not dissolve until they have passed the stomach, entered the bowel, hence, avoiding all nausea, eructations, and repeating from the stomach. Savarasse's Capsules have been

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I have prescribed your Savarasse's Capsules of Copaiba, also of Sandal Wood, and find them most satisfactory.

I have given them an extended trial, and am quite pleased in every case with the result. I shall continue to prescribe them for my patients, as they neither disturb the functions of the stomach, bowels or kidneys.

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Savarasse's Capsules are undoubtedly the best forms in which the oil can be prescribed. The Capsules do not burst until they have passed out of the stomach, and consequently the nauseous eructations, common to all other methods of administration, are entirely avoided.

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Surgeon to the Adelaide Hospital, Dublin.

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were not as great as they should have been.

Certain officers at the post are quite enthusiastic over kola, and for that reason I do not like to accept their statements without deducting considerably for the effect of the imagination, yet it is only fair to state that everyone who has tried the fresh nut or your fluid preparation, has stated that there was a marked increase of muscular power.

Though I am still very conservative and do not wish to make a positive statement, I now think that there is a use for kola in military life. If future experiments will confirm only a part of our conclusions, it looks as though there was a great field for it in war times. Anyhow the ice has been broken and "Kola Nut from

Stearns" has been and will be a topic for discussion for some time.

I would like to see the preparations or the nut itself used by those bicycle riders who *habitually* cover long distances. They will quickly let us know whether it has any military use.

I have tried the medicinal preparations on two patients, one with weakness and relaxation following influenza, and the other with a condition of depression having some resemblance to neurasthenia. Neither patient knew what she was taking, nor did she even know of the existence of kola, so that imagination had nothing to do with it. Both were so delighted with their increased feeling of well-being that I feel reluctant to give their own extravagant words. A third case of severe neurasthenia was

[Continued on page 26]

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BLAUD'S PILL with ARSENIC

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FORMULA :

Zinc Sulphocarbonate	-	-	-	gr. 1
Codeine Sulphate	-	-	-	gr. 1-4
Hyoscyamine amorph.	-	-	-	gr. 1-250
Strychnine sulphate	-	-	-	gr. 1-134

For one tablet. One every two or three hours till relief.

Price List:	100	500	1,000
	60c.	\$2.75	\$5.25

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temporarily but markedly benefited. In each instance the result was due most probably to increased muscular power. I should think it would be valuable in the second stage of labor when the head is partly down and the pains are flagging. I shall try it.

I trust that future experiments will confirm my good opinion of kola, for it will be very useful to military commanders in war.

Very truly yours,

CHAS. E. WOODRUFF,

Capt. and Asst. Surg. U. S. A.

IS IT A LIBEL?—God made the earth in six days, and then rested; then He made man and rested again. Then He made woman; and since that time neither God nor man has had a rest.—*Medical World.*

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[Continued on page 28]

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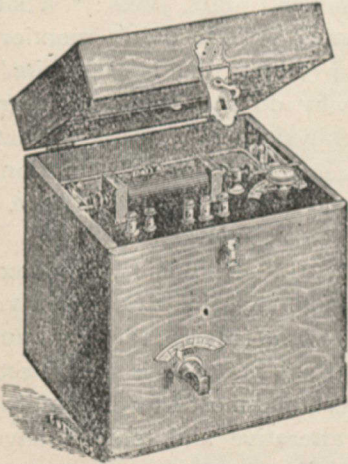
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It is positively the only combined case for both medical and surgical purposes made, and can be operated by any physician, whether an expert electrician or not.

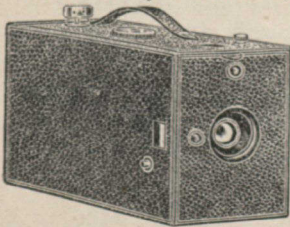
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The Kodak lenses are alone worth more than some cameras which the manufacturers claim to be "as good as a Kodak." Kodaks are standard in hand camera values—because they make good pictures—because they are durable, reliable.



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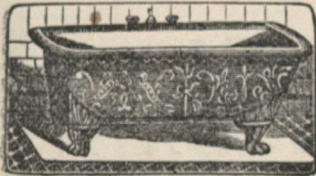
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**Dominion Medical Monthly**  
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**Ontario Medical Journal**

Vol. V.

TORONTO, JULY, 1895

No. 1

**ORIGINAL ARTICLES.**

(No paper published or to be published elsewhere as original, will be accepted in this department.)

**HOME AND FOREIGN CLIMATES IN CONSUMPTION.\***

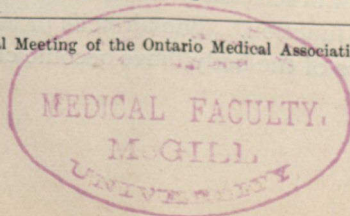
(Mostly extracts from original manuscript of a work on Consumption, now in the printers' hands for publication.)

By EDWARD PLAYTER, M.D., Ottawa.

There are three principal points to which I propose to draw attention in this brief paper, namely: (1) The empirical and uncertain nature of a change to a different climate as a remedy for consumption; (2) acclimatization; and (3) the easy dispensibility of the remedy.

1. That change of climate in the treatment of consumptives, in the present state of our want of knowledge of the influences and effects upon the human functions of the many and various atmospheric conditions which go to make up climate, is a very uncertain and empirical remedy I shall not here enter into a discussion to prove, but simply quote the following few words from two recent authorities. N. S. Davis, jun., A.M., M.D., of Chicago, in a recent work on consumption, remarks: "Often a choice of climate is no easy matter. The selection is frequently made easier by watching the effect, in a given patient, of different kinds of weather." Frank S. Parsons, M.D., editor of the *Times and Register*, in a recent paper, "A Practical Theory and Treat-

\* Read at the Fifteenth Annual Meeting of the Ontario Medical Association, Toronto, June 6th, 1895.





ment of Consumption," says : "The only way to test a given location for a phthisical person to reside in is for such person to test the various locations,"—that is, personally, by a brief sojourn in each.

2. Acclimatization is a physiological process, the possible injurious effects of which upon the already deranged constitution of the consumptive, it appears to me, are too commonly overlooked. It is very well known that healthy, vigorous persons are sometimes injuriously affected by a change of climate ; hence we can never be certain that benefit received will fully compensate for any detrimental effects the altered conditions may produce upon the organism. Parkes writes : "How soon the body, when it has become accustomed by length of residence for successive generations to one climate, can accommodate itself to or bear the conditions of the climate of another widely different place, is a question which can only be answered when the influences of climate are better known. The hypothesis of 'acclimatization' implies that there is at first an injurious effect produced, and then an accommodation of the body to the new conditions. . . . Probably we do not know sufficiently the physiological conditions of the body under different circumstances." The effects on the human body of a change to a great elevation, when not made gradually, are remarkable, and sometimes alarming.

3. Is a change to a warm or an elevated climate, in the treatment of consumption, necessary ? In my opinion, based on a somewhat limited experience, yet a good deal of observation and study, it is very rarely necessary ; although a change of locality, as from a heavy damp soil to a dryer, perhaps more elevated one, or from an urban to a rural, is frequently desirable and essential. In certain advanced, incurable diseases, doubtless life may be rendered more comfortable, and perhaps prolonged, by residence in a warm, equable, and, in laryngeal cases, humid climate. And, again, in a very few cases, such for example as that of a young man in a pretubercular condition, or in the early stage of the disease, who, indifferent about his health, will not attend properly to the practice of lung gymnastics, and who has the means and no objection to go from home, a change to an elevated region, where the rarefied atmosphere, with its small bulk percentage of oxygen, will *compel* him to exercise, a kind of lung gymnastics may be advisable.

Time and science, theory and practice, have at length taught us that what the consumptive needs, first of all, indeed, last of all and always, is *more pure air*, or, to be more definite, more oxygen ; and this element in its best, most vitalizing condition, for it evidently has several conditions. This need, this essential, cannot be best supplied by a warm atmosphere, nor by a rarefied or thin atmosphere.

The consumptive, whether from heredity or from habit, is an imperfect breather. In the development of the soil for the tubercle bacillus an imperfect respiratory function plays the chief part. In the development of the soil for tubercular phthisis, all other causes are remote and contribute to this one : an imperfect respiratory function. The air-cells or air-chambers of the lungs, and the blood and tissues of the body, have become clogged with the debris or

products of imperfect tissue metabolism from want of oxygen ; while it seems not improbable that in the decomposition of the accumulated waste not only are inorganic substances formed which constitute food for the bacilli, but also, possibly, organic toxines, which transform non-virulent saprophytic bacilli into virulent pathogenic infections—an analogue of which we find in respect to a like transformation in the bacillus coli communis, from the toxines of faecal matter. In the rarefied air of high mountains, with perhaps, too, the climbing, there is great and forced expansion of the lung membrane. The subject is compelled to actually gasp widely for breath, expanding the lungs to their utmost ; the whole function of breathing is aroused, the air-chambers of the remotest recesses of the apexes are opened up, and the walls of the chambers everywhere attenuated and purified. Thus an improved breathing function is established, while there is in the expansion full compensatory action—perhaps, for the time, more than full—for the thin atmosphere ; and so not infrequently improved general health follows.

As already intimated, however, and as we all know, great elevation is not necessary for the cure of consumption. Not only is this the case, but the indications can be better fulfilled at much lower levels, where the proportion of oxygen in the same bulk of air is much greater.

The benefits which may be sometimes derived from compressed air—air containing an excess of oxygen—in the treatment of consumptives, need not be dwelt upon here ; nor need the fact that at sea, at which level the proportion of oxygen in the atmosphere is greatest, the mortality from this disease among sailors between the ages of 15 and 45 has been found to be sixteen times less than on land, a fact not attributable alone to the purity of sea air.

There is no doubt whatever, as Davis, already quoted, in a later work on "Diseases of the Lungs, Heart and Kidneys," remarks : "That the chest can be gradually enlarged" by lung gymnastics "quite as much as by high altitude life, provided only one will be sufficiently persevering." Dr. Davis in no measure opposes altitude ; on the contrary, he favors it. And furthermore, not only can the respiratory function be quite as effectually developed and improved by suitable gymnastic exercises at home or in one's native climate, but increased and improved more safely. There is considerable risk in conveying persons somewhat advanced in the disease, with hæmorrhage, directly to a great altitude ; with proper and careful lung-expansion at home, no risk whatever.

The purer atmosphere of great elevations is an important condition ; but in large regions of Canada we have a pure and highly ozonous atmosphere at all seasons, while over our snow-covered expanses, during many months of the year, is an atmosphere practically germless, or about as near to it as is sea or mountain air—a fact which seems to be entirely overlooked.

Respecting the cold of our Canadian climate, the colder the air breathed the more oxygen it contains and the more invigorating it is ; while, at the same time, on becoming warmed in the lungs, it expands, in a proportionately greater degree, the air-chambers. Consumptives here, who in nearly all cases

have acquired a predisposition to the disease by means of indoor occupations or a habit of housing in overheated rooms, may be, almost without exception, and notwithstanding the cold, gradually habituated back again to an outdoor life. By proper attention to the skin, suitable clothing, and especially by means of the cool bath, the most susceptible of such patients may be gradually inured to living outdoors, almost constantly, at all seasons; more easily if the inuring process be commenced in the autumn, although it may be commenced at any time. Patients advanced in the disease, who had not been out doors for months because, as they said, going out made their cough worse, I have induced to go out, and spend much time out, in cold weather, sometimes with a little inconvenience at first, always with much permanent after benefit; and never once have I known anything like serious harm to follow—the chief points to be attended to being the daily cool bath, abundance of clothing, especially when exercise cannot be taken, and breathing through the nostrils.

The sudden changes from heat to cold in our Canadian climate, while invigorating to persons in fair health, are sometimes trying to the already debilitated consumptive; although most consumptives bear great changes of temperature wonderfully well if not directly exposed to strong draughts of air. Such changes, however, are less marked and sudden here than they are at high altitudes. At Davos, Switzerland, for example, less than 6,000 feet above sea level, the thermometer has registered 166° F. by day in the sun and fallen at night to 16° F.—a “drop” of 150° F.!

In conclusion, it may be said, then, we have at our own doors in Canada—in Ontario and Quebec—probably some of the best localities for consumptives on this planet, and it is my opinion that not in one case in a hundred need there be a change to another climate by any consumptive, being a native Canadian, in whom there is a prospect of recovery.

Of special localities more particularly favorable to this class of persons there are several in these provinces. Muskoka has acquired a reputation for being a highly-favorable place for consumptives. It is sufficiently elevated, has a pure, invigorating atmosphere, and a large number of sunny days.

The ideal place of all for promoting health and vigor, so far as I have been able to learn, and which I beg leave to here very briefly describe, is a somewhat limited locality in the Gatineau Mountains, a few miles from Ottawa, in the neighborhood of Chelsea Station and Kingsmere and King's Mountain—King's Lake Mount, and it may well be named King's Plateau. It is about one thousand feet above the sea level and five hundred feet above the adjoining country, the mountain-side rising rapidly, somewhat precipitously, although providing for a good driving roadway; hence it affords the best of drainage and freedom from malaria, while any possible atmospheric impurities gravitate to the lower strata of air. It is most pleasantly exposed to sunshine by a south-eastern aspect, while behind it, protecting it from northern and western blasts, is a well-wooded ridge, towering paternally and kingly up 300 feet higher. According to the meteoro-

logical record of the locality, the number of sunny days is about one-sixth greater than in Toronto and one-third greater than in Montreal. The air is of the purest and most exhilarating character, and Kingsmere is a very pretty though small body of clear, spring water, and—speckled trout. From this plateau one may view about 4,000 square miles of a beautiful country—from 40 to 50 miles in each of the three directions; to the right, to the left, and in front; hill and dale, cultivated fields, meadows and woodland; the Ottawa, Rideau and Gatineau rivers, their valleys, windings and waterfalls; with our beautiful Capital City, built on the hills at the junction and mingling of the three waters, and our stately Parliament Buildings, as if silently watching their tumultuous meeting—a very Greek (or Persian) *Παραδεισος* [park or paradise] of health and beauty.

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## TWO CASES IN WHICH SIGMOID FLEXURE OCCUPIED RIGHT ILIAC FOSSA.

By D. E. MUNDELL, B.A., M.D.,

Professor of Surgical Anatomy, Queen's University, and Surgeon, Kingston General Hospital.

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In view of the amount of attention bestowed on appendicitis by the profession, it seems to me not out of place to note abnormalities found in the cæcal region, especially as I have twice, during the last two years, found nearly the same peculiar arrangement present.

In illustrating the operation for appendicitis on the dead subject to the class in operative surgery recently—the intestine from the usual incision did not look like the cæcum—it was thickly covered with appendices epiploicæ and there was no trace of appendix. On enlarging the incision sufficiently to thoroughly examine the parts the following conditions were found. The usual site of the cæcum was occupied by the sigmoid flexure, which, passing transversely across the body of the fourth lumbar vertebra, formed a bend in the right iliac fossa, and then ran down into pelvis on right side.

On tracing the parts upward the cæcum was found lying above the bend of the sigmoid, and on a level with the upper border of fourth lumbar—the appendix lying about one inch higher up and opposite middle of third lumbar. The sigmoid mesocolon blended with the right extremity of vertebral attachment of mesentery, and a ridge of peritoneum ran up from the outer side of the sigmoid bend along the cæcum above, so that on introducing the finger in the original incision the sigmoid and cæcum above it appeared to be a uniform piece of bowel.

The cæcum and ascending colon were together only three and a half inches in length. The appendix was found lying coiled up on left posterior aspect of cæcum in one of the retro-cæcal fossæ—there being two.

In a case such as above it is easy to understand that considerable trouble in diagnosis would occur were the appendix diseased—its high position (about three inches above ant. iliac spine), lying in what would normally be the middle of ascending colon, would interfere with its recognition, and even if the abdomen were opened the arrangement of the bowel would confuse the operator—the cæcum above blending so much with the sigmoid below. Further, as to the sigmoid itself, affections of this part would likely be considered as cæcal in origin, and left inguinal colotomy would be awkward.

About two years ago I came across an almost identical condition in a subject in the dissecting room—the sigmoid circled the left iliac fossa lying close behind Poupart's ligament; then ran back along left margin of pelvis, across sacrum to right side, and then down into pelvis. As to appendix in this last case, I cannot say, for though I have a drawing of the abnormal bowel made at the time, no investigation was made into situation of appendix.

Finding two such cases in the examination of a limited number of subjects, it seems to me proper to report them.

I might suggest that, if in an operation for appendicitis a portion of bowel presented itself occupying the situation of cæcum and covered with appendices epiploicæ, the above cases be borne in mind—the marked absence of appendices epiploicæ on cæcum contrasting strongly with the appearance of sigmoid.

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### AN OPERATION FOR HARE-LIP.

By A. GROVES, M.D., Fergus.

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The directions usually laid down in standard works on surgery for the correction of the deformity in cases of hare-lip do not appear to me to be founded on sound principles, and in consequence the results are not always as good as they might otherwise be expected to be. According to the text-books, the first step of the operation is the paring of the edges of the cleft, which means that where nature has left a deficiency of tissue art begins the work of repair by cutting off and throwing away part of what is left. I know of no instance either in the lips or any other part in which malformation by defect exists where it is justifiable to sacrifice any tissue, and I am persuaded that equally good results cannot be obtained by the method of paring the edges.

The method I bring before you to-day is one which may not be original with me, but I devised it nineteen years ago in a bad case of hare-lip on which I was called to operate, and the result was so good that I have used no other since. There are two defects that have to be guarded against in all hare-lip operations: a notch on the lower border, and a thinness of the lip at the line of union. To obviate the former I transfix the lip near the angle made by the cleft and the border of the lip on each side with a narrow blade,

and cut horizontally across so as to form flaps which, when brought together, leave a projection instead of a notch, unless, indeed, the cleft has been very wide. The next step of the operation is to make an incision on each side to a depth of little more than half the thickness of the lip along the junction of the skin and mucous membrane, extending from the raw edge below to the apex of the fissures. In making these incisions the knife should not be held perpendicular to the surface of the lip, but inclined at an angle so that the deepest part of the incisions may be further from the fissure than the superficial part. The lips are now turned back, and two hare-lip pins introduced—one about the junction of the upper and middle thirds of the wound, and exactly at the bottom of it; the other across the angle of the flaps at a depth of a little more than half the thickness of the lip. The ordinary figure of eight will bring the cut surfaces together, but for the best results it is necessary to bring the edges of the skin and mucous membrane into exact apposition by a sufficient number of superficial sutures. It will now be found that the line of union is quite as thick as any other part of the lip, and that the notch in ordinary cases does not exist.

I invariably apply the same principle in all cases, and it seems to me that the idea of effecting the object aimed at without the slightest loss of tissue ought to commend itself to all, more especially as the results are so much better than where paring is done. I might incidentally mention that in cases of vesico-vaginal or recto-vaginal fistulæ the application of this principle will be found much better than that commonly practiced,—paring the edges of the fistula, and then bringing the thin edges together. In those cases I separate the mucous membrane of the rectum or bladder, as the case may be, from that of the vagina by means of an incision about a quarter of an inch or more in depth, extending entirely around the fistulous opening, and then bring the parts together by a double row of stitches, one on the rectal or vesical and the other on the vaginal side. It is now nearly twenty years since I first operated in this way on a case of recto-vaginal fistula, and the result was so good that I have adhered to the plan ever since, and I feel satisfied that it is impossible to urge it too strongly upon all surgeons.

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## Meeting of the Medical Council of Ontario,

In June, 1895.

Dr. CAMPBELL—I think that our usual custom has been when questions regarding alterations in matriculation, or when the entire curriculum, in fact, has been before the Council, that they should be carefully considered in committee; whether any have ever been buried there or not I am not prepared to say, not having been a member of that committee at any time. At all events, I think it is in the interests of the Council that any proposition to change our curriculum in any shape or form should receive that careful discussion in committee which it cannot at first receive in the body of the Council; and, without considering the merits of the question at all, I would move that the motion now before the Council be referred to the Education Committee, and I have no doubt the Education Committee will report on it promptly enough.

Dr. BRAY—I will second Dr. Campbell's motion.

Dr. BRITTON—In supporting the motion just put before the Council I shall not say much, excepting simply to affirm the fact that I have heretofore always endeavored to maintain as high a standard as possible, not only in primary education but in the professional examinations, and to say I was rather amused at some of the extravagant statements that were made, or reports that were made of statements supposed to have been made, by me at the time of the lengthened discussion we had over the new curriculum. I do not intend to draw any long bows, and I think it would be wise if none of us did so. That is all I have to say.

Dr. REDDICK—I have no objection to the motion being referred to the Education Committee, provided that it will come up again in a manner so that there will be an expression of opinion by the Council upon this matter, which is one of the most important things this Council has to deal with, perhaps the most important.

Dr. BRAY—Mr. President, it cannot come up in any other way if this motion is referred to the Education Committee to bring in a report; it is open for discussion then by anybody. They can move any amendments to it and discuss it as much as they like. There is no motion ever comes before this Council from any committee that has not been open for the fullest discussion; so that I take exception to what Dr. Reddick says, "that if it can be brought up so that it will be discussed." I contend that it cannot help but be brought up and discussed.

Dr. MOORE—Before this motion is put, I desire to say for Dr. Reddick's information that this report will go to the Education Committee, and will there be considered, and considered thoroughly; and in the report of the Education Committee which comes before this Council it will be presented again, and we will, in all probability, go into committee of the whole, where every man has a right to discuss it; and, if he has a mind to, when we open the Council again he can then ask it to be referred back to the Committee of the Whole. Another thing I might say is, that I have never known anything of this kind to be buried by the Education Committee. You cannot bury it, because if the committee comes up with no report upon whatever is referred to them, it is at the option of any member of this Council to ask what has been done with it.

Dr. GEIKIE—Wouldn't it be advantageous to add to the motion, "And that it be required, in event of this motion being adopted, that every member of this Council shall pass the examination"? (Hear, hear.)

Dr. McLAUGHLIN—I would suggest that that should not be done, for the sake of my friend Dr. Geikie.

The President here put the amendment, and, on a vote having been taken, declared it carried.

Dr. Bray moved, seconded by Dr. Logan, that the first order of business at the Thursday afternoon session shall be the consideration of the report of the Discipline Committee *re* E. A. A. B. Rose. Carried.

## INQUIRIES.

Dr. SANGSTER—I beg to inquire, Mr. President, whether, when the yeas and nays are taken on any motion, they are taken with the distinct understanding that they are to appear in the proceedings of this Council? That has not always been so; and if there be any doubt of its being done in the future, I will at the next meeting give notice of motion to amend the by-law covering that by adding the words "and published" at the close thereof. If it is in the power of any officer or of any committee in this Council to shut out, in certain cases, or that in any case the yeas and nays, after being taken and recorded, shall not be published, I would like to know that such is the fact.

The PRESIDENT—I may say that it has always been customary to publish the votes, the yeas and nays. It might possibly on an occasion have been omitted inadvertently; I do not know that the names have always been given, but the numbers have been given.

Dr. REDDICK—That is an important point; it is the names we want, not the numbers.

Dr. SANGSTER—If it is understood that the names shall always be published in the future I will be content to let it rest there, but I want it understood.

Dr. HENRY—I have been in the Council since 1886, and I think on every vote on which the yeas and nays have been taken the names have always appeared; I have no recollection to the contrary.

Dr. SANGSTER—Dr. Rogers demanded the yeas and nays on a resolution last year and you will not find the names given there.

Dr. WILLIAMS—I have no knowledge, and I never had, that any person had any authority to keep back either the names or the numbers. This is taken as minutes, and is supposed to be published as minutes; and I never had any knowledge of it having been done otherwise.

Dr. SANGSTER—It was done in that case.

Dr. McLAUGHLIN—There is no question but the very object of the yeas and nays is that the names shall be recorded.

Dr. BRITTON—I do not know that the Council should affirm its opinion on the matter, because it has always been understood since I have been a member of the Council, that the yeas and nays were called for for the purpose of knowing definitely who voted contra and who for; and if at any time the names were omitted it certainly has been as you said, Mr. President, inadvertently done; there has been no purpose or object in the matter I am quite confident.

The PRESIDENT—Is that quite satisfactory, Dr. Sangster?

Dr. SANGSTER—Yes. If there is the distinct understanding that if it has been omitted in the past, it has been done inadvertently, and that such inadvertence shall not occur in the future.

## REPORTS OF STANDING AND SPECIAL COMMITTEES.

At the request of the President, the Vice-President took the chair.

Dr. HARRIS—Mr. Vice-President and Gentlemen, I have here the report of the late Board of Examiners, which I now wish to present to you. By way of explanation I may say that Dr. Philip, the ex-President, according to resolution of Council, was Chairman of the Board of Examiners; I was Vice-President, and after Dr. Philip's retirement I acted for him. The report is as follows:

## REPORT OF BOARD OF EXAMINERS.

*To the President and Members of the Medical Council of the College of Physicians and Surgeons of Ontario:*

GENTLEMEN,—I beg leave to report that I was deputed by the President to act as Chairman of the Board of Examiners in his stead, and to inspect the Examiners' and Registrar's schedules.

I have therefore to report to you the results of the professional examinations held in Toronto in September, 1894, and in Toronto and Kingston in April, 1895.

For the primary examination in September, 1894, 34 candidates presented themselves, of whom 15 passed and 19 failed, the percentage passing being 44 per cent.

For the final examination 32 candidates presented themselves, of whom 20 passed and 12 failed, 62 per cent. passing.

In April, 1895, 144 candidates applied for examination, 3 of whom did not appear owing to illness or for other reasons. Of the 141 presenting themselves 77 passed and 64 failed, 55 per cent. passing.

For the final examination 134 presented themselves. Of this number 93 passed and 41 failed, 69 per cent. passing.

The number of each candidate, with the marks obtained on each subject, will be found in the schedule of the Registrar, the number of marks in each case being taken from the



schedule of the Examiner. The Registrar's schedule, so prepared, has been examined by me and certified correct.

The examinations, as usual, were made as practical as possible. In anatomy, wet and dry preparations of the whole human body, with the viscera, bones and models, were used. In pathology, histology and therapeutics, microscopic and gross specimens were used. In chemistry, practical work was required in the laboratory. In medicine and operative and non-operative surgery, clinical examinations were held in the General Hospitals in Toronto and Kingston, and the Examiners in midwifery and medical and surgical anatomy used the subject, models, instruments, etc.

As the Board of Examiners did not hold any meeting this year after their work had been completed, there is no report from the Board as a whole. But the members were requested to submit any suggestions they might be disposed to make in connection with the examinations. In response, the following recommendations are made, and are referred to you for consideration. All of which is respectfully submitted,

WILLIAM T. HARRIS,  
*Chairman Board of Examiners.*

H. B. SMALL—The only suggestion I would make to the Council is to call attention to the course in dispensing, and urge that the candidate complete it before coming up for examination. It certainly cannot be the intention of the Council to have any student present himself for examination in materia medica and pharmacy, and take the course after he had passed the examination.

Dr. Jones suggests that six hours a day is long enough to conduct oral examinations, as when longer than that the strain upon the Examiner is very great, and it is difficult if not impossible, to do justice to the students after examining for more than six hours.

Report referred to Education Committee.

The President again took the chair.

Dr. ROSEBRUGH—The Registration Committee beg to report that they met and organized, appointing Dr. Rosebrugh as chairman and Dr. Shaw as secretary of the Committee, and that the Committee is now ready for business.

Dr. THORBURN—The Finance Committee beg to report that they met and organized, appointing Dr. Thorburn as chairman, and are now ready for business.

Dr. BRITTON—The Committee on Education met and appointed Dr. Britton as chairman and Dr. Moorhouse secretary; the Committee is not yet ready to make a report. In my opinion it would be better to wait and have a more lengthened report than we could possibly give now.

#### CONSIDERATION OF REPORTS.

None.

#### UNFINISHED BUSINESS FROM PREVIOUS MEETING.

None.

#### MISCELLANEOUS BUSINESS.

Dr. McLAUGHLIN—I see that His Honor the Lieutenant-Governor and Mrs. Kirkpatrick have given an invitation to the members of this Council for this afternoon. Whatever action is taken should be united. Personally I am disposed to think we have almost more work on hand than we can possibly attend to if we accept this kind invitation, and personally I would prefer going on with the work of the Council.

Dr. ROSEBRUGH—I did not take it that we were invited as an organization. I think the invitations are only personal, and it is merely a personal matter for us to accept them or not.

Dr. McLAUGHLIN—They are personal, but I suggest that we should take united action in reference to them.

Dr. THORBURN—I do not think it is a personal matter at all. The Synod of the Church of England is in session, and this party is given for their benefit and for that of the members of the Medical Council, and I think, if we can slip away for an hour or two, it is an invitation we ought to accept. The invitation says from four to half-past six. It is a formal thing, and we can leave here at five o'clock, pass the time of day, and pass out. As to these being personal invitations, I wish to say I saw invitations to persons to meet the Council and meet the Synod.

Dr. MOORHOUSE—From the fact that not a single member of the Council has been passed over, as the invitation has been so general, we might accept it as a general matter by the Council, and I think it would be nothing but an act of courtesy to comply with the invitation. I quite agree with Dr. Thorburn when he says if we leave here at five o'clock an hour would be ample, and we can be back to work at eight o'clock; and I think if we have done our duty faithfully during the previous hours of the day, we should be allowed a short space of time to accept this very kind invitation.

Dr. McLAUGHLIN—If a motion is necessary, I would move, seconded by Dr. Thorburn, that the very kind invitation of Mrs. Kirkpatrick be accepted, and that the Council adjourn at five o'clock. Carried.

On motion, the Council adjourned to meet again at 2 p.m.

## AFTERNOON SESSION.

WEDNESDAY, June 12th, 1895.

In accordance with the motion to adjourn, the Council met at two o'clock. The President, in the chair, called the Council to order.

The roll was called by the Registrar, and the following members were present: Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Emory, Fowler, Geikie, Graham, Hanly, Harris, Henderson, Logan, Luton, Machell, Moore, Moorhouse, McLaughlin, Reddick, Rogers, Roome, Rosebrugh, Sangster, Shaw, Thorburn, Thornton, Williams.

The Minutes of the preceding meeting were read by the Registrar and confirmed, and signed by the President.

## NOTICES OF MOTION.

None.

## COMMUNICATIONS.

Dr. Pyne read a communication from the Ontario Medical College for Women, Toronto. Referred to Education Committee.

## MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

Dr. Logan moved, seconded by Dr. Rogers, that in view of the general interest taken in the subject of Dominion Medical Registration by the medical profession of our country, this Council recognizes the desirability of establishing Dominion Registration so soon as the various provinces can comply with the conditions of the Ontario Medical Act.

The President put the motion.

Dr. LOGAN—Mr. President, I do not wish to detain the Council with any extended remarks in reference to this motion. My object in bringing it before the Council was simply this: I met some medical men who were of the opinion that this Council is in possession of such extraordinary powers that we can almost accomplish anything we undertake, and that this question of reciprocity can be manipulated by this Council without any difficulty whatever. This, as you are aware, is not true; and my object is to gain the opinion of the Council in reference to it. I believe this Council is not opposed to Dominion Registration, provided the conditions can be made favorable and in accordance with the provisions of the Ontario Medical Act. I merely wish your opinion on the matter, to show the medical public we are not opposed to Dominion Registration so long as the conditions necessary for the accomplishment of that are complied with.

Dr. ROGERS—In rising to second the motion which has been so ably put by our friend, Dr. Logan, I may say that both Dr. Logan and myself were, as members of the Council, a joint committee, representatives in the Council of all the provinces to consider some means whereby either Dominion Registration or reciprocity between the provinces could be accomplished. We met the other representatives, and after discussing the matter for many hours it was agreed that all the provinces should endeavor to secure a Medical Act strictly on the lines of that in Ontario, whereby the Council would have absolute control of the standard of education, and the power of holding examinations; the exact or similar power to that which we have here in Ontario. That was the conclusion; that was agreed to by representatives from the Province of Quebec, the Province of Manitoba and, I think, other provinces; and we looked forward then with some degree of hope that the time was not far distant when the other provinces would do what their representatives said they would do; that is, they would have the Medical Acts in these various provinces changed to that which we have here in Ontario, and then we would have reciprocity with them; that is to say, that they would hold an examination equivalent to ours, with a period of study similar to ours, and have a matriculation equivalent to ours, and then we could take their registration certificates and register them in our province and they could do the same with ours. As you can understand, it would be impossible for us to have reciprocity with these provinces unless that was the case. I am sorry to say that although the representatives who were at the conference from the Province of Quebec endeavored to have the Medical Act in the Province of Quebec changed, they failed to do so; that failure was owing to the position taken by some of the Universities in the Province of Quebec. I may tell the members of the Council—I presume most of them know—that in the Province of Quebec any person holding a degree in medicine from McGill University, or Laval University, or Bishop's, or Victoria has the right of registration in

that province without examination. They must pass the matriculation of their Council there but they have no medical examination. What they tried to do was to have the power, as we have in Ontario, of having a regular examination. If they had that we could easily extend reciprocity to that province. If the matter has fallen through, and if we have not succeeded in getting reciprocity in all the provinces of the Dominion of Canada, it has not been the fault of the Province of Ontario. Times out of number, to my knowledge, in this Council we have made overtures to all the provinces to have examinations equivalent to our own so that we could have reciprocity. I may also say that the only way of getting Dominion Registration is by reciprocity. There is no power whatever in the Parliament to pass an Act which would give a Dominion Registration Board—that is out of the power of the Dominion Parliament, it is *ultra vires* of that Parliament; therefore we could only get Dominion Registration by a series of mutual agreements with the various provinces. I have hoped, and we have hoped and endeavored—and I think I speak in the name of every member of the old Council—to get the other provinces to come up to our standard in Ontario, and to have an examination of all the students before they get their registration, and then we would have reciprocity which would amount to Dominion Registration. In seconding Dr. Logan's resolution I do it with a great deal of pleasure; and I reiterate that Ontario is willing to have reciprocity with the other provinces, and indeed anxious to have Dominion Registration if we can get it.

Dr. WILLIAMS—Before that resolution is put I would like to call the attention of the Council to the very great liberality of that motion. Its great liberality seems to be in letting the Province of Ontario lay down the rule, and telling the others, "If you come to my standard you can come in." That is not what I generally understand by reciprocity. I should think they would come together and there would be a mutual understanding as to what would be advisable by the whole. But in this case Ontario is supposed to be perfect, and Ontario being perfect, you say to all the others, "Come up to us and we will shake hands with you." I cannot say that I look upon that as the most liberal thing in the world; and I think greater liberality would be shown if there was a conference of the representatives of the different provinces, and they united on what they considered would be satisfactory legislation, and let each province adopt it and come together. But when Ontario says it must have what it wants, and all the rest must come up to its standard, I do not think there is any liberality in that. I think it is selfish and narrow; it is looking at it through your spectacles, and not thinking of anybody else. I don't think it should be that way. I have no objection to this resolution, but I do not think it shows any liberality on the part of this Council, but, on the contrary, shows their narrowness.

Dr. REDDICK—I am very much taken with the remarks of Dr. Williams; he echoed my sentiments to a certain extent in reference to the wording of that resolution, which is somewhat similar to a resolution that was passed in this Council before. If we are seriously anxious for reciprocity—which I think every member of this Council, and everyone who considers himself a British subject should be—we should be willing to give and take perhaps a little. For my own part, I am personally very strongly in favor of Dominion Registration, provided we do not have to reduce the standard of our medical education, or preliminary education or primary examinations, but I am not very well posted as regards the legal steps that are necessary to take. I understand, and have understood before, as Dr. Rogers has said, that it is out of the power of the Dominion Parliament to pass an Act, though I have heard it mooted and heard different times that each Legislature can pass an Act; but that itself looks too round-about a way. The only other means left at the disposal of the profession in the Dominion, as I understand it, is some mutual agreement. The matter was brought up at the Dominion Medical Association in St. John last fall, and there was a committee appointed there to report at the next meeting, which will be at Kingston next fall. They have done that from year to year, and that is about the end of it. The committee is appointed; and they say there of that meeting that Dr. Rogers spoke about, that that settled it; there seemed to be no possibility of getting any further than getting together and talking it over, and that was the end of it. That was the report of some gentlemen at the Medical Association in St. John last fall, that they got together and talked it over, and that was the end of it.

Dr. ROGERS—I desire to speak in explanation. When I stated a little while ago that we had a conference, I presumed that the word "conference" would be explanatory in itself. I might say, in the first place, the request for the conference went from the Council. Dr. Logan moved, in 1892, that the Registrar should communicate with the Councils of all the provinces, asking them to arrange a conference at which we could talk over this matter; and, in 1893, a committee of this Council was appointed to meet a committee from the other Councils; and Dr. Pyne, as Registrar, communicated with the other Councils, asking them to meet our committee for this purpose in Ottawa, in September, 1893, at the time the Dominion Medical Association met. Now, at this conference, which was agreed to by the other provinces, let it not be understood that the Province of Ontario held up a club and said, "You must come to our standard." That was not the case by any means. We simply

talked the matter over amicably; and the representatives from the other provinces agreed. They themselves agreed, and were the movers that the Medical Act of Ontario was the standard which they themselves should try and get. We did not put that up as an ultimatum. We did not say, You must come to our requirements, but it was they themselves that wanted it. And, as a result of the conference or talking together, they themselves agreed, if their provinces could pass an Act on the lines of the Ontario Medical Act, it should be done. I do not think that any member can be right in saying that Ontario held up a standard and said, "You must come to us, or we can't let you in." But reciprocity cannot be like a handle of a jug, all on one side. If you are going to have reciprocity, you must either have a fair one or you cannot have it at all. The result of the conference was entirely the movement of the representatives of Quebec, Nova Scotia and Manitoba; they unanimously agreed that our Act was the best, and they wanted an Act like it in their own provinces.

Dr. BRAY—It is clearly laid down in the Act how we are to have reciprocity, and until that Act is changed I do not see how we can take any action in the matter. Section 26 of the Act, at page 21, says: "When and as soon as it appears that there has been established a Central Examining Board similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the provinces forming part of the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum is equal to that established in Ontario, the holder of any such certificate shall, upon proof, be entitled to registration by the Council of Ontario, if the same privilege is accorded by such Examining Board or institution to those holding certificates in Ontario." As long as that Act stands as it is and not repealed, we cannot make any concession to any of the provinces—that is, we cannot lower our standard at all; they have to come up to our standard. I was chairman of the meeting in Ottawa referred to by some of the previous speakers. I have always been very anxious for reciprocity, and I think it is a great pity that in this new Dominion we should not have reciprocity. But I tell you it was distinctly told to us in Ontario that British Columbia and the North-West Territories did not want reciprocity at all. Why? "Because," they said, "we have nothing to gain by it and everything to lose. Down in Ontario you are flooded with medical men; while we are a new country and are going to grow, and your men will come here if we have reciprocity." When that was expressed, and expressed freely there, I do not see what we can do. The best we can hope for, and I think it is all Ontario can require just now, would be reciprocity between Ontario and Quebec; and I believe there are steps being taken in Quebec now to get a Licensing Board similar to ours. If we can help them in any way, why not meet them? I do not say hold fast and hard to any by-law or law we have here, but try and meet them if we can, as long as their standard is sufficient. But I do say I would never go in for reciprocity if it was going to lower the standard of medical education in Ontario—(hear, hear)—but if it is going to raise it, I will hold up both hands for it. I do not think it is necessary to take up very much time in talking this over. There have been committees appointed from this Council, and the Registrar wrote to the registrars of all the different provinces which had boards, and we met at Ottawa and discussed this thing for hours and hours, and came to no conclusion at all.

Dr. FOWLER—I think the Council will find that reciprocity, or Dominion Registration, can never be obtained except by co-operation with the universities, and it is not at all to be expected that the universities of Quebec will surrender the privileges which they now have of not only giving a degree of M.D., but also giving powers to practice in the Province of Quebec. And I have every reason to believe the universities of Toronto are sorry enough that they allowed the Council to get this power away from them, and some of them are moving now to have this done away with. They feel, and many students feel, that it is a hardship to have to submit to two examinations—to an examination for M.D., and also a separate examination for a license from this College. I think by co-operation with the universities that this Dominion Registration might be obtained.

Dr. McLAUGHLIN—I am only going to make a few remarks upon the motion. Dr. Williams very clearly and lucidly expressed my views completely. I think it would be a pity to put that resolution on record as carried, because, as Dr. Williams says, it shows no generosity or liberality. It practically sets us before all the other provinces as a body regarding ourselves as infallible, away above and beyond the others. I say, and my candid conviction is, the standard in Ontario is higher than in any other province, and I feel proud of it. It has been that ever since I have known the Council, almost; and when I was in the Council before I had that conviction. At the same time, I do not think it is necessary for us to pass a resolution to practically say, "We are over and above you, and when you come up to our standard we will consider the matter of Dominion Registration." If the wording of the resolution could be changed so as not to be offensive—because if I were outside of the Province of Ontario I would regard it as offensive—I think it would be far better.

Dr. BRAY—I would like to ask Dr. Logan if he will not modify that motion in some way or other. The first part of the resolution I quite agree with.

Dr. DICKSON—I see no object in modifying the motion as long as this part of the Act remains. It is simply giving expression to what is already on record, and I think it is high time we should take some action in reference to this matter; I think now the time has come when this Council should say they are prepared to carry out this provision of the Act; and I think there is nothing too strong in the resolution. (Hear, hear.)

Dr. REDDICK—I do not think it is necessary to go to the Legislature to change what is meant in this Act referred to by Dr. Bray—Clause 26 refers to our curriculum more particularly. It would not be necessary for us to go to the Legislature; we can lower our standard if we feel disposed to, away down as low as Quebec, or any other place, and then it would be very easy for them to come in.

Dr. LOGAN—My object was simply to elicit the opinion of the Council, and I have no desire whatever to insist on the members voting upon this resolution unless they see proper. If you entertain any idea of an amendment at all that you wish to lower your standard, that you wish to make concessions from the position you have already occupied, I think it would be very desirable you should put it in some terms. Are you prepared to make any concessions whatever in any respect? (“No, no.”)

Dr. CAMPBELL—I think there is no doubt we all agree with the idea of Dr. Logan that reciprocity would be a good thing, if we could have it. We also agree that we do not want to lower our standard. The question then arises whether the terms of the resolution will sound good and at the same time correctly express our views. The mover of the motion, I know, is quite willing to have it modified in any reasonable shape, and I would therefore move that it be referred to the Registration Committee, and that committee can consult with the mover and put it into shape to show the sense of the Council, and at the same time endeavor to make it satisfactory to the other provinces without lowering our standard.

Dr. MOORHOUSE—I take great pleasure in endorsing this motion. Here we have two factions, one opposing the passing of this motion, which evidently means that we retain our own standard; on the other hand, we have Dr. Sangster advocating an addition to our standard, making it higher. I do not think there is any member of this Council who would entertain the idea of asking for reciprocity from any sister province if we had to do it upon a retrograde movement. (Hear, hear.)

The President here put the motion to refer this matter to the Registration Committee, and on a vote having been taken, declared the motion carried.

Dr. Rogers here asked leave to introduce a notice of motion. “Notices of Motion.”

Leave granted, the Council reverting to the order of business, “Notices of Motion.”

1. Dr. Rogers gave notice of motion that at the next session of this Council he would introduce a by-law appointing a Committee on Discipline.
2. Dr. Bray gave notice of motion that he would move that the Registrar be instructed to write to the late president or secretary of any of the old licensing boards that were in existence at the time of the formation of this Council, and which are now defunct, or to any person or persons who have any seals, instruments or documents in their possession belonging to any of the late boards; and that they be requested to send the same forthwith to the Registrar of the College.

The regular order of business was then proceeded with.

#### MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING (CONTINUED).

Dr. Henry asked that his motions, of which notice had been given, stand over to the next session of the Council.

Leave granted.

Dr. THORNTON—I have a notice of motion laid over from this morning. It is moved by myself, seconded by Dr. McLaughlin, that this building being altogether beyond the requirements of the Council and the limitations prescribed by the Ontario Medical Act, and being also annually and increasingly a source of great financial loss to the College, it be at once offered for sale by competitive tender, and that, in event of a sale being effected an effort be made to lease from the purchaser for a lengthened period of time the rooms occupied at present by the Council at a reasonable rental.

The President put the motion.

Dr. THORNTON—It may be considered presumption on my part, as a new member, to introduce at once a motion to the Council of this nature, but I think that I may be excused when we look into facts. In some of the constituencies represented by the territorial representatives this question has received a great deal more prominence than in others. This question came up as far back (and prominently so in my division) as the election of 1890; my constituents being of the opinion that it was entirely outside of the scope of any legislation we had for such an undertaking, and that it was outside of the duties to be discharged by the members of the Council. That was immediately after the construction of this building.

The murmur was somewhat smothered by the statement that was made at the time, that we had not only a home but a respectable home for the Council; and what was of a great deal more moment, a home that would in the future be a source of revenue to the Council, and would do away in the very near future entirely with the demand that has been made on the profession to keep up the revenue of the Council. This statement was made positively and emphatically; there was no dodging around the question at all that such was the fact, that the revenue that would be received from this building would do away entirely with the demands made on the profession in connection with the assessment tax. This went on with considerable murmuring and considerable fault-finding at the publication of every annual announcement, showing the financial returns in connection with the undertaking, until last year, when the President's address was sent broadcast over the County of Dufferin, and, I presume, over the whole province. There was then intense dissatisfaction on every hand, and particularly at some of the remarks contained in that address, after having the explanation given that had been thrown out, to which I have referred—you will find it stated that "the profession outside of Toronto knew something of its extravagant dimensions and of its cost, but no voice was heard in censure or in criticism; and no member of the Council was refused re-election because he had favored the erection of the College building." The reason that no objection had been made to the return of members from that locality was simply that we were given to understand that the building would be a source of revenue such as would relieve the demands made upon the profession. I say this gave dissatisfaction, and in connection with that we had also the statement "yet the fact that it could to-day be sold, leaving the Council with a large cash balance on hand as a result of the operation, may be accepted as an indication that we have not been unfaithful or imprudent trustees." These statements in connection with the financial returns gave intense dissatisfaction. I may say for one that I was simply as an elector in sympathy with the others; that is, with the large majority, there only being a small minority that differed. I have yet to find a single member in the electorate in that section but what would be perfectly satisfied and think that this Council should have a home, a home properly equipped for the carrying on of its business, the examinations and every duty that the Council should perform; but they think that that home should be used exclusively for the purposes of the Council; and I have yet to find anything more than a very small majority but what think that we are entirely beyond the scope of the legislation we have in the matter or beyond any duties we should discharge in connection with the Council. Now, I have heard a great many statements as to the gains and losses that have been derived from, or sustained by, the Council in connection with this building; and I have found that the different members of the Council have a great many different ways of getting at a conclusion in this matter. It seems to me that it is a very plain matter. I do not pretend to be an expert financier by any means, but I think that we should conduct it as an undertaking placed upon a distinct business basis. In ascertaining the results or outcome of the undertaking I would charge, on the one hand, a proper interest on all the money we have invested in it, and interest on all the liabilities that we have on the building, and the expenses necessary to maintain this building; I think that is a fair way of getting at the expenditure. On the other hand, I would credit the undertaking with all the rents, or whatever we may receive from the building, and at the same time make a proper allowance for the part of this building occupied by the Council; and then strike the balance. I think that is a fair way certainly to get at the matter. It would look to me like a business calculation. Now, if you take the subject up on that basis, you will find that this building has been the source of very serious loss to us. You may be surprised—some of you that have never given it any thought—to find that if you allow \$2,000 for the use of that portion of the building which we occupy, and add to that the rentals that we have received since we opened this building, we have a deficit on our hands of \$20,582.55—these figures may vary a few cents. There are others that think the value of this building to the Council should not be reckoned on that basis at all, but on the basis of what they have paid in to the building, or somewhere in the neighborhood of \$28,000, which would only give you the advantage of a rental of about \$1,400 a year, and would place us to-day with a deficit on the undertaking of about \$25,531.27. Now, if you look at this matter squarely in the face we have a very serious problem before us. I know some of the old members say, Do not be precipitous in the matter; do not get in a hurry; there has been a depression in business, but we will tide this thing over. Now, I would like to see the set of figures that would show me just how it is going to be tidied over; there is where the difficulty presents itself to me. We have to-day in connection with this business, or will have by the first day of next January, or, if you please, the thirty-first day of December, a deficit for the year, after allowing your \$2,000 for the use of that part of the building occupied by the Council, of \$5,021.82. Now, how are we going to meet that? We may go to the full limit of all the legislation that we have in the matter; we may reinstate all the suspended clauses of the Medical Act; we may collect promptly on the thirty-first day of December everything available without a single member of the profession dissenting, and we are not going to get a single step ahead; in fact we are not going to meet

the full amount. Others will say, times are going to be better. But you must remember this deficit is increasing all the time. Some say there is a great deal of it met. Certainly, if we had the means I suppose we might go on meeting it, but that does not touch the matter as a business question. What I want to get at is this, that as a business question we have got to meet it; and if we have got this enormous deficit rolling up it has got to be met at some time by some means. We have got to get out of the difficulty in some way, or the problem has got to solve itself. I have no doubt several will say, your position is rather a unique one, you would offer a property for sale, and your reason for selling it is, by your own proof, it is worth nothing in the market at all. I cannot accept this at all; I think in going into a property speculation the Council stepped entirely outside of its duties, and I think we have no right to expect the members of this Council to show themselves as adepts or experts as real estate agents; at least a great many of the profession look at it in that way. Instead of accusing the Council of badly managing the affair it has been a wonder to my mind they have managed it so long as they have in the face of such an undertaking. I do not want to take up a great deal of your time on this question, because there are a great many of the older members of this Council that will want to speak to the matter. But it has been brought home to me very pointedly; my constituents have demanded me to give attention to this particular matter, and I think I am not out of order in referring to the members of the College and their views that they expressed in this matter. Why, in short, they put it just in this way, that they are strictly loyal to this Council, and they are ready and they are willing to do everything reasonable to sustain the hands of this Council in upholding the profession generally, and any undertaking that is for the profession; but in a property speculation, which they consider outside of the scope of the legislation and outside of the proper discharge of our duties, if a demand is made upon them to meet a deficit arising out of a mismanagement in the business they say that they can not respond to it, nor will they respond to it.

Dr. THORBURN—I submit that these remarks are altogether out of taste. This matter should be referred to the Finance Committee, and when that committee brings in its report it will be then quite in order for Dr. Thornton or any other gentleman here to make any allusions to it that they may see fit. We want to economize our time at this meeting, and this is taking up the time of the Council unnecessarily. There are a number of gentlemen here who are lengthening out the Council's time and adding very much to the expense of the Council, which has been a constant complaint against the Council in the past, and we should now endeavor to remove all causes for further complaint on that score.

Dr. WILLIAMS—I do not propose to follow Dr. Thornton in any of his remarks whatever. We are dealing to-day with things in a matter-of-fact way. We have this building on our hands, and we have it to deal with; and I am sure there is not a member of the Council here present but is anxious to deal with it in the best possible way that can be done in the interests of the profession—(hear, hear)—and I believe I am perfectly safe in saying every member of the old Council has that kind of feeling. (Hear, hear.) They want to have done that which is best—(hear, hear)—and if a mistake was made in the past—along about 1878, when the property was purchased—if it was a mistake, we are not prepared to cast undue reflections upon the members of the Council who were acting at that time, because we must believe that they acted according to their judgment and to the best of their ability. (Hear, hear.) Whether it was the wisest thing in the world to have put up this building is a matter upon which there may be more than one opinion, and hence I think it is not wise at present to enter fully into a discussion as to what is best now to do. We have appointed a Finance Committee to go into the whole matter in connection with our financial position; and we have strengthened that, if I may use the term, by a resolution, drawn up by Dr. Armour and sent to that committee, which is intended to impress upon them more fully that we want our financial matters gone into, and gone into carefully; and when we have that committee's report and their recommendation, then we will be in a position, and not till then, to pass upon this matter with any degree of satisfaction. Holding that view, I move, seconded by Dr. Henry, that this matter be referred to the Finance Committee, with a request that they report thereon.

Dr. HENRY—In seconding this motion, I heartily endorse the remarks made by Dr. Williams. I canvassed through my constituency and I found a great many of my constituents took objection to this building; but, while they took objection, quite a number were laboring under a great mistake. They were under the impression that the Council at the present time had gone to the expense of establishing a library here and keeping up a set of offices for the especial benefit of the profession in the city of Toronto. That was one of the ideas they were laboring under. As a matter of course, I quite agree with Dr. Williams, and I have always held the view that as quick as we can dispose of this building it would be well to do so; and I believe if we could buy property in the western part of the city on which we might erect a small building—a building that would give ample room for examinations—that that would be wiser, perhaps, than maintaining this large structure. But while holding those views, I think this is a very bad time to try to force a building of this type on the market. We all know property has gone down in value, not only here but everywhere else, and to try to place

this property on the market and force a sale would be certain financial suicide. We are all agreeable, and think it very desirable that this property should be disposed of as quickly as possible; but in the meantime, supposing we got a good offer for it to-morrow, we would have to look around for some other place to carry on the affairs of the Council. We know the difficulty we had to contend with in the past to get rooms sufficiently large and ample in which to hold and conduct our examinations. The University was found to be too small, and the Normal School was too small, and it was a difficult matter to keep students (as was reported to this Council) from copying from one another when the examinations were conducted at those places; and if we were to sell, and then turn around and rent from the man to whom we sold, we would find it would be an increased expense. I think we are not in a position to discuss this question intelligently. I think it ought to go to the Finance Committee, and from them we will get the facts. I do not know what the revenue is that is derived from this building at present; it may be that the revenue is sufficient to meet the demands. I cannot discuss this question intelligently because I do not know the facts, and I think the better way is to let the matter go to the Finance Committee, and let them thresh it out and report to us, when we can talk intelligently.

Dr. BRAY—Just one word. I would be the last one in the world to wish to curtail the remarks of anybody; but we are departing from the general procedure in the remarks made not only by young members but by old members; and I think an important question of this kind, where we have no facts before us, should not be discussed until we have the facts.

Dr. SANGSTER—I rise to a point of order. Are the members speaking to the amendment or to the resolution?

The PRESIDENT—To the amendment.

Dr. SANGSTER—The amendment has not been read from the chair.

The PRESIDENT—No. I will read it now. It is moved by Dr. Williams, seconded by Dr. Henry, and resolved, that the resolution be referred to the Finance Committee and be reported on by them with other matters.

Dr. BRAY—As I said before, I do not wish to curtail discussion at all. There will be ample opportunity when the matter is reported on by the committee, for full discussion, and we shall then have all the figures before us. If we want to facilitate business I think the less discussion we have on those matters that we do not know much about before-hand the better. I do not wish to make any more remarks on this subject now or to reflect on any member, but I say the old members as well as the new have transgressed in this respect.

Dr. GEIKIE—In order to economize the time of the Council, I cannot avoid a word or two on this. In reference to the amendment there is a bright side, and a fairly bright side, to this question. At first the purchase was considered a very reasonable one, they got it at so reasonable a rate. The boom came and everything went away up; then everything went away down. But matters are brightening again. There is an immense pile (points to new civic buildings on Queen street) costing a large sum of money, that has enhanced the value of this property very largely; and when that Court House is finished the value will be still further enhanced. In view of this fact, and of the fact that times are brightening, there is not a doubt that this property is situated most eligibly, and that it is of great value. Now, keeping that and the other things in view, after the Finance Committee shall have discussed the matter properly, we shall be in a position to arrive at a decision that we are not now in a position to arrive at.

(Cries of "Question, question.")

Dr. McLAUGHLIN—I have my rights and I intend to exercise them, and I do not intend to be deprived of them by a cry of "Question." It has been stated here that it is out of order to discuss this question. But I claim it is the right of every deliberative body to discuss any and every question that comes before it.

The PRESIDENT—It has not been ruled out of order.

Dr. McLAUGHLIN—No; and I am glad you agree with me, and that you did not rule it out of order. But member after member has stated it is out of order, and that Dr. Thornton is out of order. I do not propose to discuss the question at any great length. I do not agree with the suggestion to send it to a committee, and they will tell you all about it when it comes back. I do not agree with that; it is not parliamentary, and it is not what we ought to do. I am not on the Finance Committee, and Dr. Thornton is not on it, as far as I know; and he has a right to express his view on any question, and then the committee can take his views and discuss the question. Member after member has risen and said, "I do not know anything about it." I really think the members of the Council ought to know a great deal about it; it is the big elephant that is on our hands to-day, and every member ought to study this question and know what is before us. I want to refer to a word that fell from Dr. Williams, that if fault was to be found, it was to be found with the Council of 1878. I entirely disagree with him. I was a member of the old Council when the old building was purchased here; and we purchased that building for no other purpose than the purposes of the Council. We purchased it as a building in which the Council would meet



and hold its examinations. I find no fault with that; and if the Council had maintained that position I would still have maintained there was no fault. But the very moment they commenced to erect a huge building here for speculative purposes the wrong began; and I maintain they did that in direct violation of the Act under which we are incorporated. I will only speak a word or two on this, and leave further discussion until a later period. Mr. President, you know, and every member of this Council knows who has followed our Legislature in Toronto or Ottawa carefully, that whenever a body seeks incorporation for any particular purpose, Parliament is extremely careful and jealous that that body shall be hemmed in by high fences that would prevent them going over and outside of the functions for which they are incorporated. Take the lawyers, they got an Act of Incorporation, and they were hemmed in by language as strong as language could be made, so as to prevent them from going into any other undertaking than that of belonging to the legal profession. Of the pharmacists the same is true, of the surveyors the same is true, and the same is true of our medical profession. The language that is used in the various Acts I have copied out of the various statutes, but I will only ask you to listen to the language employed in regard to our body, and which you can all find in our Medical Act. By that Act "The College of Physicians and Surgeons are made a body corporate, with power to acquire, hold and dispose of chattel property and real estate for the purposes of this Act." Now, there is the Act under which we are incorporated; and I say there is no power upon earth by which the Council could legally get outside of and beyond what is specified there. What were the purposes of this Act? At that time it was simply to fix a curriculum, to conduct examinations, and for registration. That was all; just the three purposes. But in spite of that Act, the Council has put up a building for speculative purposes, and they have dragged the profession down into the arena of speculation here in the city of Toronto. Now, I do confess I feel, as a member of our noble profession, humiliated that to-day we are here in Toronto a speculative body, and the result of that speculation has been most calamitous. I will not go over all the figures as the result of it. (Cries of "Go on, go on.") I do not like to detain the Council, because it may come up for discussion again, but ever since this building went up we have had nothing but one calamity after another from it. You will pardon the digression. It has been stated to-day that I was as much to blame as anybody—that I entered into this speculation. I say I never did; I say the Council bought this place when I was a member; that they bought this place for the purposes of this Act; that they acted entirely within their powers set out in the Act of Incorporation. But it was subsequent to that—in 1886 or 1887—the confines of the law were broken down and the Council went outside of their powers and duties. I will simply ask your attention to the deficit since the building has been erected. The first year was 1888-89, the deficit then was \$3,076.91; the next year, \$2,428; the next year, \$2,726; the next year, \$3,412; the next year, \$2,872; the next year, \$3,531; and the last year, the worst of them all, and that just closed on the last day of the last month, \$4,203.77. It is growing worse and worse every day. Now, I say this Council ought to proceed as a private individual would proceed. If this property was mine, what would I do with it? If it was yours, sir, what would you do with it? We are the trustees of the profession of this province, and it is our duty to make the best out of this we possible can. We have been told, year after year, for several years back, that things were going to improve; that there was a great building going up near by, and that this would boom and go up. Why should it boom because it is near that place? Why should that make it boom? The answer to that has been, why you would rent it to lawyers because it would be near the Court House. There is not one of the large legal firms in the City of Toronto that would come and occupy rooms in this building and leave the fine rooms they have got. Do you think Mr. O'ler's or Mr. Blake's firm would leave their fine, magnificent rooms? What good does proximity to the Court House do them? They do not get their clients from that place, but from all over the country, and they want their offices where the people of the country can reach them easily, on King street and on Toronto street. I say, so far as the lawyers are concerned, that the place where this building is is not one particle more advantageous than any of these other places. I do not want to press this Council, if I had the power or the ability to persuade the Council, to sell the building immediately if it cannot be done to the best advantage. I want the matter gone into faithfully and honestly, and dealt with in the best interests of the profession. But I still think if this were my own private property, and the deficits were increasing year by year, I would be only a reasonable man if I tried to get rid of it. (Cries of "Question, question.")

The President now put the amendment and declared it carried.

Dr. SANGSTER—I gave notice, Mr. President, of a motion asking leave to amend By-law 22. If you will kindly ask the Registrar to read that by-law, I will be able to obtain the words I want.

On instructions from the President, the Registrar read By-law 22, as follows:

Moved by Dr. Sangster, seconded by Dr. McLaughlin, that leave be granted to amend

By-law No. 22, by appending to the end thereof the words "such expense not to exceed the cost of one first-class return railroad ticket to the place of residence."

The President put the motion.

Dr. SANGSTER—Mr. President, I do not wish to occupy much of your time, and I will be as brief as I possibly can. I want to bring out my views in regard to this matter. It is necessary evidently for the debilitated condition of our treasury that we should proceed to retrenchment wherever it may be possible and correct and desirable. It appears to me that we can not with a good grace proceed to economize in other respects until we have brought down our own emoluments to something within reason, or something within what is proper and right. I presume that no man in the profession will regard \$10 per diem to the members of this Council as an outrageous or too great payment for the loss of time in being away from their practice, and for the services they render here in devoting themselves to the work of the profession. I presume there is no man in the profession probably that would regard that charge as high or unreasonable; and I therefore do not ask that that shall be touched. But to the \$10 which has been appropriated by that by-law to each member of this Council as a per diem allowance, there has been added by a side wind \$3.50 for hotel expenses; and I want to call your attention to the fact that the law states that there shall be paid to members of this Council such fees for attendance and such reasonable travelling expenses as may be from time to time fixed by by-law passed by the Council. I want you to observe that the payments made to the members of this Council are to be fixed by by-law, by a much more formal instrument than a resolution of the Council, or a recommendation of the Finance Committee. By by-law the Council has fixed the payment as \$10, and such reasonable expenses as are reasonably incurred in travelling to and from the Council. There is no by-law on the books of the Council authorizing the payment by the Council to its members of \$3.50 for hotel expenses. There was a recommendation to that effect by the Finance Committee, in the year 1887; and in the following year there was another recommendation by the Finance Committee that the payment which the previous year had been made to country members should be paid also to city members. I hold that there is no legal authorization for the payment of this amount, and if I am right some of us are in a position to congratulate ourselves that we have not been members of this Council before the present year, because there is an ugly question of restitution of \$5,000 or \$6,000 into the coffers of this Council which you may have to face. If you desire that that payment of \$3.50 for hotel expenses is to be continued, then I desire to move against its continuance. If you decide that you will forthwith proceed to pass a by-law authorizing in future the payment of \$3.50 to the members of this Council by way of hotel expenses, I shall oppose it; and I hope many others will oppose it. I do not say I shall oppose it upon the ground that \$13.50 even might be too much in return for the services of members of this Council, but I claim that that was not the proper way by which the members of this Council should have increased their remuneration. A much better way would have been to pass a by-law or resolution or recommendation, if they choose to act upon that flimsy authority (the recommendation of the Finance Committee) that the remuneration of this Council should be increased to \$13.50, without any pretence to hotel expenses, which in the case of most of the Council I need hardly tell is a clear misnomer. In regard to the railway expenses I may say, as many of you are aware, and as I saw stated by the Treasurer in a communication to the Council some years ago, some member of the Council had been in the habit of charging two full railway tickets, instead of a ticket and return. That is only a small matter, but I think small matters had better be kept within the bounds of right. You may claim that the profession looks upon these small matters, and looks upon any reference to them as a matter scarcely worth the notice of this Council. But I do not think that a position of scrupulosity or squeamishness on the part of the profession in regard to the payment of members of the Council is in place; I do not think it would be in place for the profession; I do not think the profession would display their usual good taste if they were to say we cannot accept the services of these gentlemen at \$10 a day, or if they were to even say we cannot accept the services of these gentlemen for nothing. I dare say that somebody may move a resolution, if this should fail, that in the present straightened finances of this Council it would be well for the members of the Council to forego all sessional indemnity for a period of a few years till things had brightened a little, and I would not be undisposed to adopt that. We have to make some sacrifices for the good of the profession and for the good of the Council. What I was remarking is that I think the profession would not display its usual good taste if it were to exhibit that squeamishness to which I refer, especially when it is considered that the universities and the schools, which are our mirrors of propriety and our sources of ethical and professional inspiration, do not exhibit anything like the same squeamishness in regard to the members that they appoint to this Council; they not only accept their services for nothing, but they actually require this Council to pay drafts that they should feel highly honored in accepting. Therefore, without occupying any more of your time, I move that the by-law be amended in the direction that

I specify, so as to limit the travelling expenses to one first-class return railroad ticket to the place of residence, and the \$10 per diem allowance; and I leave it to the Council to say what shall be done with that \$3.50 per diem allowance. If it is decided that that shall be regarded as valid and lawful and is to be continued, then I shall give notice at the next session of a further motion to repeal that portion of the by-law allowing that \$3.50 to members of this Council. I may say, although it is a little thing, that the reduction I am proposing (I have looked into the matter) will not only pay for the extra expenses involved by the five additional members, but it would leave a good solid balance of some \$700 or \$800 when applied to Council and committee meetings.

Dr. WILLIAMS—I presume that Dr. Sangster must have overlooked the fact that, in order to amend a by-law, it is necessary to do it by another by-law. He has simply brought up a motion to amend a by-law, and it is not in the province of this Council to amend a by-law in that way.

The President ruled the motion out of order, on the ground that the amendment of the by-law cannot be made on motion, but must be made by by-law.

Dr. McLAUGHLIN—I rise to a point of order. If you rule this motion out of order, there yet remains the question whether your ruling is right or not. If this is out of order, the resolution or motion to add \$3.50 for hotel expenses some years ago was out of order, so that Dr. Sangster is following that precedent.

The PRESIDENT—Do you appeal from the ruling of the chair, Dr. McLaughlin?

Dr. McLAUGHLIN—No; I am just calling your attention to that point.

Dr. Brock moved, seconded by Dr. Campbell, that this Council, having noticed the frequency of cases of poisoning, recommend to persons engaged in dispensing the necessity of providing some means by which those deplorable accidents may be prevented.

The President put the motion.

Dr. BROCK—I noticed a very sad case recently in which one bottle was mistaken for another, and carbolic acid was given; and this drew my attention to the necessity of the means which is taken at the present time in England, and I believe on the Continent. In England they use, I believe, such a form of bottle that the moment you touch it you are aware you are handling poison. It would be very easy to have that introduced to this country, and it might possibly save many valuable lives. I think it would be possibly well to refer this to the Executive Committee, who could confer with the Pharmacists' Association in reference to it.

Dr. McLAUGHLIN—Isn't this a motion that would come more naturally before the Pharmaceutical Society? The pharmacists are not under our control, and I almost think if you send them any recommendation as to how they should conduct their business they will think it is an interference upon our part that we have no right to dictate.

Dr. BROCK—It seems to me it is part of our duty to use all those means that we can for the protection of the public; the medical profession are looked upon by the public as persons who should initiate all these. The Pharmaceutical Association represents a body of druggists and dispensers, and I have no doubt they will be very glad to have a recommendation from us, and to have our assistance in giving them a recommendation. (Hear, hear.)

Dr. WILLIAMS—This would be simply an expression of opinion; it has no weight or force.

Dr. McLAUGHLIN—I would suggest that you add to the end of that motion that we recommend the railway companies be more careful in regard to frogs.

The President put the motion, and a vote having been taken declared it carried.

#### INQUIRIES.

None.

#### REPORTS OF SPECIAL AND STANDING COMMITTEES.

None.

#### CONSIDERATION OF REPORTS.

None.

#### UNFINISHED BUSINESS FROM PREVIOUS MEETING.

None.

#### MISCELLANEOUS BUSINESS.

Dr. MOORHOUSE—I have a motion that I would like to make; but before making the motion I would like to preface it with a few remarks. I understand that a very old member of this Council, who has been a member constantly since 1877, is about to leave us tomorrow for a trip to Europe. I refer to Dr. Geikie, who has informed me that he is about to start for Europe tomorrow. Dr. Geikie has been long identified with education in this province, not only as a member of this body, but also as a member of one of the most

prosperous medical schools in the province; and therefore I would beg leave to move, seconded by Dr. Moore, that Dr. Geikie be appointed by this Council as its delegate to the approaching meeting of the British Medical Association. I am sure that this motion will be endorsed by this Council unanimously as a very wise appointment, and it is an appointment that does not entail any expense on this Association; and we could, I am sure, get no one who would represent us more honorably before that very learned society. The meeting is to be held on the last three days of July and the first two days of August.

Dr. ROSEBRUGH—I have no objection to this at all, if we were in the habit of appointing delegates; but to my knowledge this Council has never appointed or sent a delegate to any association, and this would certainly be a departure.

The PRESIDENT—Allow me to correct you there, Dr. Rosebrugh. Delegates have been appointed by this Council and have had their credentials. The Registrar will refer to them.

The Registrar stated that Sir James Grant had been a delegate, that Dr. Moore had a credential to the International Congress at Berlin, and that Dr. Geikie had been appointed a delegate before.

Dr. ROSEBRUGH—I beg to withdraw my remarks. I did not intend to make any objection whatever to this.

Dr. BRAY—Mr. President, it is just a complimentary thing on the part of this Council to Dr. Geikie, and it involves no expense at all; it is only paying a just compliment to an esteemed member of this Council and an old teacher to give him the seal of this College, which would perhaps entitle him to more consideration before the British Medical Association. Dr. Geikie is not looking for anything, and we are not offering anything; it is just a matter of courtesy to Dr. Geikie, but one that I shall be glad to see granted.

The President put the motion, and after a vote had been taken declared it carried. (Applause.)

Dr. GEIKIE—I shall endeavor to represent the Council if I have an opportunity. I look upon it as courtesy to the British Medical Council, not to any individual—I don't mean in appointing me as your representative—

Dr. McLAUGHLIN—Yes, that is it. (Laughter.)

Dr. GEIKIE—No, no. But in allowing anybody to convey the greetings of this Council to the British Medical Association.

Dr. SANGSTER—Can I claim the indulgence of this meeting to move the by-law now, of which I gave notice?

The PRESIDENT—You gave no notice introducing a by-law. You gave notice to introduce a motion, and that motion I ruled out of order. It is not the proper place to introduce that by-law at this stage of the proceedings. We are now through with the business of the Council for the day.

Dr. CAMPBELL—I think the Council might extend to Dr. Sangster the courtesy of allowing him to submit a notice of motion to introduce his by-law at some future meeting. Leave granted.

The Council reverted to the order of business "Notices of Motion."

Dr. WILLIAMS—I do not think Dr. Sangster ought to be shut off on a technical point, and if he is satisfied with a notice of motion now and a by-law to-morrow I am.

Dr. SANGSTER—I am satisfied.

Dr. Reddick gave notice of motion that the Registrar be authorized to procure a book in which all the by-laws of the Council shall be written after they are passed.

Dr. Brock gave notice of motion that the Registrar report the names of all members in arrears up to and including the year 1892 for their annual fees, giving the amount of arrears.

Dr. WILLIAMS—I think it advisable sometimes to look into the practicability of a motion, and I do not believe the Registrar can go through the book and get together in reasonable time the amount of information demanded by that notice of motion. I do not object to the notice of motion.

Dr. Sangster gave notice of motion to introduce a by-law to amend By-law No. 22.

On motion the Council adjourned to 10 o'clock to-morrow morning.

### THIRD DAY.

THURSDAY, June 13th.

The Council met at 10 o'clock, a.m., according to motion for adjournment. The President, Dr. Harris, in the chair, called the meeting to order.

The Registrar called the roll and the following members were present: Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Emory, Fowler, Geikie, Graham, Hanly, Harris, Henderson, Henry, Logan, Luton, Machell, Moore, Moorhouse, McLaughlin, Reddock, Rogers, Roome, Rosebrugh, Sangster, Shaw, Thorburn, Thornton, Williams.

The Registrar read the minutes of the preceding meeting, which were confirmed as read, and signed by the President.

## NOTICES OF MOTION.

No. 1. Dr. THORBURN—That the Registrar be instructed to have the by-laws of the Council compiled and printed in pamphlet form for use of members in the Council.

No. 2. Dr. FOWLER—That passing the Departmental Matriculation Examination in Arts, and attending subsequently one session in Arts, and passing the required examinations at the end of the first year in Arts in any recognized university, shall entitle such students to be registered by the Medical Council, upon paying the required fee.

No. 3. Dr. BARRICK—That the report of the Finance Committee be printed, and a copy thereof be placed in the hands of each member of this Council before it is formally submitted.

No. 4. Dr. ROOME—That a special committee of three be appointed to consolidate the by-laws of the Council, the said committee to be nominated by the President.

No. 5. Dr. ROGERS—To introduce a by-law levying an annual assessment, and for collection of all arrears of assessment.

## COMMUNICATIONS.

The Registrar read a communication from Mr. Dowling, who failed at the recent examinations. Referred to Committee on Complaints.

Dr. CAMPBELL—The detective presented a report yesterday that came in, I think, under the order of communications, and I would ask that a copy of this communication be placed on the desk of every member.

## NOTICES OF MOTION OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

Dr. Rogers asked leave to have his motion *re* the appointment of a Committee on Discipline stand over till the afternoon session. Leave granted.

Dr. Bray, referring to his motion that seals and documents in the hands of the now defunct Medical Boards be returned to the Registrar, asked leave to have this matter stand till after the report of the Discipline Committee should be presented. Leave granted.

Dr. SANGSTER—Mr. President, I need not occupy the time of the Council by repeating what I said yesterday in reference to the amendment of By-law 22. I now hand in the by-law which I propose to introduce to amend By-law No. 22.

The President then put the motion as follows: "Moved by Dr. Sangster, seconded by Dr. McLaughlin, that By-law No. 64 to amend By-law No. 22 be now introduced and read a first time." Carried.

Dr. Sangster then read By-law No. 64.

Dr. SANGSTER—As the by-laws have not been printed and are obtainable only with great difficulty, I may state that when these by-laws are being consolidated you will find that certain by-laws are not numbered correctly, that there are one or two by-laws in existence the numbers of which do not correspond, and there is another by-law numbered as a by-law that was never passed. These irregularities made it very difficult to get at the by-laws or to know anything about them; they are not printed, so that I had not in my possession By-law No. 22, and I have therefore to ask whether it will suffice to ask the Registrar to read By-law No. 22, and for me to read merely the clause I propose to amend at the end.

Dr. Sangster's request was acceded to by the Council.

The Registrar, Dr. Pyne, then read By-law No. 22: "Whereas it is thought expedient by the Council to amend the by-law passed June 9th, 1876, therefore the College of Physicians and Surgeons of Ontario enacts as follows, repealing all other by-laws or rules upon the subject dealt with or provided for by this by-law, that the allowance for each member of the Council shall be \$10 a day when attending the meetings of the Council, with a reasonable allowance for travelling expenses necessarily incurred in going to and from the meetings of the Council."

Dr. SANGSTER—The amendment I propose by By-law No. 64 to By-law No. 22 comes in at the close, after the word "Council;" the last sentence is proposed to be amended by appending to its close the words, "such expenditure not to exceed the cost of one first-class railway return ticket to place of residence." I said all I had to state with reference to that by-law in the motion I made yesterday, and I therefore do not care to occupy the time of the Council by appending any further remarks.

Dr. Sangster moved, seconded by Dr. McLaughlin, that By-law No. 64 to amend By-law 22 be referred to the Committee of the Whole and read a second time. Carried.

Council in Committee of the Whole. Dr. Barrick in the chair. The by-law was read a second time.

Dr. WILLIAMS—Mr. Chairman, this by-law, to some considerable extent, deals with the question of the allowance made to members of the Council; and it opens another question about which there has been some difference of opinion in the past; and if that by-law is

passed in its present form without any amendment, I think most of us would think an injustice was done to some people. This proposed by-law would allow one first-class return ticket from the place where the man resides. I think we would all agree that that is reasonable and right, that there is no question upon that. The next point to be considered is that some men reside at such a distance that they must either start one day earlier or otherwise travel at night; and if they travel at night and pay for a sleeper it is cheaper for the Council than to have them travelling the day before and not pay for a sleeper. We have a number of instances of that kind. Supposing, for instance, you take the man who comes from No. 1 Division, the furthest division west. If you say he shall not take a sleeper, it is unreasonable for the Council to ask the member for that division to sit up all night and travel; then it becomes reasonable for the Council to allow him to start the morning before and pay his day's time. In that view is it not more reasonable to still further amend this by-law by allowing a member to take a sleeper in any case where it is necessary that he should travel at night in order to reach the meeting in its proper time? Or take the case of the member who comes from Ottawa. The Council meets on the first day of the session at two o'clock in the afternoon, and that member cannot start on the morning of that day and get here in time for that meeting. Is it then not better to have him start at night and pay for a sleeper for him than to have him start the morning before and pay him for a day's services? A day's services would cost \$10, while a sleeper would cost but one or two dollars. Now, I would suggest to Dr. Sangster, in view of that, that this looks like an undue hardship on persons living at a long distance, and that he should add the further words, that a member be allowed to take a sleeper and charge for it where he necessarily does so to reach the meeting in proper time. If Dr. Sangster will add some words in that form that would cover that point, I am perfectly willing, but unless he does I shall have to take the sense of the Council in the matter, because to me it seems that that is only reasonable and right. Personally it makes no difference to me, because I can get here by starting on the morning of the day of the first meeting, but there are members of the Council who cannot do so. Take the case of members residing at Kingston or down that way. They cannot get here without taking up an extra day unless they are allowed for a sleeper or we insist that they sit up all night. And I ask you is it reasonable to ask a member coming here to transact business that he shall sit up all night and travel? If Dr. Sangster will allow in his by-law provision for a sleeper being taken in necessary cases, well and good; if not, I shall have to endeavor to further amend his by-law by that addition.

Dr. SANGSTER—Mr. Chairman, I think that there is a good deal of reason in Dr. Williams' statement. There are a few men in the province who are in the position described by him; and I have therefore no objection in the case of those living in the extreme east or extreme west that they should be permitted to charge in their accounts the cost of a sleeper. It is within the knowledge of this Council that in the past it has not been the custom merely to charge for a sleeper, but to charge also for one, and in some cases two days extra for attendance at this Council; the bills have been presented not for the five days' attendance, but for six and six and a half days, and in some cases for seven days' attendance. That I object to most decidedly. In the case of the few members, and there are but few, who live in the extreme east and the extreme west, I am willing that that by-law shall be further amended in the direction Dr. Williams suggests.

Dr. WILLIAMS—My idea is not that you should single out certain divisions, but rather make the statement in your by-law that where it is necessary in order that a man shall arrive at a meeting in time, and where he has to travel at night, he shall be allowed to charge for a sleeper. I am not particular as to the form of words so long as it covers the point; if you will allow Dr. Pyne to make an addition to the end of your by-law to that effect, I will consent.

Dr. SANGSTER—I will consent to that.

The Registrar asks in what words he is to make the proposed addition.

Dr. WILLIAMS—You may select the words: that is the idea, that where in order for a man to arrive here in proper time it becomes necessary for him to travel at night or else take an extra day, that he shall be allowed to travel at night and charge for a sleeper.

Dr. ROOME—I think a better way than adopting this would be to pay a certain mileage to meet the circumstances. There may be physicians here who do not come all the way by rail, but who have to drive a certain distance; and there should be a mileage allowance to them. If a member of the Council has to drive to a train, or has to take another train to get there, he should be allowed a mileage. I think if you would regulate it by two or three cents a mile to and fro, or one way, you would meet the suggestion quite as well as amending your by-law by putting sleepers or Pullman cars in it. I do not know any society that does not adopt the mileage system. We could ride cheaper on a second-class car than on a first-class; but some of us in doing our own business take a Pullman; and I do not think the medical profession of Ontario asks us to ride as paupers. I feel, about the matter, that we should allow a certain mileage; and in doing that, I do not want to be

exorbitant ; and I do not want to charge more than what the actual fare would be. I would suggest that you should put a certain mileage in our by-laws, because I do not want it down there that we want sleepers and pullmans and so on paid for by this College.

Dr. WILLIAMS—I was just going to make a suggestion that Dr. Roome put his thoughts on paper so that the Committee may see what they are ; and I am quite satisfied the Committee will give it consideration, and if they think it an improvement on the by-law, I am satisfied the Council will be only too anxious to adopt it. If there is any new scheme that is better than mine, I am quite satisfied that it should be considered.

Dr. ROOME—I just threw out a suggestion. I would like to hear the opinions of any who have opinions on this subject, and then we may formulate this in shape that will be satisfactory to all.

Dr. GEIKIE—There is one thing that has been omitted, perhaps inadvertently, that persons coming from a long distance should be allowed to take refreshments ; and such refreshments shall not exceed the price of ten cents.

Dr. CAMPBELL—I have always been a little inclined to Dr. Roome's idea. I remember, some years ago, some of us talking over it, although it was not brought up in Council, and discussing the idea of mileage system which would be sufficient to cover the actual railway expenses and drawing-room accommodation. I agree with Dr. Roome that gentlemen who are in the habit, when travelling on their own business, of using a Pullman car, using all the comforts and accommodation that they can get in travelling, should not be expected to travel in the interests of any corporation without receiving the same accommodation ; and I do not think, as Dr. Roome does not think, that the medical profession of Ontario desires that the men whom it has selected to represent it should travel in any other way, or with any less accommodation when serving them than they would enjoy when travelling on their own business. (Hear, hear). And for that reason the close cutting to an actual return fare, leaving out anything else, seems to me something the profession would not be inclined to ask us to accept. The mileage proposition suggested by Dr. Roome meets with my approval. But I am quite willing that the Council should keep on in the way it has been. I am not very particular, and I am not so set on the mileage idea as to make a very strong effort to have our present system changed ; and if the members of the Council are content with the arrangement they have, I have no objections. But my own idea always has been that a mileage method would be fair ; and then a man can spend his money just as he pleased. As to the exact figure, some gentlemen who are connected with other legislative bodies know what the usual amount is that is paid for mileage by other legislative bodies in the province of, I should hope, equal respectability to ours ; and I presume what might satisfy a member of Parliament should certainly satisfy members of this Council ; Dr. Roome knows what that figure is ; I do not ; and Dr. McLaughlin, I presume, also knows.

Dr. ROOME—Ten cents a mile both ways.

Dr. McLAUGHLIN—Ten cents a mile one way.

Dr. ROGERS—Ten cents each mile you travel.

Dr. ROOME—I have been travelling for nine years, and I ought to know something about it. It is ten cents each way.

Dr. CAMPBELL—I should not think the members of this Council would ask for more than the members of Parliament ask.

Dr. WILLIAMS—I am not prepared to say whether the mileage is more or less in the province than the Dominion. I think, as ours is a provincial institution, it would perhaps be better that we should be governed by the practice of our Provincial Legislature more than by that of the Dominion Parliament.

Dr. McLAUGHLIN—The allowance made to members of the Local Legislature is ten cents a mile for a single counting of the distance ; that is, a man who lives forty miles from Toronto receives \$4.00, and a man coming eighty miles receives \$8.00 ; it is not ten cents a mile both ways, only one way, and they only receive one fare during the whole session. I am sure there is no desire on the part of any member of this Council to deal penuriously or meanly with this question. I do not wish to do so. But things have occurred in the past, according to the returns we have received, that have not been creditable, I do think, to the members of the Council. Perhaps not in connection with this particular item, but in connection with the expense of the Council. It has appeared that members from a distance have charged Pullman fare upon the railway, and they have taken \$3.50 a day for that day or that section of a day, for hotel expenses. In doing that they take money from the Council for their bed upon the car, and also take money from the Council for a bed in a hotel that they did not occupy. I do not think that that should prevail ; we do not want any of these things to prevail in this Council ; we want every man to be properly remunerated for travelling to and from the Council, but beyond that we should not go. I am not wedded to this by-law, and if another scheme can be provided that would be fair and just and in harmony with the methods adopted by other bodies such as our own, I will be very glad to harmonize with it ; but it is quite unnecessary to say that we are trying to advocate

some pauper law here, or some ten-cent bill, as my friend, Dr. Geikie suggests. I am not advocating anything of that kind; but at the same time I do not think that comes with very good grace from my old friend over there, who used to sup his porridge at his own home and draw \$3.50 for it. That does not look like pauper work at ten cents a meal. However, if you can adopt any plan by which you can arrange this amicably and fairly, and justly, and in a manner that will look just to our friends in the profession all over the province, I am satisfied.

Dr. GEIKIE—Dr. McLaughlin has been pleased to allude to me in his remarks, and I wish to say that I had nothing to do with arranging these matters. I simply took what other members of the Council took.

Dr. BRAY—I quite agree with a great deal that has been said, that there should be some fixed figure about this. I do not find fault with anything that has been done in the past; I have not the least to find fault with, and if the members choose to go on with the system they have, all right. But I do think myself that a system of mileage would probably cover everything and there would be no fault to be found. Everyone knows the number of miles he lives from this place, and I think we might follow the provincial idea as has been suggested, I think, by Dr. Williams. I am in favor of that idea, and I would like to have the matter fixed in some way or other. I also wish to say that I quite agree with what has been said by gentlemen here, that our constituents do not expect us to come here and travel as emigrants, but to come as representatives of the profession, and to travel as gentlemen, as we are expected to be.

Dr. WILLIAMS—I was about to suggest an amendment by which we can get at a uniform fee in this matter. I would suggest the appointment of a committee of five to consider and put in form the whole subject and bring it before us at a future meeting; I would suggest that that committee should devise a scheme and submit it to the Council.

Dr. SANGSTER—I think that suggestion of Dr. Williams is a very good one. I myself am not in favor of the mileage scheme. I think it would very largely increase the expenses incurred by this Council. Take my own case as a very simple one—my railway return ticket from here to my home is only \$2.40, but under the mileage scheme, at ten cents per mile one way, it would make the railway ticket \$5.00. If this scheme is going to double the travelling expenses of the entire Council, I urge respectfully upon the Council to think twice before they incur such an expense. There seems to be difficulty about what the real expenses are. My friend, Dr. Roome, being a member of the Dominion House, I presume travels upon a pass possibly, and my friend Dr. McLaughlin has learned since he left the Legislature what the mileage amounts to, and there may be others in the same position, and there may be other gentlemen in this Council connected with the railways in the capacity of surgeons, who travel upon passes, and there may be gentlemen in this Council who occupy the position of executive officers of the fraternal societies, and they travel upon passes. The by-law as it at present stands states that the Council shall receive the expenses incurred in travelling. I do not care what the members of Parliament do; I hope the members of this Council take higher ground than the members of Parliament, and although the members of Parliament do travel on passes, I do not think the members of this Council should do so. In accordance with that by-law as it existed in the past, and as it exists now, until you amend it in that particular, I do not think any gentleman can present a bill to this Council for expenses incurred in travelling, when he is conscious he has travelled on a pass and has not incurred any expense at all. I think that Dr. Williams' suggestion of a committee to look into the whole matter is a good one.

Dr. ROGERS—How far do you live from Toronto?

Dr. SANGSTER—Fifty miles; and ten cent mileage would be \$50.00 for that—

A VOICE—Wouldn't it be \$5.00?

Dr. SANGSTER—\$5.00; and my actual return railway ticket costs me \$2.40. If it is going to have the same effect upon the expenses of every member of this Council it is going to double the entire travelling expenses of the Council.

Dr. ROOME—In speaking as I did of the mileage I did not state ten cents a mile, as Dr. Sangster wished to infer I did. I said the mileage should meet the expenses, making proviso for those who did not live on or near a railway; and I do not suppose they should be called on to walk. Neither should Dr. Sangster throw reflections to members of Parliament who ride on passes. I think there are just as honorable men who ride on passes as the men who ride on tickets, and if I see fit to come to this Council on a pass, which I have not done, it is not any of this Council's business; and therefore I think we should have a mileage that would be fair to all concerned; and I agree with Dr. Williams that we should have a committee appointed to bring the whole matter before the Council.

Dr. BROCK—I do not think I should allow this to pass without making a few remarks. What a peculiar position we stand in when we discuss the affairs of the Council without knowing the full particulars. I have taken great interest in the discussions of this Council for the past thirty years, and I have paid particular attention to some of these questions



during my candidature, and I find the profession in the counties of Wellington and Waterloo are perfectly willing to allow us all that is right—(hear, hear)—and they not only stated that, but have stated that if it was necessary to carry on this Council that we should apply to the Legislature to increase the payment we have already. (Hear, hear, and applause.) I can say positively that a large number of the profession in Wellington and Waterloo would be very glad to see this Council properly equipped.

Dr. ROGERS—I have listened with a great deal of pleasure to some of the remarks, especially to those from my friend, Dr. Brock. I was waiting to see if I could possibly ascertain what the meaning was of this motion of our friend from Port Perry, and I was not aware until now how far he resided from Toronto—perhaps my knowledge of geography is deficient. I find one reason why Dr. Sangster introduced this by-law was because he lived only a few miles from the City of Toronto—as he says he lives within fifty miles of Toronto—and he can jump onto the car, and in two hours he is here. “Now,” he says, “I can come here for one return fare; I do not require to have a Pullman; it is very little loss of time to me; and I will force the members of this Council to do from long distances what I do in a short distance.” Now, it seems to me that is certainly a peculiar way of looking at it; a way that is hardly fair, a way that is hardly just, a way that is hardly in accord with what one would expect from an honorable and professional man. The profession wants to treat the members of this Council as professional gentlemen, and not as emigrants, as has been stated here to-day. It has been stated, Mr. Chairman, that the members of this Council in the past have charged for days which they did not put in in this Council. Now, sir, I deny that as far as I know, and I think that the gentleman that makes such a statement should be prepared, and I hope he is prepared, to prove it here before this Council.

Dr. SANGSTER—What is your denial, sir?

Dr. ROGERS—I say it is false to say that any member of this Council charged for days when he was not in actual attendance either in Council or in committee, or on the way. I say that in all cases there have been times when members of the Council have met to hold committee meetings the day before the meeting of the Council, in order to save expense in the Council, and the charge for that time has been placed in with the charge for the regular attendance to the Council meeting. Now, I think that the suggestion that Dr. Williams has made to have it referred to a committee, is a very valuable one; and I hope that the committee will be appointed and will investigate the whole thing. I think also, that when we have a member of the Dominion Legislature who gets up and states the way the House treats its members it is a fair criterion for us to go by; he knows what the Dominion House pays its members. We, as a body of professional men, stand in a little different position from even the ordinary member of Parliament, because the time of members of Parliament is not exactly the same as the time of physicians; in the case of this Council every member who attends is a professional man, and therefore it is absolutely important that he shall travel in accordance with his position. I think it would be nothing but what is right to follow out the suggestion which Dr. Roome has stated and give so much a mile, thereby covering it in the same way it is covered in the Dominion House.

Dr. Williams moved, seconded by Dr. Roome, and resolved, that a committee consisting of Drs. Roome, Britton, Sangster, McLaughlin, Moore, Rogers, and the mover, be appointed to consider the full subject of remuneration to members and their allowances, to report to the Council on Friday morning.

Dr. Campbell asked whether this motion is for a sub-committee of the Committee of the Whole, which sub-committee would have to report back to the Committee of the Whole.

The Chairman states in the affirmative.

Dr. SANGSTER—I desire to make a few remarks in reply to Dr. Rogers, in regard to his statement about not charging expenses beyond time of actual attendance at the meetings of the Council and committee. Of course that is a safe statement to make; it would be hard in some cases to actually prove beyond circumstantial evidence that he is wrong, and designedly wrong, in his statement. But in the return that was made to the Legislature, asked for by Mr. Waters, two years ago, under the head of “Committee Meetings,” I find, April 18th, “A. F. Rogers, Committee on Legislation, four days,” for which he charged \$3.50 expenses and travelling expenses. I find Dr. Moore on the same committee, and presumably at the same time, charges only three days. This very expensive member of the Council, for he has been the most expensive member the Council has had. On April 24th, 1891, I find Dr. A. F. Rogers, under the same head of Legislative Committee, bills this Council with not only ten days at \$10 a day, but ten days at \$3.50 hotel expenses, and also full travelling expenses; while Dr. Bergin, who comes equally as far, bills for only two days; and Dr. Thorburn, who was in Toronto, and presumably in full attendance on that committee, only bills nine days. As I said, Dr. Rogers bills the Council with ten days. Again, on April 18th, 1891, we have Dr. Rogers again billing the Council for four days;

Dr. Moore, presumably the same attendance, also bills four days there. Again, if you turn to the meetings of the Council, we have the first time in which this gentleman's name occurs ; there you will see that on June 14th, 1890, the times charged up to the Council for attendance were : Dr. Bergin, eight days ; Dr. Bray, seven days ; five days for Dr. Britton, five days for Dr. Campbell, five days for Dr. Day, six days for Dr. Fowler, five days for Dr. Geikie, five days for Dr. Harris, six and a-half days for Dr. Henderson, five days for Dr. Henry, five days for Dr. Johnson, six and a-half days for Dr. Luton, seven days for Dr. Moore, and so on, and when we come to Dr. Rogers we have seven days charged. It would be incumbent on Dr. Rogers to prove, in support of his statement, that he met on committees at that time on which these gentlemen who have charged only five days were also present ; that is, if he desires to prove his statement made in Council it is incumbent on him to prove that. In the next meeting of the Council, Dr. Rogers charges again for seven days. Does it always happen that every session of the Council there is not only five days' attendance charged for but two days in addition ? Is there always a committee on which Dr. Rogers is required to meet in the two days prior to the commencement of the business of this Council ? In 1892, Dr. Rogers puts in only five days ; that appears to be a session in which he did not actually charge for any days on committee—he was not required on any committees on those days. I say it is incumbent on Dr. Rogers to prove the statement he made that on those three sessions where he has charged extra time he was actually engaged in committee work.

Dr. WILLIAMS—I think the Council have no special desire that the dirty linen shall be washed here ; if there is some dirty linen between Dr. Rogers and Dr. Sangster we are perfectly willing that they shall withdraw to some of the private rooms and wash it there themselves ; we have no particular desire to be entertained in that way. The business before this committee is to endeavor to arrive at a satisfactory arrangement for compensation to the Council, and I submit that the motion in your hands, Mr. Chairman, is open now for consideration, and that the committee should proceed to direct business and allow this matter to drop.

Dr. ARMOUR—Mr. Chairman, I take exception to Dr. Williams' statement that this Council should not discuss this matter fully with regard to these charges. The present regulations, this by-law through which the indemnity of members has been secured, has been a rather lax one. There are many members of the Council who did not abuse it at all, and we have no complaint to find with them with regard to the use of it as it stood. But there are others with whom there is just reason for complaint, and I think the profession should be fully informed regarding the matter. Dr. Rogers has desired it to be shown that no member has exceeded due bounds with regard to appropriations for travelling and other expenses—

Dr. ROGERS—I rise to a point of order. If this is going on it is a personal matter.

Dr. ARMOUR—I submit that this is in order.

The CHAIRMAN (Dr. Barrick)—This is a motion moved by Dr. Williams ; and the reason I did not interrupt Dr. Sangster was because a challenge was thrown down by Dr. Rogers where Dr. Sangster makes certain statements on the floor of this house, and therefore I thought that Dr. Sangster in answering that question was perfectly in order. We now have before us this resolution appointing a committee, and I think we should at once act upon this resolution. It is moved by Dr. Williams and seconded by Dr. Roome, that the following committee be appointed to take into consideration the whole question of fees in connection with the members of this body : Drs. Williams, Roome, Sangster, McLaughlin, Britton, Moore, Rogers, and Campbell.

The Chairman then put the motion and, on a vote having been taken, declared it carried.

Dr. WILLIAMS—I will now move, seconded by Dr. Shaw, that the Committee do now rise and ask leave to sit again on Friday morning. Carried.

The Committee rose, reported progress, and asked leave to sit again.

The President in the chair.

On motion the report of the Committee of the Whole was adopted.

Dr. Reddick moved, seconded by Dr. Roome, that the Registrar be authorized to procure a book, in which are to be entered all the by-laws as they are passed by this Council.

The President put the motion.

*(To be continued.)*

## Reports of Societies.

### PROVINCIAL BOARD OF HEALTH.

Report of a special meeting of the Provincial Board of Health, held June 5th, 1895.

The Board met at 10.30 a.m. Present—Dr. Macdonald, chairman; Dr. Bryce, secretary; Drs. Covernton, Kitchen, Vaux and Rae.

The minutes of last meeting, on being read, were adopted on motion of Dr. Bryce, seconded by Dr. Covernton.

The Committee on Public Water Supplies then presented a report on their investigation of the Thames water as a source of supply for the city of Chatham.

After a full discussion of the report, it was moved by Dr. Vaux, seconded by Dr. Kitchen, that the report of the Committee be adopted. Carried.

The same Committee reported on the Orangeville water supply; and it was moved by Dr. Kitchen, seconded by Dr. Bryce, that the report be adopted.

The authorities of Ekfrid township applied for assistance in helping to pay the expenses of a youth whom they had sent to the Pasteur Institute, New York, for treatment for hydrophobia. The patient was poor, and the expenses amounted to \$235.40. It was moved by Dr. Rae, seconded by Dr. Vaux, that this Board, subject to the approval of the Minister of the Department, contribute \$50 to the expenses of the applicant. Carried.

Regarding the communication of the Reeve of London West, it was

moved by Dr. Vaux, seconded by Dr. Covernton, "That the Committee on Sewerage be instructed to deal with the matter and report at the next meeting of the Board." Carried.

Correspondence was read in which complaints were made that garbage from the City of Buffalo was being discharged into the River Niagara, in Canadian waters. The Secretary was instructed to deal with the matter.

The accounts of W. A. Quibell, Police Magistrate, Algoma, for services rendered in an outbreak of scarlet fever at Chapleau, \$22.50; H. A. West, Chapleau, appointed special constable during the same outbreak, \$60.00; William H. Spencer, provincial policeman, Bracebridge, for services during an outbreak of diphtheria in Franklin township (unorganized), \$9.00, were approved of on motion of Dr. Bryce, seconded by Dr. Kitchen.

The Secretary was instructed to take action in conjunction with the Department of the Attorney-General in settling the claim of Mrs. Berford against the owners of the South River dam. He was also instructed to settle the Meaford Cemetery difficulty.

The Board adjourned at 1.30 p.m.

### ONTARIO MEDICAL ASSOCIATION.

—The following officers were elected for the ensuing year: President, F. Le M. Grasett; First Vice-President, H. A. McKinnon, of Guelph; Second Vice-President, Dr. Gibson, of Belleville; Third Vice-President, Dr. Wilson, of Richmond Hill; Fourth Vice-President, Dr. H. S. McCallum, of London; General Secretary, J. N. E. Brown, of Toronto; Assistant Secretary, Chas. A. Temple; Treasurer, Geo. E. Carveth.

THE  
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 ... AND ...  
**ONTARIO MEDICAL JOURNAL**

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 R. B. ORR, M.D.                      J. J. CASSIDY, M.D.                      W. A. YOUNG, M.D.

TERRITORIAL EDITORS :

|                                  |                                  |                                  |
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Address all business communications to the Publishers, THE MEDICAL PUBLISHING CO.,  
 OF TORONTO, Rooms 97, 98, 99 Confederation Life Building, Toronto, Canada.

VOL. V.

TORONTO, JULY, 1895.

NO. I.

**ANNOUNCEMENT.**

It has often been said that Toronto had more medical journals than any other city on the continent, hardly excepting the metropolitan cities of the United States. This condition of affairs we have done our best to obviate by joining hands and forces and uniting two journals, each strong in itself, the one the DOMINION MEDICAL MONTHLY, an independent journal not allied to any school or clique; the other the ONTARIO MEDICAL JOURNAL. As the parliamentary Hansard is said to be the only truly non-partisan paper in Canada, so the ONTARIO MEDICAL JOURNAL, which is the Hansard of the Medical Council, will be found always truly and fearlessly independent.

In the details of our amalgamation

the DOMINION MEDICAL MONTHLY is given precedence in the name, as it would read awkwardly to have the province appear first. The form of the journal is purely a matter of convenience and economy.

Medical Council matters will as formerly be under the charge of Dr. R. B. Orr, who has already given so much time to this subject, and as an old Councillor is thoroughly *au fait* with all matters parliamentary and medical. Other departments of the journal will similarly experience no change.

We believe that as a medical journal ours will take first rank with any monthly devoted to general medicine on this continent, not only in the quantity of reading matter (which will be still further increased), but also in original matter and in the merit of

the selections as bearing upon practice and the wants of the practitioner.

We will in the future, as in the past, give the free use of our columns to all signed communications from any licentiate in the Dominion, merely restricting them as to length and seeing that all discussions are carried on in a dignified manner. In conclusion, assuring you of our best attention to your interests, we sincerely hope that the courtesies the profession have extended to us individually in the past will be continued and unitedly increased in the future.

As can readily be understood in the amalgamation of two such large journals, both time and space were much in demand, so we must ask our confreres in British Columbia and elsewhere to pardon us for holding over much matter that is important until our next issue.

**CATHETERIZATION OF THE URETERS.**—Dr. Brown, in *Johns Hopkins Hospital Bulletin*, states that with Brenner's modification of Leiter's cystoscope he has found little or no difficulty in catheterizing the ureters in the male or female subject. The bladder should contain from 150 to 200 c.cm. of fluid, or even more. The writer then passes the interior cystoscope and takes a complete survey of the bladder. This having been done he replaces it with the Brenner instrument, which is passed with the stylet fixed. The ureteral orifices are next searched for, and when these are found the stylet is removed and the catheter inserted and passed nearly to the inner opening of the canula. The ureteral orifice is again sought for and the catheter passed into it. To prevent kinking of the catheter and to

guard against exerting undue traction upon the ureteral orifice the cystoscope must be kept in line with the catheter so long as the latter is within the ureter. Sometimes it has been found advantageous to give the catheter a slight curve at the tip. Nitze claims that the difficulty in catheterizing the male ureter is greatly lessened by passing through a special canal fixed to the cystoscope an elastic catheter, the end of which is made to take a direction when in the bladder corresponding to that taken by the lower extremity of the ureter as it passes through the vesical wall.—*N. A. Practitioner.*

**LOCAL APPLICATION OF CARBOLIC ACID.**—Cerne, of Rouen, reports the two following cases in the *Normandie Medicale*: A diabetic male had an insignificant wound of the leg dressed with a compress wet with a weak carbolic acid solution; this produced gangrene, which increased in size daily. The patient went to an empiric, who replaced the carbolic acid by an ointment of some sort, and the gangrene was arrested. The second case was that of an alcoholic, with sclerosis and perforating ulcer of the left great toe; this was dressed with a carbolic solution of 1 to 40; on the second morning all the end of the toe was gangrenous. These cases show the dangers which may result from the local application of carbolic acid, especially if made by the patient himself—that is to say, without precaution or measure. Caution should be exercised in the use of carbolic dressings; the danger is greater when, from any cause, the tissues have less than their normal vitality.—*Medical and Surgical Reporter.*

## Personal Items.

Dr. Riordon has returned from New York.

Dr. Meyers, of Simcoe Street, city, has gone to Paris.

Dr. A. F. Mackenzie has removed from Toronto to Mitchell.

Dr. John S. King has joined the army of heavy-weight cyclists.

Dr. and Mrs. James H. Cotton, of Spadina Avenue, leave for England at once.

Dr. Oldright, sen., has gone to the Old Country, and will be absent two months.

Dr. Smith has given up practice at Glanford and moved to Conewaugo Valley, New York State.

Dr. John Caven and Mrs. Caven are spending their vacation wheeling throughout the Province.

Dr. H. B. Anderson, of Wellesley Street, has returned from a visit to Baltimore and New York.

Dr. Coulthard has taken the residence 109 Avenue Road, until lately occupied by Dr. H. H. Wright.

Dr. A. Edward Awde was married a few days ago, and left with, Mrs. Awde, for England, where he will spend two months.

Dr. N. G. Bowbeer, of Baltimore, Md., is spending his vacation in Toronto. The doctor received the gold medal at a recent examination at the University of Maryland.

Dr. Charles Temple has removed from the corner of Spadina and D'Arcy Streets, down the Avenue, near Queen Street. The doctor and his charming bride have returned to town.

Drs. W. J. Chapman, A. A. Small, A. G. Lambert, J. Sheehan, J. G. Lamont, F. L. Vaux, T. McCrae and F. C. Harris compose the Toronto General Hospital's house staff for this year.

PHYSICIAN WANTED IMMEDIATELY—In thriving town, east; no opposition; splendid growing country; no bad debts; \$2,500 sure to start with. Fullest information on application to the Editor of this journal.

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## Book Notices.

*A System of Surgery.* By American Authors. Edited by FREDERICK S. DENNIS, M.D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College, New York, President of the American Surgical Association, etc.; assisted by JOHN S. BILLINGS, M.D., LL.D., D.C.L., Deputy Surgeon-General, U.S.A. To be completed in four imperial octavo volumes, containing about 900 pages, each with index. Profusely illustrated with figures in colors and in black. Volume II., 915 pages, 515 engravings and 10 colored plates. Price per volume: \$6 in cloth; \$7.00 in leather; \$8.50 in half morocco, gilt back and top. For sale by subscription. Philadelphia: Lea Brothers & Co., 706 to 710 Sansom Street.

The second volume of this distinctively American "System of Surgery" follows its predecessor at an exceedingly short interval. Similar progress will complete and place in the hands of thousands of readers within a few months the remaining two volumes of a work completely new, simultaneously fresh, and representing in every way the most advanced state of surgi-

cal practice. It is assuredly a great undertaking to secure the assent of the foremost surgeons to contribute the vast amount of matter contained in a work which will embrace about 4,000 pages and 2,000 engravings. The issuance of these volumes in a style befitting their contents and at the rate of speed demanded by the profession is equally worthy of comment. In every detail of paper, printing, engraving, colored plates and binding, the work is certainly executed with profuse liberality and in the highest style of the various arts. Of the appended list of authors the present volume contains contributions from Drs. Frederick S. Dennis, William H. Forwood, George R. Fowler, Frederick H. Gerrish, V. P. Gibney, W. W. Keen, Roswell Park, John B. Roberts, Nicholas Senn, Lewis A. Stimson and Henry R. Wharton. These gentlemen have adequately covered the subjects of Minor, Plastic and Military Surgery, Diseases of the Bones, Orthopaedic Surgery, Aneurism, Surgery of the Arteries, Nerves and Lymphatics, Diseases and Injuries of the Head, Surgery of the Spine and Surgery of the Nerves. In dealing with these several departments the same care has evidently been bestowed to make the articles inclusive of all that the reader can wish to know. The work is based on a thorough preliminary indexing of all surgical topics, a novel device ensuring completeness. The proper subdivision of subjects, their classification and the assignment of chapters must have been a task requiring great skill and judgment, and it has been executed with conspicuous success. The articles are uniformly excellent, notable for their adher-

ence to a plan which evokes full, practical information, and arranged in the best manner for careful study or quick reference. The general practitioner, whose duties include more or less of surgery, will find this work no less useful than the general surgeon, or the specialist in any one of the many branches. It is at once comprehensive, detailed and authoritative, and it may be consulted with satisfaction as a complete library of surgical information.

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*A Synopsis of the Practice of Medicine.*  
By WILLIAM BLAIR STEWART,  
A.M., M.D., Lecturer on Therapeutics, late Instructor in the Practice of Medicine in the Medico-Chirurgical College of Philadelphia, Demonstrator in the Philadelphia School of Anatomy, etc., etc. 1894.  
New York: E. B. Treat, 5 Cooper Union.

This work is a compendium of diseases on a more than usually elaborate scale. Nothing can be more genuinely useful to a physician and general practitioner, as well as to a student, as a book of this kind. The author has by it given to the busy doctor a brief synopsis of the practice of medicine in short, concise chapters, "suggesting outlines and practical thoughts upon etiology, symptomatology, pathology, diagnosis, prognosis and treatment." The most approved methods of treatment have been given prominence.

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### Obituary.

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Dr. Higginson, of Winnipeg, died the other day from diphtheria contracted from a patient.



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AGENTS



**ACETANILID IN THE TREATMENT OF MALARIAL FEVER.**—At a meeting of the Philadelphia County Medical Society, Dr. Oscar H. Allis read a paper contributed by Dr. Benjamin Brodnax, of Brodnax, La., in which the recommendation was made that acetanilid should be used instead of quinine in the treatment of chills and fever. Dr. Brodnax states that he has treated several hundred cases in this way and always successfully. If there is time before the chill, he gives from one and a-half grains to two grains of calomel in one-quarter grain doses, half an hour apart; after which, whether the bowels have moved or not, from two to six grains of acetanilid, according to the age of the patient, are given twenty minutes or half an hour before the expected chill.

Gentle perspiration with natural sleep usually promptly follows the administration of the drug and the patient weakens, entirely relieved, in about half an hour. Should this effect not be produced, a second dose of equal amount should be given half an hour after the first. If there is not time before the chill to administer the calomel, this may be deferred until after the acetanilid has been given and its effect has passed away. The after-treatment consists of the administration of the following:

Dil. nitro-muriatic acid. 1 fl. oz.  
Ferrous sulphate . . . . . 80 grs.

Mix, and allow to stand for twenty hours. Dose—Ten drops in water three or four times a day.—*Medical and Surgical Reporter.*

## CONSUMPTION,

A NEW WORK ON: NEW VIEWS; by EDWARD PLAYTER, M.D. (author of *Playter's Physiology and Hygiene for Schools*, pamphlets on tuberculous diseases, etc., etc.); latest and highest authorities quoted; over 300 large 12mo pages, fine heavy paper, large clear type, cloth, \$1.50; now in printers' hands; to be issued in July. Methodist Book and Publishing House, Toronto: WM. BRIGGS.

In this interesting book the body or soil factor, developed from a too limited respiratory function, is specially considered. The opinion of many high authorities and some original investigations are given which fairly show that this factor, and not the bacillus, is the immediate exciting cause of the disease. The bacillus is an essential but not the exciting cause.

**General Principles of Treatment** are given: increase of the respiratory function by special lung gymnastics outdoors, producing the natural effects resulting from high altitude life, but more safely; special attention to the skin, thus relieving the lungs; and particular care in respect to nutrition, adapted to each individual case, being the chief indications, in most cases.

**Von Ziemssen** says, of consumptives: "The respiration is not deep enough and the lungs are not well expanded." "The patient should practice deep inspirations," as by "climbing any hill or mountain" or by "regular gymnastic exercises."

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**Patients** will receive constant medical attendance from Dr. Playter himself: special attention in treatment given to the body factor—the tubercular soil: as by constant "outing"; attention to the skin, thus relieving the respiratory function; and by special lung gymnastics,—by which, as N. S. Davis (in his late work) remarks, "The chest can be gradually enlarged quite as much as by high altitude life"; and, at King's Plateau, with an atmosphere containing a much greater bulk per cent. of oxygen, with less sudden changes of temperature, than in the highly rarefied atmosphere of Colorado. They will also receive special nutrients and any necessary medication.

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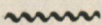
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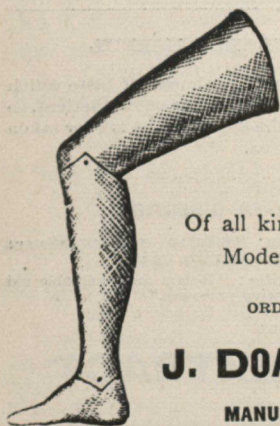
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PROGNOSIS IN SLIGHT AMOUNTS OF ALBUMINURIA.—Dr. G. V. Poore (*Lancet*), from the study of many cases, concludes that the discovery of even a small amount of unsuspected albumen by the acid test of boiled acid urine should lead the physician to re-examine the patient carefully, to be sure that some of the concomitants of such a condition have not been overlooked. A trifling hypertrophy of the heart, slight pallor, deficient body weight, slight increase of the tension of the pulse, ever so slight a puffiness around the ankles, tongue slightly furred or slightly tremulous, a florid complexion or other evidences of an old and perhaps forgotten syphilis, at once assumes a serious importance. If, after repeated examinations of the urine, the albuminuria

is found slight and temporary, the patient otherwise looking strong and hearty, with no suspicion of intemperance and with no flaws in the family history, the prognosis is good. If the albuminuria is slight and permanent, the prognosis is grave in the majority of cases. When much albumen is continually found in the urine the patient is in imminent danger, though Dr. Poore has had one such case in which the patient lived for twenty-six years. It should not be forgotten that albumen may be temporarily present in the urine of persons who afford no reliable evidence of kidney disease. In such cases it is the result of various disturbances, such as cold bathing, excessive exercises, injudicious diet, sexual excess, menstruation, leucorrhœa, and other causes.



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**Its Curative Power** is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

**Its action is prompt :** it stimulates the appetite and the digestion, it promotes a lation and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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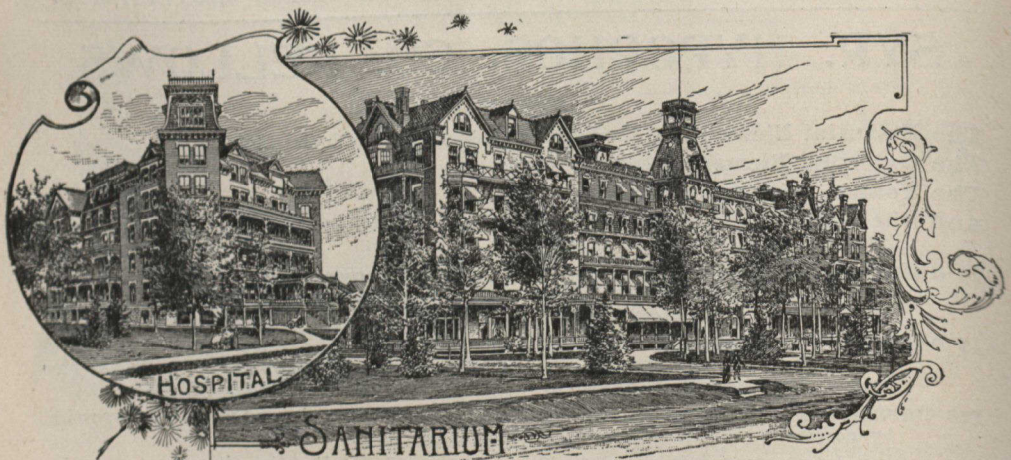
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POSTURE DURING THE GROWING AGE of children exerts a marked influence on their bodily development. Everyone is somewhat familiar with the physiological fact that the constant use of a muscle causes an increase in its size, while disuse causes it to weaken and become smaller. Recognizing the importance of this well-known physiological law, teachers and parents should keep ever in mind the effects of school life on the symmetrical and healthful development of the bodies of school children. A popular writer on such themes says: "There is a tendency among school children, especially among young girls, to assume habitual postures both in sitting and standing. The habit of throwing all the weight of the body on one leg produces a

corresponding throwing of the upper part of the body toward the opposite side in order to establish the necessary equilibrium. This tends, of course, to curve the spinal column, on which the upper part of the body is supported. In this position the body and all the internal organs are thrown out of their normal vertical position, and the force of gravity still further exaggerates this result. Thus the muscles of the neck are unevenly exercised in the unconscious balancing of the head upon the vertebral column.—*Popular Health Magazine.*

In cirrhosis of the liver, if ascites develops, the fluid should be drawn off as often as it accumulates; frequent aspirations, Prof. Hare says, sometimes cause a permanent cure.



## THE SANITARIUM, BATTLE CREEK, MICHIGAN

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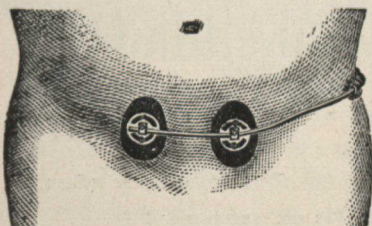
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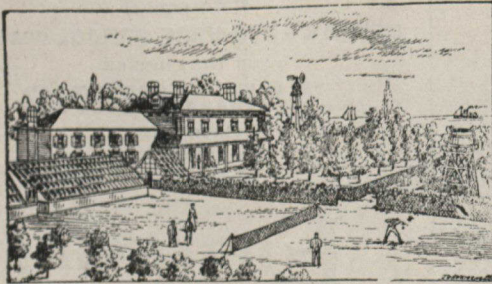
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THE PULSE IN CLINICAL SURGERY.—The *Revue Internationale de Medicine et de Chirurgie Practiques* for March 10th contains a review of a work by M. Francois Bertonnier on this subject. In this interesting work, says the writer, the author first recalls Marey's statement as follows: "The pulse is the sensation of sudden swelling felt by the finger which palpates an artery. The blood-vessel that allows itself to be depressed becomes suddenly hard each time that a systole of the heart increases the arterial tension." Bertonnier then considers this physiological phenomenon with regard to its frequency, its power and its rhythm. In two chapters he explains the connection between the pulse and the temperature, also the usefulness of examining the pulse in

cases of severe hemorrhage. His principal conclusions are the following: 1. The discordance of the two curves, that of the temperature and that of the pulse is often an indication of a serious condition. 2. In grave hemorrhage the great depression of the pulse that accompanies it has sufficed occasionally to indicate the true diagnosis. 3. In traumatic shock, or that following an operation, the degree of slenderness, of frequency, and of irregularity of the pulse will be the most exact measure of the violence of the shock and of the patient's vital resistance. 4. In traumatic cranio-cerebral lesions extreme slowness of the pulse is a never-varying sign of concussion, of contusion, or cerebral compression. Eventually, its acceleration with

[Continued on page 76]



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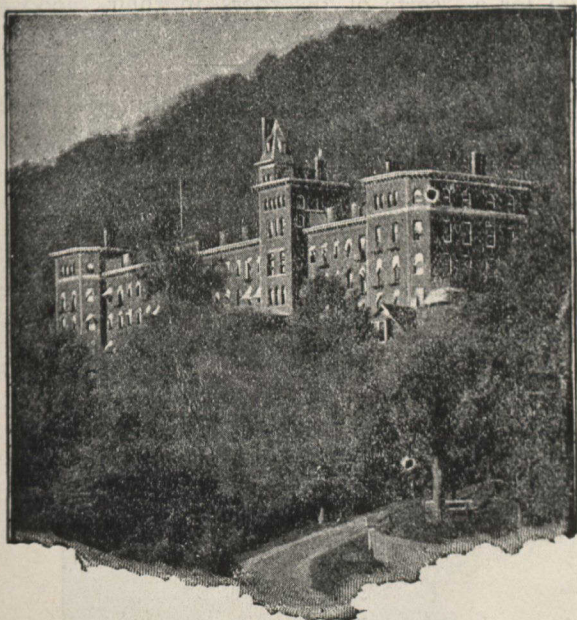
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elevation of temperature is a sign of meningo-encephalitis. 5. The pulse should often be a guide in surgical interference in traumatic or inflammatory affections of the abdomen. 6. The absence of arterial pulsation at the extremity of a member is a very important sign, and calls for a prompt determination. Finally, the pulse, under the influence of chloroform, by its irregularity, intermittence, and arrhythmia, indicates, even better than auscultation of the heart, that the valvular lesions are badly compensated for, and that there is

danger in the administration of chloroform.

PATHOLOGICAL SARCASM.—The princes and potentates of Europe are aptly described as men with all kinds of orders on their breasts, and all sorts of disorders in their blood.—*Exchange.*

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WATER IN THE TREATMENT OF NEURALGIA. — Dr. Buxbaum first called the attention of the profession to this mode of treating neuralgia. He thinks that the hydrotherapeutic treatment of this disease has hardly received the attention which it deserves. In neuralgia of rheumatic origin its acts by inducing increased blood supply to the affected parts; and in the neuralgias following upon the infective diseases or due to intoxication by mercury or lead, it promotes the elimination of the poison. He reports that in eighty-three typical cases of neuralgia this treatment was unsuccessful only in 10 per cent., whereas 60 per cent. were cured and the remainder considerably relieved. The alternate application of heat and cold is most to be recommended. The patient is exposed to high tempera-

tures, and afterwards cold applications are made. The alternating Scotch douche is particularly of service. Recent neuralgias may often be cut short in this way. Patients with sciatica, treated without effect by various therapeutic measures, even including nerve-stretching, have been cured in a short time by this method. If the neuralgia persists, it is nearly always due to some irremediable cause, with the exception of some few cases open to operation. If a remission occurs after the treatment has begun, it shows the neuralgia is curable, and is therefore of prognostic value. In trigeminal neuralgia, hydrotherapeutic measures applied to the whole body are the most suitable. Of course other indications should be attended to, such as anæmia, malaria, etc.—*Charlotte Medical Journal*.

---

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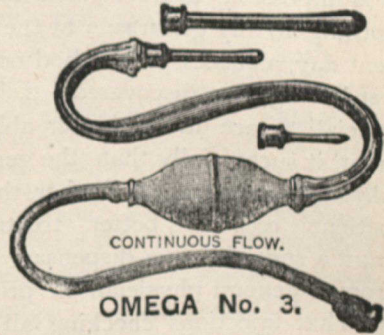
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TREATMENT OF URETHRITIS.—Writers never seem to tire of giving their experience in the treatment of urethritis. Dr. Ramon Guiteras, in the *Medical News*, is inclined to conservative methods and does not lay much stress on the gonococcus and endoscope. He concludes: 1. That it is impossible to treat urethritis according to any given rule at the present day, a successful method not as yet having been discovered. 2. That specialists are much better able to treat it successfully than the general physician, and, to go further, that a patient receives better treatment from a specialist in a dispensary than from a general physician in private. 3. That injections checking all discharge or reducing it to a moisture

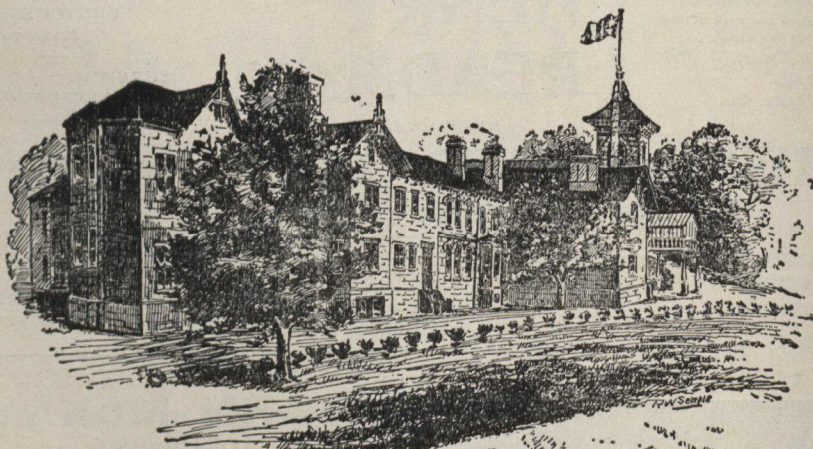
about the meatus, such as those of mercuric chloride, potassium permanganate, and silver nitre, are the most successful means of treating a fresh attack, and that of these silver nitre is one upon which most reliance can be placed. 4. That in all cases the patient should be treated conservatively, and the treatment should be modified according to the symptoms.

#### CHRONIC CYSTITIS.—

R Tr. collinsoniae . . . . . ℥vi.  
Copaiba . . . . . ℥iij.  
Liq. morphinae . . . . . ℥ss.  
Liq. Potassae . . . . . ℥ss.  
Ol. menth. pip . . . . . m.ijj.  
Aq. camphorae q. s. ad . . . ℥vi.

M. Sig.: A tablespoonful to be taken every four hours.—*Dr. Cheveas, in Medical Press and Circular.*

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|                                                            |                |
|------------------------------------------------------------|----------------|
| Income . . . . .                                           | \$2,249,398.12 |
| Paid Policy-holders . . . . .                              | 1,427,818.32   |
| Assets . . . . .                                           | 1,787,181.85   |
| Liabilities, Actuaries' 4 per cent.<br>Valuation . . . . . | 960,930.53     |
| Surplus, Actuaries' 4 per cent. . . . .                    | 826,251.32     |
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states what may be considered as massive doses of strychnine in the treatment of failing respiration or circulation, and has obtained therefrom very good results. It having been found that these full doses of strychnine acted favorably, when given in an emergency, we have been tempted to continue their administration where the symptoms were relieved but temporarily, and, as a result, have oftentimes been pleased with their effect. On the other hand, a sufficient number of cases have been seen in which cerebral disturbance has followed these large doses to put us continually on the lookout for such untoward symptoms. As a rule, he who administers large doses of strychnine in an emergency is on the *qui vive* for some twitching of the muscles of the

[Continue? on page 82

### TO PHYSICIANS - - -

Much has been said during the past few years concerning the feeding of Infants. Different preparations of Milk and Cream, with various additions, have been recommended. Condensed Milk, diluted Cow's Milk and Sterilized Milk have all, however, proven more or less unsatisfactory; because the Casein, the most nutritive constituent in Milk, formed large curd masses, which are digested with great difficulty, whereas "**MOTHERS' INFANT FOOD**" is easily assimilated, and can be digested by the weakest Infant or Invalid, it being a purely vegetable food.

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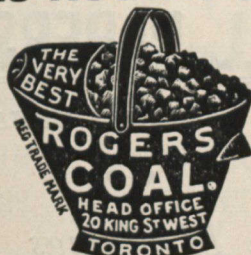
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forearm or other portion of the body as an evidence of the physiological action of the drug. While we believe that these symptoms are commonly produced by a single administration of the remedy, we are also confident that its continued administration in full doses frequently fails to produce these evidences of heightened reflex activity, and in their place causes a more or less active delirium, in which the patient frequently refuses to take his medicine, or develops the delusion that his attendants are conspiring to poison him or do him some other injury.—*Thera. Gazette.*

INFLUENCE OF COLD BATHS ON TOXICITY OF URINE IN FEBRILE DISEASE.—Dr. Ausset, an army surgeon (*Medical Week*), has been making extensive experiments in the

effects of the cold bath upon urinary toxicity in infectious diseases, especially typhoid fever, scarlet fever and measles. He finds that in all cases the toxicity of the urine is greatly increased under the influence of cold baths. He attributes to this fact the excellent effects of Brand's method of treating febrile diseases by the cold bath, the temperature being lower and the course of the disease being favorably influenced by the increased elimination of the toxins produced by the specific microbes of the disease.

Prof. Parvin favors the induction of premature labor in cases of placenta prævia, since, according to statistics, the mortality of the mother and fœtus is greater when labor occurs at full time than when premature.

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DO NOT LANCE THE GUMS.—So good an authority as J. Lewis Smith has recently spoken against the practice of lancing infants' gums. In a paper read before the N. Y. County Medical Association (*Medical Record*), he said the belief prevails to a wide extent that the cutting of teeth is a common cause not only of painful gums and poor appetite, but also of enterocolitis and other serious maladies, which are often allowed to run along until beyond the skill of the physician. Our ancestors in the pro-

fession were to blame for the widespread impression that much disease is due to dentition, since at one time it was a common custom to incise the gums. As to lancing the gums, he thought one could get along as well without it. If the gums were red and irritated, there must be some other condition to account for the irritation. He did not think the physiological process of normal dentition was to be interfered with any more than any other physiological process.

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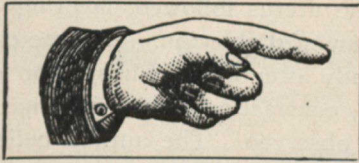
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VIRBURNUM PRUNIFOLIUM IN ABORTION.—Mme. Michailowa (*Meditsinskoje Obozrenije*), after a trial in four cases, states that, contrary to the accepted opinion, this remedy not only does not always prevent abortion, but sometimes even occasions it or, at least, accelerates a miscarriage already commenced. The hæmostatic action of the drug (2 grains—0.12 gramme—in powders four times daily)

was constantly observed, but in two cases, after the first day, contraction of the uterus followed, favoring the commenced abortion. In three cases directly after the administration of a dose, contraction of the external os was observed. The author believes that, although viburnum may occupy a prominent place in the treatment of female diseases, it is not without danger in the threatened abortion.

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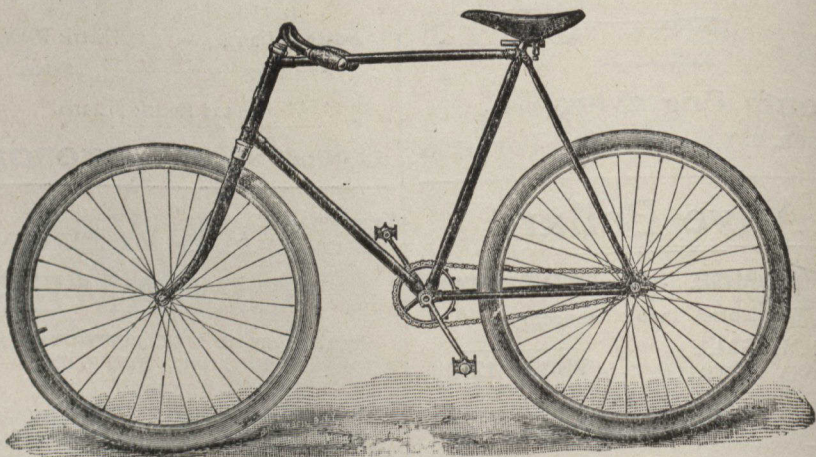
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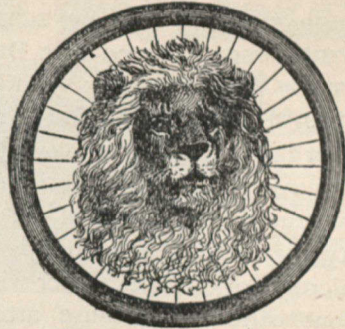
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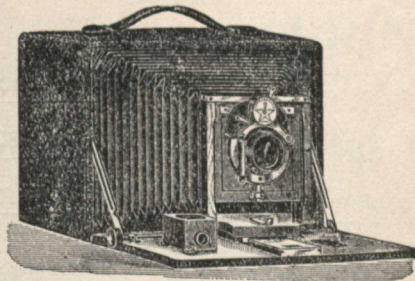
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PROPAGATION OF AFFECTIONS OF THE TYMPANUM TO THE BRAIN BY THE WAY OF THE CAROTID CANAL.—Koener demonstrates anew the fact that canaliculi conveying nutrient vessels from the carotid canal to the mucous membrane of the drum cavity may become the passageway of microbes of otorrhea either with or without caries, and cause arteritis, lymphangitis, phlebitis of the venous plexuses, with participation of the lateral sinus, and even thrombosis of the carotid artery and consecutive cerebral embolism. He cites cases in which the external tunic of the artery was infiltrated with tuberculous granulations, and admits the possibility of tuberculosis meningitis having its origin in this way in bacillary otitis media.—*Archives of Otolology.*

REMEDY FOR INSECT STINGS.—A paint for the stings of insects, in which ammonia is kept in close and prolonged contact with the affected part, is prescribed as follows :

℞ Aq. ammoniaë..... mcl.  
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A few drops to be applied to each bite or sting.—*Medical Chronicle.*

CHEAP DOCTORS.—It is reported that a medical college in Denver, Colorado, advertises to give free tuition to all students from without the State.

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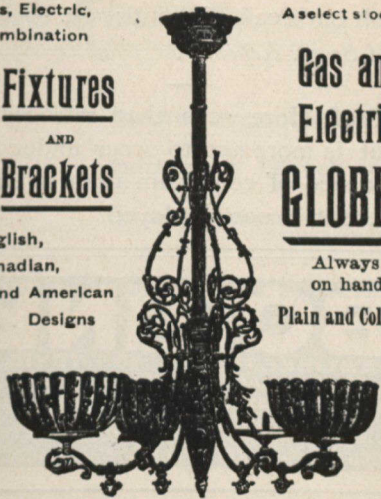
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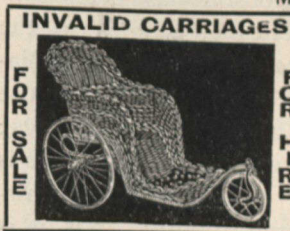
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PROGNOSIS OF DIABETES.—Dr. Arthur C. Jacobson has been contributing a series of articles to the *Brooklyn Medical Journal* on "Diabetes Mellitus." In speaking of the prognosis of this disease, he says: "Generally speaking, true diabetes is an incurable disease. Cures, however, have been reported, but it is probable that many such cases were of the transient or intermittent variety of glycosuria, occasionally observed in copulent individuals given to over-feeding, or in those subjected to severe mental strain. This form is very amenable to treatment. Tyson, however, reports a case of true diabetes in a girl twelve years of age terminating in complete recovery, but it is to be borne in mind that apparent recovery does not exclude the possibility of a

fresh outbreak of the disease."—*Med. and Surg. Reporter.*

Prof. Hare says that retrocedent gout is more apt to occur under the influence of colchicum than in cases where it is not employed.

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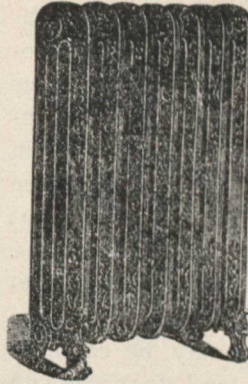
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and there is danger, even with the greatest precautions, of penetrating the peritoneal cavity. The cases reported by the German surgeons were principally of this kind, and in several of them the wound was so large that a loop of the intestines entered the cavity of the uterus. These cases are instructive, as they show that this operation should not be undertaken lightly, even by skilful men. They demonstrate what we have long known, and what cannot be too often repeated, that the uterus in involution is ruptured with the greatest facility; but these accidents should not deter us from performing curettage when it is necessary to prevent infection from retained placental *débris*.—*Union Medicale*.

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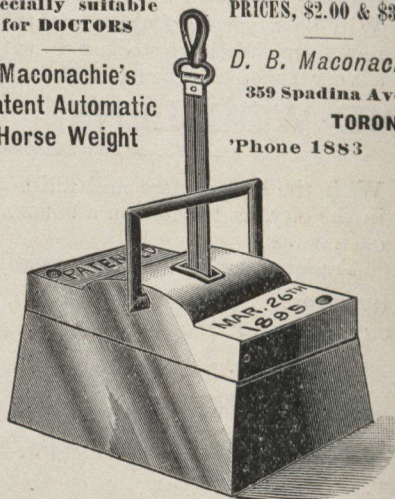
retained and used, instead of being separated out as a distinct product, while it avoids the bitterness of pancreaticized milk.—*Boston Med. and Surg. Jour.*

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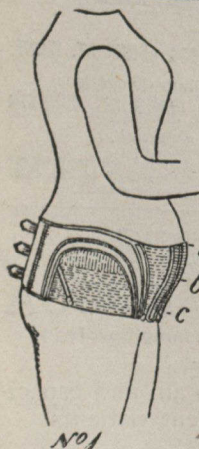
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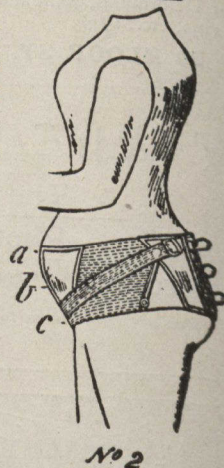


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*[Continued on page 100]*

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virtue of its power of peptonizing thirty-five times its weight of albumin, will secure rapid and complete digestion of the albuminoids in the meals. The action of pancreatin on fats cannot be doubted, since the pancreatic juice which contains it possesses the property of emulsifying and decomposing them. But it is necessary, to maintain its emulsifying power, that it pass the stomach without being acted upon by the gastric juice; it must, therefore, be protected against the acid of this juice. The author states that in patients who had taken pills containing iodides with pancreatin immediately after their meals, the urine and saliva began to give an iodine reaction only six hours after the ingestion of the pills. Pancreatin contains three ferments: Amylopsin,

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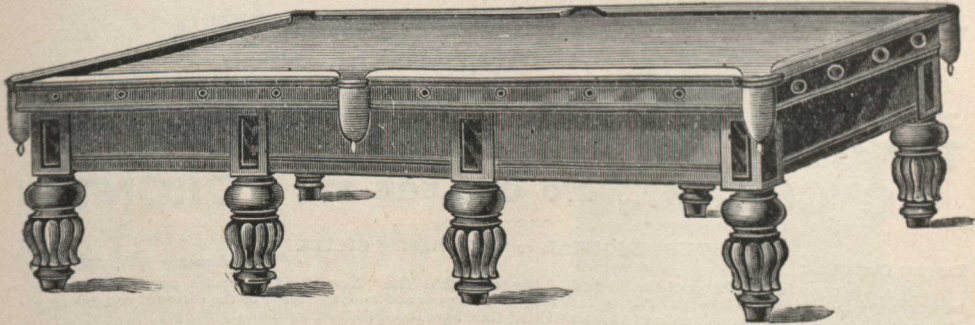
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because the walls of the left tube were so distended, inherent and thickened as to be incurable by any operation short of an abdominal section. Dr. F. A. Glasgow, of St. Louis, practices dilating the cervix with sterilized tents in these cases, saying, "We can gradually slip in tent after tent, first dipping them in glycerine or water for a moment, until the cervix is full. I now place a wad of cotton tied with a string just against the cervix; the tents are cut off to a length which will just permit them to entirely enter the os externum without pressing on the fundus; they have each a short string attached to them. This is kept up for a number of days, the patient being kept in bed. Sometimes the dilation causes pain; often none. If, when the uterine canal is large enough

(Continued on page 104)

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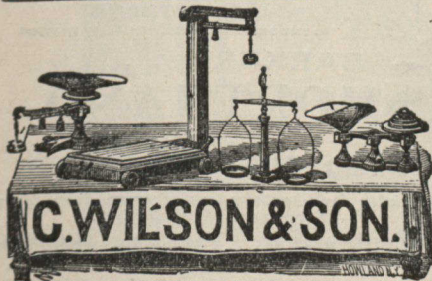
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*[Continued on page 108]*

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DANGERS OF THYROID FEEDING.—Beclere remarks that the benefits to be derived from thyroid feeding in myxœdema must not make us forget its dangers ; for thyroid juice poisons the heart, and may cause death by syncope. This has been found by experiment on the dog. The writer fed an ape by fresh thyroid glands

from newly-killed sheep. The animal died in ten days. It had survived the same treatment when tried a month earlier. It is said that an adult and one or two children have died in Paris hospitals from treatment by thyroid feeding ; and if this be so, it is to be regretted that the cases have not been published, so that practitioners may be put on their guard against a repetition of such occurrences. In connection with this mode of treatment the pulse is the best guide. Not only must its acceleration be noted, but perhaps still more its instability. Under the influence of the slightest effort, its frequency may be raised to 110, or even 160. At the commencement of treatment the patient ought to be confined to bed, or at least to his room, and he ought to be warned

*(Continued on page 112)*

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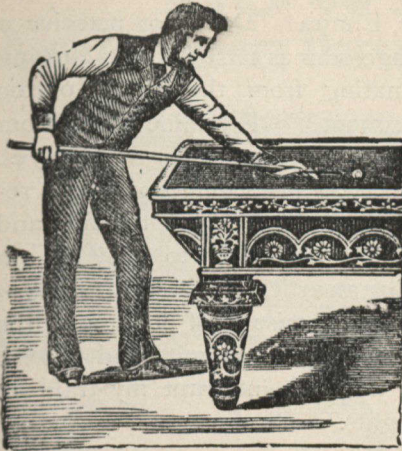
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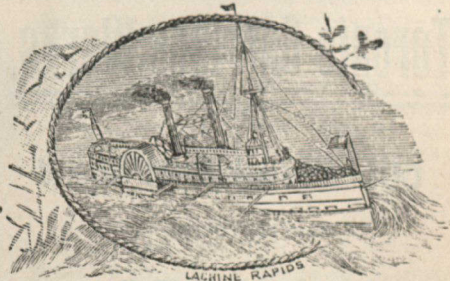
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to avoid every exertion that might suddenly accelerate the heart's action. He ought to be kept under observation for some time after the treatment has ceased, because thyroid juice seems, like digitalis, to have culminative effects. Some patients who died suddenly in England had taken no thyroid glands for some days before the fatal issue. The idiosyncrasies of patients are very various, and it is well to intermit the administration from time to time until the usual and safe dose of the remedy for the individual has been ascertained.—*La Medecale*.

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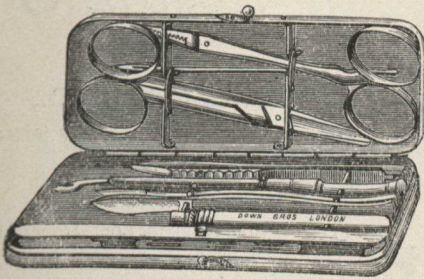
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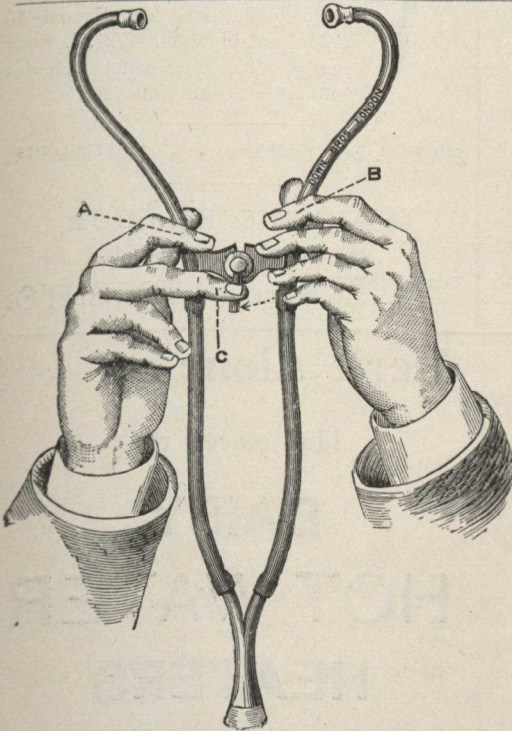
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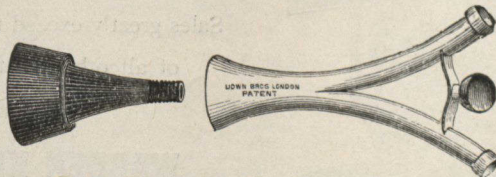
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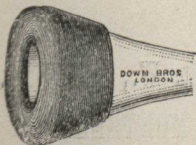
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*[Continued on page 116]*

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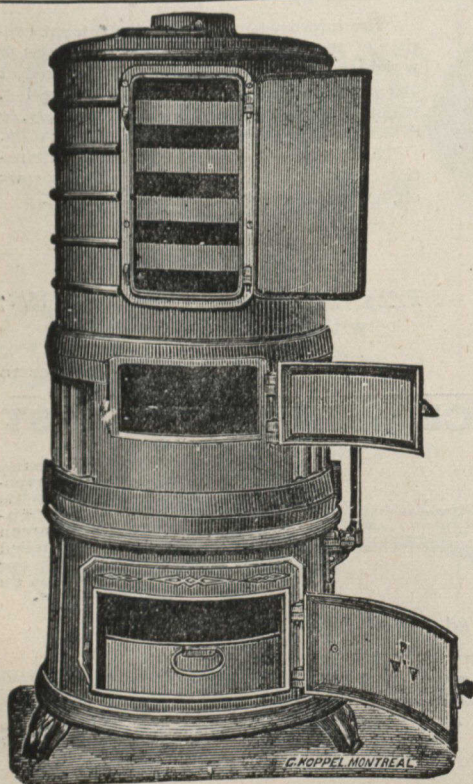
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The same night the **Gendron Wheel**, ridden by R. E. McCALL and J. H. GRATZ, crossed the tape 1st three times; 2nd three times; 3rd twice.

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## Alphabetical Index of Formulæ.

(Continued.)

### CONSTIPATION.—

- ℞ Mannæ..... ʒvj.  
Magnesiæ,  
Sulphur. loti..... āā ʒ iss.  
Mellis..... fʒvj.
- M. Sig.: One or two dessertspoon-fuls in milk for an infant.—*Ferrand.*
- ℞ Resinæ podophylli... gr. ij-iv.  
Ex. nucis vomicæ.... gr. iv.  
Ex. physostig..... gr. iij.  
Ex. belladonnæ..... gr. iv.
- M. Ft. pil. No. xx. Sig.: One pill night and morning.—*Hare.*
- ℞ Aloin..... gr. vj.  
Atropiæ sulphat..... gr. ¼.  
Strychninæ sulph..... gr. j.
- M. Et ft. pil. No. xxx. Sig.: One pill two or three times a day. (Chronic form).—*Wood.*

- ℞ Euonymin..... gr. ij.  
Ex. ignatiæ..... gr. ss.  
Ex. belladonna ..... gr. ⅙.  
Piperini..... gr. j.

M. Et ft. pil. No. i. Sig.: One pill three times a day after meals.

### CONVULSIONS.—

- ℞ Moschi..... gr. iij.  
Camphoræ..... gr. xv.  
Chloral hydrat..... gr. viiss.  
Vitelli ovi..... No. j.  
Aq. destillat..... fʒ iv.
- M. Sig.: Wash out the rectum with a simple enema, and then use the above as an injection.—*J. Simon.*
- ℞ Mist. assafœtidæ.... fʒ ij.  
Sig.: Tablespoonful per rectum.—*Waring.*
- ℞ Ætheris fort..... fʒ iv.  
Sig.: To be used as an inhalation until the paroxysm is broken.—*J. L. Smith.*

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tioner they may desire, irrespective of his medical school; the public wards are, of course, devoted exclusively to homœopathic treatment.

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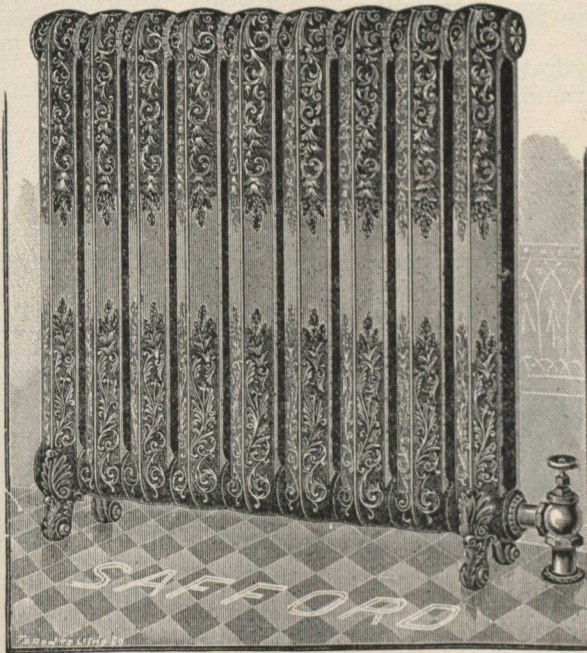
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CONVULSIONS (*Continued*).—

R Moschi..... gr. xij.  
 Sacchari..... ℥ ij.  
 Spts. ammon..... ℥ xxx.  
 Infus. lini co..... f ℥ iv.

M. Sig.: An injection for infantile convulsions.—*Ellis*.

R Chloral hydrat..... gr. xv-xxx.  
 Syr. acaciæ..... f ℥ j.  
 Aquæ..... f ℥ iv.

M. Sig.: Inject a tablespoonful into the rectum, and repeat in fifteen or twenty minutes if required.—*Widerhofer*.

Dr. Jacobi first orders a purgative dose of calomel, and then follows in a few hours by :

R Chloral hydrat..... gr. iv.  
 Potass. bromid..... gr. viij.  
 Aquæ,  
 Syrupi..... āā f ℥ j.

M. Sig.: One dose for a child two years old.

R Chloral hydrat..... gr. xv.  
 Potass. bromid..... ℥ j.  
 Syr. simp..... f ℥ v.  
 Aq. destillat..... f ℥ ij.

M. Sig.: Teaspoonful every three hours. (Convulsions of teething).—*Kinder-Arzt*.

R Auri bromidi..... gr. j.  
 Arsenici bromidi..... gr. j.  
 Ferri bromidi..... gr. xl.

M. Et div. in pil. No. xx. Sig.: One after each meal. (For convulsions in a chlorotic woman).—*Waugk*.

CROUP, MEMBRANOUS.—

R Hydrarg. chlor. mit... gr. ij.  
 Sodii bicarb..... gr. xxiv.  
 Pulv. ipecac..... gr. j.  
 Pulv. pepsinæ..... gr. xxiv.

M. Et ft. chart. No. xii. Sig.: One powder every two hours.—*Starr*.

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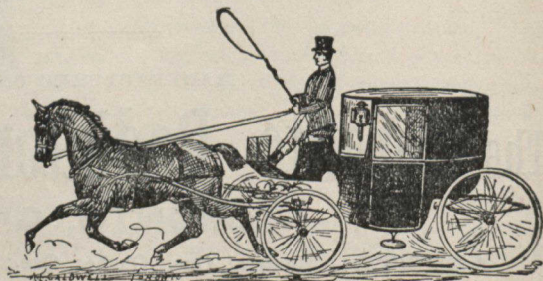
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R Vermifugin . . . . . grs. x.  
Hydrarg. Subchlor. . . . . grs. ii.  
Fiat pulv.  
Sig. Take at bedtime.



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CROUP (*Continued*).—

℞ Acid. lactic..... ℥ iiss.  
Aquæ..... f ℥ x.

M. Sig.: Use with spray or mop.  
—*Mackenzie*.

℞ Tr. ferri chlor..... f ℥ i-iss.  
Potass. chlorat..... ℥ j.  
Glycerinæ..... f ℥ j.  
Aq. cinnam..... ad f ℥ iv.

M. Sig.: Teaspoonful every two hours for a child of four years.—*Meigs and Pepper*.

℞ Pulv. aluminis..... ℥ iiss.  
Mellis albi..... ℥ x.

M. Sig.: Half teaspoonful every hour, and insufflations of powdered alum every four hours.—*Trousseau*.

## CROUP, SPASMODIC.—

℞ Apomorph. hydrochlor. gr.  $\frac{1}{10}$ .

Sig.: Use hypodermically.—*Da Costa*.

℞ Syr. ipecac..... f ℥ iss.  
Tr. opii camph..... f ℥ ij.  
Syr. scillæ..... f ℥ j.  
Liq. potass. citrat. q. s. ad f ℥ iij.

M. Sig.: Teaspoonful every two hours. (After vomiting has been secured.)—*Powell*.

℞ Decocti senegæ..... f ℥ iiss.  
Oxymel. scillæ..... f ℥ ij.  
Vini ipecac..... f ℥ ij.  
Antim. tartar..... gr. j.

M. Sig.: Ten to thirty drops every fifteen minutes to an infant to produce vomiting, or every two hours as an expectorant.—*French Hospital*.

℞ Tr. belladonnæ..... gtt. iv.  
Tr. opii camph..... gtt. l.  
Pulv. aluminis..... gr. vj.  
Syr. acaciæ..... ℥ ss.  
Aquæ..... f ℥ iss.

M. Sig.: Teaspoonful every two or three hours at six months of age.—*Meigs and Pepper*.

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CROUP (*Continued*).—

℞ Potass. brom.,  
Chloral hydratis. . . . . āā ℥ij.  
Syr. acaciæ. . . . . f℥ij.

M. Sig.: A teaspoonful or less,  
according to age.—*Ellis*.

## CYSTITIS (See Catarrh).

## DEBILITY.—

℞ Strychniæ sulphat. . . . . gr. j.  
Acid. arseniosi. . . . . gr. iss.  
Ex. belladonnæ. . . . . gr. viij.  
Ferri redacti. . . . . ℥j.

M. Et ft. pil. No. xxx. Sig.: One  
after each meal.—*Wood*.

℞ Tr. cinchonæ,  
Tr. valerinat. . . . . āā f℥j.  
Tr. cardamomi comp. f℥ij.  
Aq. menthæ pip. . . . . f℥iv.

M. Sig.: Tablespoonful three times  
a day.—*Ellis*.

℞ Tr. nucis vomicæ. . . . . f℥ij.  
Elix. calisayæ. . . . . q. s. ad f℥iv.

M. Sig.: Dessertspoonful three  
times a day in water.

℞ Hyd. chlorid. corros. . . . . gr. j.  
Elixir calisaya. . . . . f℥viij.

M. Sig.: A teaspoonful before  
meals for three months. (In strumous  
children.)—*Blackwood*.

℞ Ferri lactat.,  
Pulv. glycyrrhizæ. . . . . āā ℥j.  
Mellis. . . . . q. s.

M. Et ft. pil. xl. Sig.: One to six  
pills daily.—*Trousseau*.

## DELIRIUM, TRAUMATIC.—

℞ Potass. brom.,  
Ammon. brom. . . . . āā ℥ij.  
Syr. zingiber. . . . . f℥j.  
Aquæ. . . . . q. s. ad f℥iij.

M. Sig.: Dessertspoonful every  
two hours.—*Johnson*.

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DELIRIUM (*Continued*).—

℞ Chloral hydrat. . . . . ℥ ss.  
 Syr. aurant. cort.,  
 Aquæ. . . . . āā f ℥ ss  
 M. Sig.: To be taken in one dose.  
 —*Liebreich.*

DELIRIUM TREMENS.—

℞ Potass. bromid.,  
 Sodii bromid. . . . . āā gr. xv.  
 Chloral hydrat. . . . . gr. x.  
 Tr. zingiberis. . . . . ℥ x.  
 Tr. capsici . . . . . ℥ v.  
 Spt. ammonii arom. . . . . ℥ j.  
 Aquæ. . . . . ℥ ij.  
 M. Sig.: Dose a dessertspoonful.  
 —*Vanderbilt Clinic.*

℞ Potass. brom. . . . . ℥ j.  
 Div. in chart. No. viii.  
 Sig.: One powder in half tumbler-  
 ful of cold water every four to six  
 hours.—*Bartholow.*

℞ Ex. cannabis indicæ. . . . gr. vi-xij.  
 Div. in pil. No. xii.  
 Sig.: One pill every two or three  
 hours till sleep is procured.—*Phillips.*

℞ Sodii brom. . . . . gr. xv.  
 Chloral hydrat. . . . . gr. x.  
 Syr. aurant. cort.,  
 Aquæ. . . . . āā q.s. ad f ℥ j.  
 M. Sig.: As required.—*Da Costa.*

℞. Liq. morph. sulph. (U. S. P.),  
 Ex. valerian. fl. . . . . āā f ℥ j.  
 M. Sig.: One or two teaspoonfuls  
 as required.—*Hartshorne.*

℞ Tr. lupulinæ,  
 Syr. amygdalæ. . . . . āā f ℥ j.  
 Aq. destillat. . . . . f ℥ ij.  
 M. Sig.: Table-poonful every two  
 hours.—*Hazard.*

℞ Infus. digitalis. . . . . f ℥ iij.  
 Sig.: Tablespoonful every four  
 hours. (In anæmic cases with effusion  
 and œdema).—*Bartholow.*

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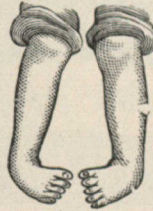
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DELIRIUM (*Continued*).—

℞ Sodii brom . . . . . gr. xv.  
 Chloral hydrat . . . . . gr. x.  
 Syr. aurant. cort,  
 Aquæ . . . . . āā q. s. ad ft. f℥j.

M. Sig.: As required. Also to be taken, fluid extract of coca fifteen minims, increased to tolerance.—*Da Costa*.

## DINGUE.—

℞ Tr. aconiti rad . . . . . ℥xxx.  
 Syr. limonis . . . . . f℥ss.  
 Liq. am. acetat. . . . . q.s. ad. f℥ij.

M. Sig.: Dessertspoonful every three hours.—*Thomas*.

℞ Ex. nucis vomicæ . . . . . gr. iv.  
 Quinia sulphat. . . . . ℥ss.  
 Et. ft. pil. No. xvi.

M. Sig.: One pill three times a day.—*Da Costa*.

## DIABETES INSIPIDUS.—

℞ Codeinæ . . . . . gr. viij.  
 Glycerinæ,  
 Aquæ . . . . . āā f℥j.

M. Sig.: Half teaspoonful three times a day, gradually increased to two teaspoonfuls.—*Pavy*.

℞ Tr. opii . . . . . f℥j.  
 Tr. ferri chlor. . . . . f℥ix.

M. Sig.: Twenty drops well diluted three times daily.—*Weller*.

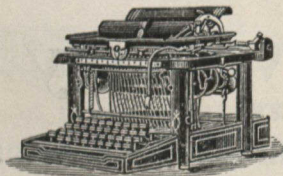
℞ Pulv. opii . . . . . gr. iv.  
 Acid. gallici . . . . . ℥ij.

Et. div. in chart. No. xii.

M. Sig.: One three or four times daily.—*H. C. Wood*.

℞ Ex. ergotæ fl. . . . . f℥ij.

Sig.: Teaspoonful three times a day, increased to two teaspoonfuls.—*Da Costa*.



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DIABETES (*Continued*).—

℞ Sodii salicylat..... ℥iv.  
 Glycerinæ..... f℥ij.  
 Aquæ..... q. s. ad f℥iij.  
 M. Sig.: Two teaspoonfuls three times daily.—*Da Costa*.

DIABETES MELLITUS.—

℞ Sodii salicylat..... ℥iij.  
 Liq. potass. arsenitis... f℥j.  
 Glycerinæ..... f℥j.  
 Aq. cinnam..... ad f℥iij.  
 M. Sig.: Dessertspoonful three times a day.—*J. C. Wilson*.

℞ Sodii salicylat..... ℥iv-vj.  
 Glycerinæ..... f℥j.  
 Aquæ..... ad f℥iij.  
 M. Sig.: Dessertspoonful three times a day.—*Da Costa*.

℞ Tr. opii..... f℥j.  
 Tr. ferri chlor..... f℥ix.  
 M. Sig.: Twenty drops in water three times a day.

℞ Iodoform..... gr. ij.  
 Div. in pil. No. xii.  
 Sig.: One pill three times a day after meals.—*Levi*.

℞ Ex. ergotæ fl..... f℥ij.  
 Sig.: One-half to one teaspoonful three times a day.

DIARRHŒA, CHILDREN.—

℞ Naphthalin..... gr. xii-℥j.  
 Sacch. lact..... gr. xii-℥ss.  
 Et ft. chart. No. xii.  
 M. Sig.: One powder every three hours.—*Starr*.

℞ Magnesii sulphat..... ℥j.  
 Tr. opii deod..... gtt. xij.  
 Syr. simp..... f℥ss.  
 Aq. cinnam..... q. s. ad f℥iss.  
 M. Sig.: Teaspoonful every two hours for a child of one or two years.—*Meigs and Pepper*.

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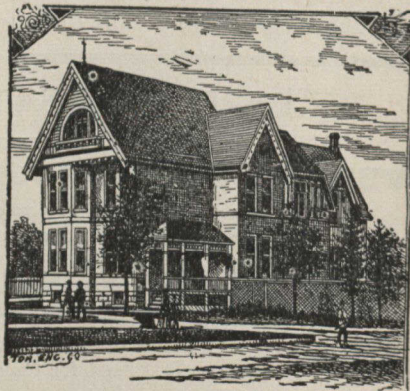
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DIARRHŒA (*Continued*).—

℞ Pulv. opii..... gr. v.  
 Bismuth, subnit..... ℥ij.  
 Et div. in chart. No. xx.  
 M. Sig.: One powder every two  
 to four hours for a child of five years.  
 —*J. L. Smith.*

℞ Bismuth. subcarb..... ℥ss-℥iss  
 Spt. myristicæ..... ℥xx.  
 Spt. vini gal..... f℥ij.  
 Syr. acaciæ..... f℥iss.  
 Aq. cinnam..... q. s. ad f℥ij.  
 M. Sig.: (Shake well.) Teaspoon-  
 ful every two hours.—*W. H. Bennett.*

℞ Argenti nitrat..... gr. j.  
 Syr. acaciæ..... f℥ij.  
 Aq. cinnam..... f℥ij.  
 M. Sig.: Teaspoonful every two  
 hours for a child of two years.—*Starr.*

℞ Ferri sulph.,  
 Sodii salicyl..... āā gr. x.  
 Glycerinæ..... f℥ij.  
 Aq. destillat..... f℥iiss.  
 M. Sig.: Teaspoonful every one,  
 two, or three hours.—*Canada Lancet.*

℞ Tr. krameriaë,  
 Tr. opii camph..... āā f℥ij.  
 Mist. cretæ..... q. s. ad f℥ij.  
 M. Sig.: Teaspoonful every two  
 hours for a child of two years.

℞ Pepsinæ pulv..... gr. xxxv.  
 Bismuth. subnit..... ℥j.  
 Et ft. chart. No. xii.  
 M. Sig.: One every two hours.—  
*Powell.*

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- ℞ Tr. camphoræ..... f℥j.  
 Tr. capsici..... f℥iss.  
 Tr. lavandulæ comp.... f℥j.  
 Spt. vini gallici . . . q.s. ad f℥ij.

M. Sig.: Teaspoonful every two or three hours.—*Rex*.

## DIARRHŒA IN ADULTS.—

- ℞ Cretæ præp..... ℥ij.  
 Tr. catechu..... f℥ss.  
 Tr. opii..... ℥lxxx.  
 Aq. cinnam..... f℥viiij.

M. Sig.: Two tablespoonfuls after each stool.—*Fothergill*.

- ℞ Ex. ergotæ aq..... ℥j.  
 Ex. nucis vomicæ..... gr. v.  
 Ex. opii..... gr. x.  
 Et. ft. pil. No. xx.

M. Sig.: One pill every four to six hours.—*Da Costa*.

- ℞ Aq. camphoræ..... f℥iiij.  
 Spt. lavand. co..... f℥j.  
 Sacch. alb..... ℥j.

M. Sig.: Tablespoonful every two hours.—*Parrish*.

- ℞ Tr. opii camph.,  
 Tr. lavandulæ comp. . . . . āā ℥j.  
 Spt. vini gall. . . . . ℥ij.

M. Sig.: Tablespoonful every three hours.—*Stubbs*.

- ℞ Resorcin..... gr. iss-iiij.  
 Infus. chamomil..... f℥ij.  
 Tr. opii..... gtt. ij.  
 Tr. cascarril..... gtt. xv.

M. Sig.: Teaspoonful every two hours.—*Kinder-Arzt*.

- ℞ Morphiæ sulphat..... gr. ʒ½.  
 Bismuth. subnit..... gr. v.  
 Et. ft. chart. No. i.

M. Sig.: One powder three or four times daily. (In chronic cases.)—*Alonzo Clark*.

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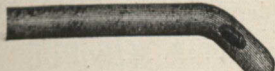
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℞ Potass. brom. . . . . ℥ iij.  
 Tr. opii . . . . . f ℥ ij.  
 Tr. capsici . . . . . f ℥ j.  
 Syr. rhei arom . . . . . f ℥ iv.  
 M. Sig.: One teaspoonful as needed.

℞ Caffeinæ citrat. . . . . ℥ ss.  
 Aq. destillat. . . . . f ℥ ij.  
 M. Sig.: Teaspoonful every four hours.—*Bartholow*.

℞ Cupri sulphat.,  
 Morphicæ sulphat. . . . . āā gr. j.  
 Quinæ sulphat. . . . . gr. xxiv.  
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 M. Sig.: One capsule three times a day. (In chronic cases.)—*Bartholow*.

℞ Tr. krameria. . . . . f ℥ j.  
 Liq. calcis. . . . . f ℥ vj.  
 M. Sig.: Tablespoonful three times a day.—*Reece*.

℞ Pulv. aluminis,  
 Pulv. kino. . . . . āā ℥ iiss.  
 Syr. simp. . . . . q. s.  
 Et ft. pil. No. c.  
 M. Sig.: Two to ten pills daily.—*Trosseau*.

℞ Creasoti . . . . . gtt. v.  
 Pulv. opii . . . . . gr. iij.  
 Pulv. acaciæ . . . . . vj.  
 Et. ft. in pil. No. x.  
 M. Sig.: One pill every three hours.—*Blasius*.

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℞ Ol. eucalypti . . . . . f ℥ ij.  
 Ol. terebinthinæ. . . . . f ℥ viij.  
 M. Sig.: Place in shallow vessel and keep boiling over the stove.—*J. Lewis Smith*.

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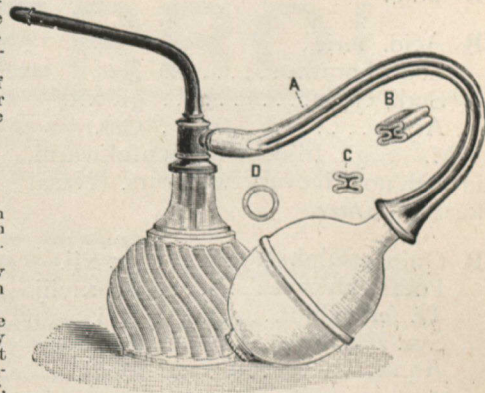
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℞ Trypsin (Fairchild's)... ℥j.  
Sodii bicarb..... gr. xx.  
Aquæ..... q. s. ad f℥ij.

M. Sig.: Apply with atomizer every hour or two as necessary.—*Keating.*

℞ Acid. boric.,  
Sodii borat..... āā ℥ss.  
Sodii chlor..... gr. xx.  
Aquæ..... Oss.

M. Sig.: Inject teaspoonful, warm, in each nostril every two hours. (Nasal form.)—*Starr.*

℞ Quiniæ sulphat..... gr. xij.  
Potass. chlorat..... gr. xlvij.  
Tr. ferri chlor..... f℥j.  
Syr. zingiber..... f℥j.  
Aquæ..... q. s. ad f℥ij.

M. Sig.: Teaspoonful in water every two hours for a child of six to ten years.—*Goodhart and Starr.*

℞ Hydrarg. chlor. corros.. gr. j.  
Spt. vini rect..... f℥ij.  
Elix. bism. et pepsin.. ad f℥iv.

M. Sig.: Teaspoonful every two hours for a child of six years.—*J. Lewis Smith.*

℞ Tr. ferri chlor..... f℥-f℥ij.  
Glycerinæ..... q. s. ad f℥j.

M. Sig.: Paint tonsils every four hours.—*Rex.*

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Glycerini } āā..... 5.0.  
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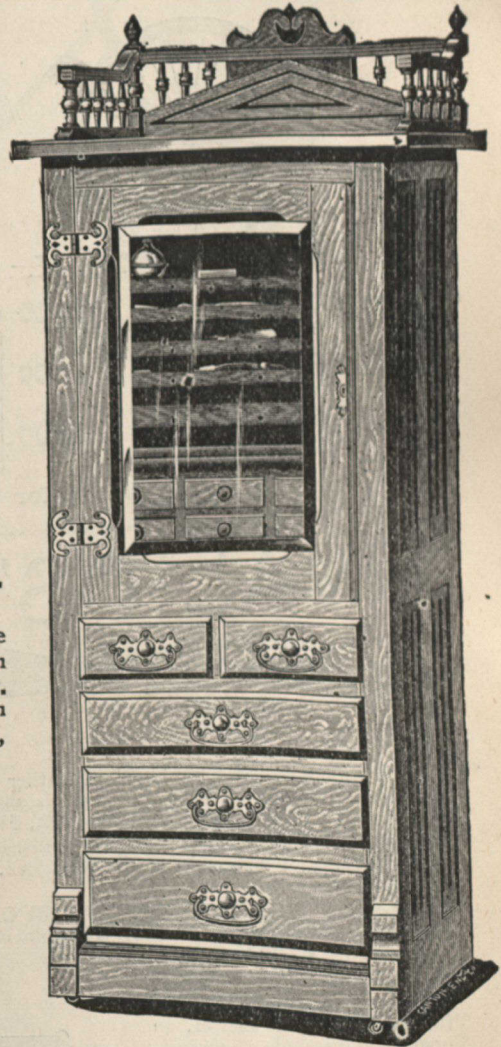
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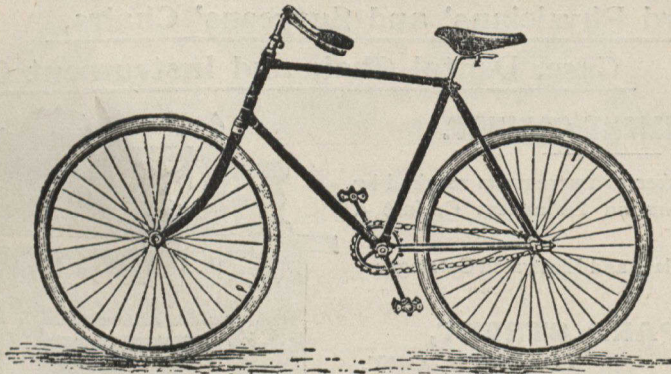
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