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# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

## Original Communications.

### THE PREVENTION AND CORRECTION OF DEFORMITY IN THE TREATMENT OF HIP DISEASE.

BY D. E. MCKENZIE, B.A., M.D.,

Lecturer on Surgical Anatomy and Orthopædic Surgery  
in the Woman's Medical College, and Surgeon to the  
Victoria Hospital for Sick Children, Toronto.

In the management of hip disease, whatever may be the explanation, there is a tendency to flexion and adduction of the limb. Whether the case be treated by operative measures, by mechanical appliances, or by the expectant plan, this tendency to deformity is strongly marked, and persists throughout the period of convalescence. There may be seen upon the streets every day, persons who have suffered from this affection, who have recovered from the disease, but who are conspicuous because of unnecessary shortening of one leg, and deformity. (In Figs. 1 and 2, strongly marked cases of the deformity are shown).

Early in the history of the disease, flexion of the femur upon the body is very generally observed, and if means for its rectification and prevention be not employed, it is likely to persist to the end. It is not uncommon to find flexion increasing during the progress of the disease, until the axis of the affected femur is at right-angles to that of the body. In their early history, some cases have the limb abducted from the middle line, but even these, as time passes, so change, that the limb on the affected side becomes adducted. Even when a period of quiescence sets in, and the case is proceeding satisfactorily to recovery, and also after successful operation, the tendency toward these two positions of deformity, viz., flexion and adduction, persists.

By a reference to these diagrams, it will be seen how adduction of the limb causes apparent or practical shortening. The line *ab*, Fig. 3, joining the

acetabula, is normally horizontal, and the lines *ad* and *bc*, representing the lower extremities, are equal in length and symmetrically placed, so that the angles at *a* and *b* are equal. If *b* represent the affected joint, then, through adduction, *bc* takes the place *bc'* and the angle at *b* is made smaller. Now as the patient cannot walk with the limb in this relative position, and the limb is prevented from movement at the joint *b*, the pelvis on that side is drawn upward and the angle at *a* is increased, as in Fig. 4. The limbs are thus brought into symmetry of direction at the expense of apparent shortening. This is well illustrated in Fig. 1.

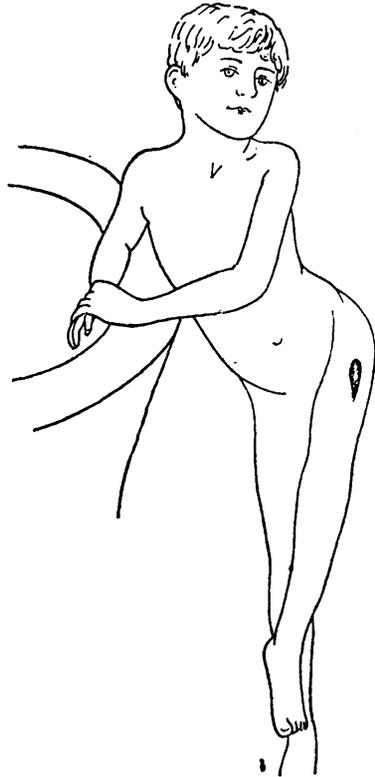


FIG. 1.

By a reference to Fig. 2, it is seen how flexion causes lordosis. The affected limb is strongly flexed upon the pelvis, and an attempt made to extend the leg, so as to bring it into line with the body, at once produces compensatory flexion in the lumbar vertebræ.

Consequent upon these two deformities, it is not uncommon to have several inches of apparent shortening in cases where there is no real shorten-

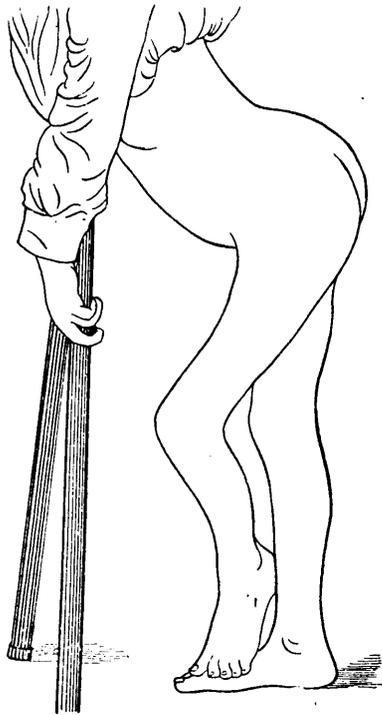


FIG. 2.

ing of the limb. In the case, Fig. 1, the affected limb was really two inches shorter than its fellow, while the practical shortening was six inches, because of tilting of the pelvis. In the same cut it is well shown how another deformity, namely, curvature of the spine, is dependent upon the upward tilting of the pelvis on the affected side. As, when the pelvis is tilted forwards, compensation is made by the lumbar flexion backward, so when the pelvis is tilted laterally, there arises a compensatory lateral curvature. Thus it will be seen that flexion of the limb upon the body and its adduction toward the mid-plane are not only unsightly deformities themselves, but they are

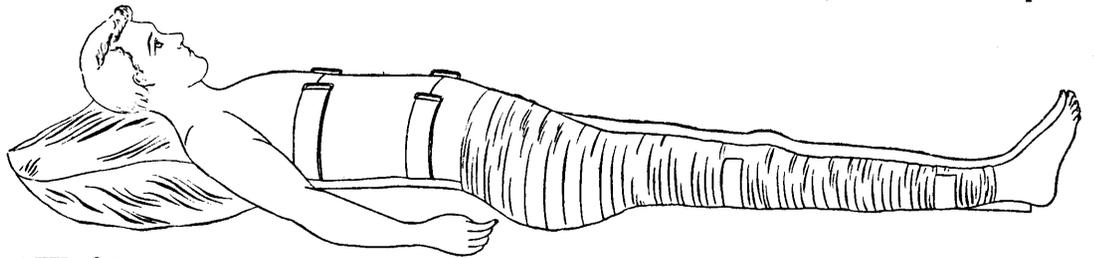


FIG. 6.

important causative factors in the production of practical shortening and curvature of the spine.

*Treatment.*—A case efficiently treated from the commencement of the disease, by rest in bed, by the American traction splint, by the Thomas' posterior hip splint, or other means, may easily be kept from acquiring these deformities. When, however, they are already present, the mechanical problem implied in their correction is presented for solution. It is my practice when the deformity is strongly marked, to put the patient in bed, secure the sound limb and body in the horizontal position by the application of a long splint from the axilla, extending about ten or twelve inches beyond the foot, and at this point secured

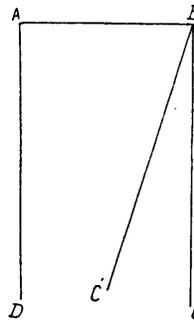


FIG. 3.

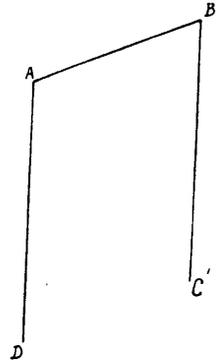


FIG. 4.

to the bed. Extension is now applied to the affected limb, pulling very nearly in the line of the axis of the limb, as determined by the deformity. Fig. 7 (Howard Marsh, "Diseases of the Joints," p. 398). This treatment is continued until the adduction and flexion of the limb are lessened or entirely corrected. (Fig. 8 is Fig. 7 after treatment).

When the deformity is thus corrected, I follow by the adjustment of a splint, so that the patient

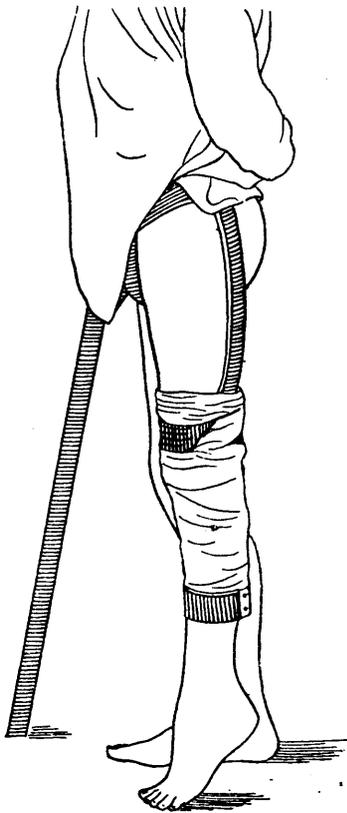


FIG. 5.

can walk about and have the advantages of sunlight, fresh air and exercise. The splint shown in Fig. 8 (same patient as in Fig. 1) represents a

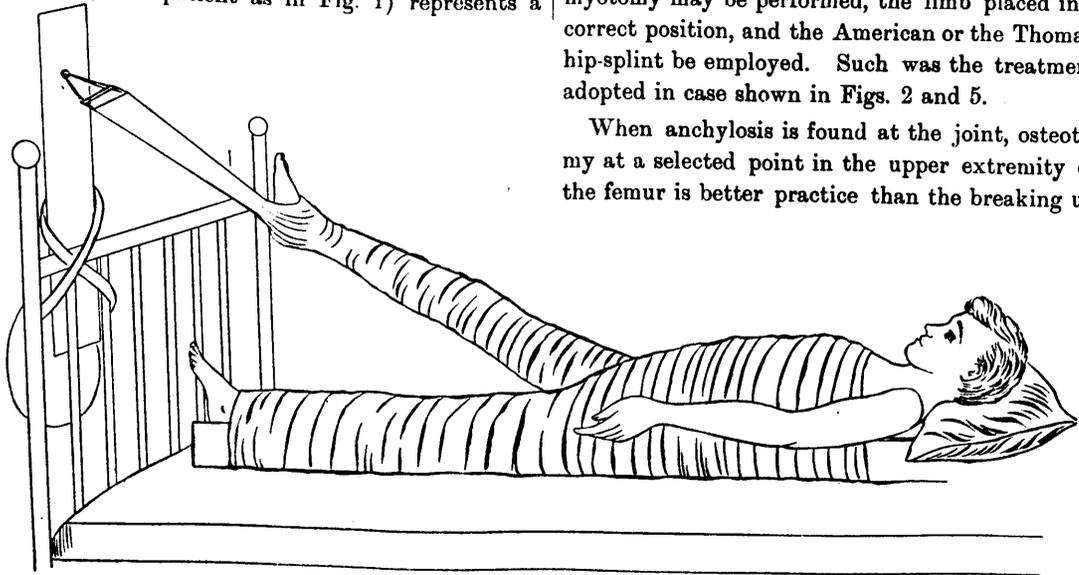


FIG. 7.

form of traction splint which has been largely used in the United States. It consists of a rigid horseshoe shaped band about the pelvis, and a steel stern attached immovably to this band, which extends below the foot two or three inches. The straps attached to the foot-piece in which this stern terminates, are buckled to straps secured to the leg by adhesive plaster and bandages. Thus extension is made upon the limb, while counter-extension is made by padded straps passing under the perineum and attached to the pelvic band. It is thus seen that the splint may be made powerful, to prevent and correct adduction, as the knee is not permitted to bear the whole weight of the limb and its splint is exerted to prevent or correct flexion also.

The Thomas' hip-splint (Figs. 5 and 6) secures immobilization and may be used to correct flexion. If the splint be applied so as to fit the limb in its flexed position, after a few days or weeks of immobilization thus secured to the joint, the stern of the splint may be made straighter by several degrees, and the muscles having become relaxed, owing to the rest which the joint has enjoyed, the limb easily permits of extension to the same extent.

There are some cases in which contracture of the flexor and adductor muscles has occurred, which do not readily yield to any of the methods of treatment described. In such, tenotomy or myotomy may be performed, the limb placed in a correct position, and the American or the Thomas' hip-splint be employed. Such was the treatment adopted in case shown in Figs. 2 and 5.

When ankylosis is found at the joint, osteotomy at a selected point in the upper extremity of the femur is better practice than the breaking up

of the fibrous or osseous attachments by manipulation. Whatever means may be employed for the correction of the deformity, it is necessary that a retentive appliance be used, in order to keep the limb in position until recovery follows. The same tendency to adduction and flexion is manifested after operative procedures for the removal of diseased tissues, and the same necessity arises for the prolonged employment of mechanical means.

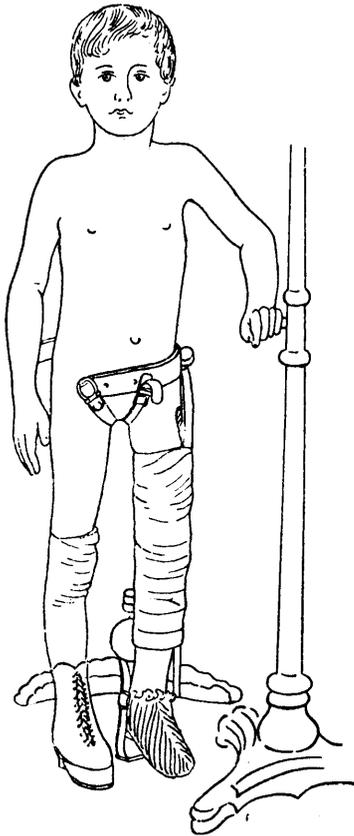


FIG. 8.

By intelligently carrying out the principles advocated, every case of hip-joint disease may be brought to a termination without any deformity, except such as results from the arrest of growth, or arises from the destruction of tissue by the ravages of the disease.

So marked and uniform is the tendency to adduction, that it is not necessary to correct abduction when it is found to exist. A case that has the limb abducted early in its history, will be one of adduction at a later stage. In order to insure

success, the mechanical appliances require constant attention, and it is necessary that there be an intelligent grasp of the mechanical problems presented. Splints are frequently supplied by the makers of surgical appliances, that are not only useless, but harmful. In order to get satisfactory results, the appliances must be of sufficient strength and resistance to keep the affected limb entirely at rest, after reduction of the deformity has been effected.

#### IMMEDIATE CLOSURE OF THE WOUND AFTER SUPRA-PUBIC CYSTOTOMY.\*

BY A. GROVES, M.D., FERGUS, ONTARIO.

The object usually aimed at by the operative surgeon in regard to the wound he makes, is that it shall be healed up in the shortest possible time, and with the least disturbance to the general economy of the system. Immediate union is the ideal result we are all striving for, and in wounds of the bladder this is especially desirable, on account of the constant escape of urine through an open wound. I believe immediate closure of the wound after supra-pubic cystotomy is not only feasible, but that it should be done in almost every case. In cases where a supra-pubic opening is required, the bladder is generally in an unhealthy condition, containing, it may be,ropy mucus, pus, cast-off epithelium, decomposing blood clots, and foetid urine. Such a state of affairs will, unless corrected, frustrate the attempt at obtaining immediate union in the wound, and renders necessary as a preliminary measure, the most careful antiseptic cleansing of the bladder. Copious and frequently-repeated washing of the viscus with antiseptic solutions should be made for some days and for this purpose Thiersch's solution of salicylic and boracic acids will usually be found quite efficacious, the patient being kept entirely at rest. When the urine is alkaline, benzoic acid administered by the mouth will be found of value.

At the time of operating, the bladder receives a thorough washing out, so as to remove all septic matter, and destroy the septic activity of the diseased mucous membrane, and is left moderately filled with an antiseptic solution. As soon as the incision has been made so as to expose the blad-

\*Read before the Ont. Med. Association, June, 1892.

der, and when ligatures have been passed through the bladder walls for the purpose of steadying it, the fluid had better be drawn off by a catheter before the bladder is incised, for even a supposed antiseptic solution poured from a diseased bladder over a fresh wound is by no means to be regarded without apprehension. The object of the operation having been accomplished, whether the removal of a stone, the excision of a tumor, the simple exploration of the bladder, or whatever else was found necessary, the whole wound must be thoroughly flushed with a bichloride solution. The wound in the bladder is now to be brought together, and for this I prefer a continuous button-hole catgut suture, the needle being entered about one-third of an inch from the margin of the wound and passed down to, but not through, the mucous coat, and entering the opposite lip between the mucous and muscular coats, it emerges a third of an inch from the edge. The intervals between the stitches should not be more than one-tenth or one-eighth of an inch, and in no case should the mucous membrane be penetrated by a stitch, for, in case this should occur, a passage is made for septic infection from the bladder, and the success of the operation, in so far at least as immediate closure is concerned, will be seriously compromised. The bladder having been closed, the wound is again thoroughly disinfected with a one-in-two-thousand bichloride solution, and the tissues between the bladder and skin brought together with catgut; lastly, the skin wound itself is brought into accurate apposition in its entire extent, by stitches placed not more than one-third of an inch apart. A gauze dressing, with a layer of absorbent cotton and a bandage completes the toilet of the wound. A soft catheter is retained in the bladder, and special care should be exercised that no urine accumulates, more especially during the first three or four days; but should it be impossible from any cause, to keep an instrument constantly in the bladder, the passing of a soft catheter every three or four hours will be quite sufficient to prevent the pressure of the urine from opening the wound. If, in any case, there should be a contracted bladder or persistent desire to pass water, the catheter should either be retained or passed at short intervals, and the time between each catheterization lengthened; but for the first two weeks not more than six hours should be allowed

to elapse between two evacuations of the bladder, and the patient should be warned not to make any effort at urinating when the catheter is not in use. Experience may, and I believe will, prove that the time when the catheter can be dispensed with is less than two weeks, but it is better to err on the side of safety.

Although this method of treating the wound after supra-pubic cystotomy is materially different from that usually practiced, I feel satisfied its adoption will quite perceptibly increase the percentage of recoveries and will at the same time immensely lessen the suffering and discomfort of patients who would otherwise have a slowly cicatrizing wound from which pus and urine would escape more or less continuously for many days. Simply bringing the edges of the bladder wound together is only a half measure, and like all half measures, is generally a failure. The thin walls which have only recently adhered, lying at the bottom of an open wound, and bathed constantly on one side with urine and on the other with pus are almost sure to come apart, but with the support given by closure and adhesion of the overlying tissues the bladder remains from the beginning closed up, and with ordinary care I am persuaded no untoward event need be dreaded.

## BACTERIOLOGICAL NOTES.

BY E. B. SHUTTLEWORTH.

*Removal of Aniline Stains from the hands.*—The stains used in microscopic work are sure to leave their mark on the hands of the operator, and those who use pyoktanin, in ordinary practice, seldom escape the evidence of their manipulations. A little alcohol, or hydrochloric acid, will generally remove the greater part of these dyes, but, to do it completely, some bleaching agent is required. Sodium hypochlorite, in the form of Labarraque's solution, or that of the calcium salt, are quite effective, but leave behind the very disagreeable odor of these compounds. Unna has lately recommended a method which is convenient and unobjectionable. The hands are first washed in a solution containing a little—say five per cent.—of common salt, and then in hydrogen peroxide solution, of about the same strength, being finally wiped with a cloth moistened with alcohol.

*Transmission of Tubercle Bacillus from Mother to Fœtus.*—The London *Lancet* attaches considerable importance to the recent claim of Birch-Hirschfeld and Schmal, that they have clearly demonstrated the passage of the bacillus of tubercle from mother to child. The patient died of tuberculosis during the seventh month of pregnancy, and, immediately after death, the child was removed by Cæsarean section. It was then dead, but, shortly after the death of the mother, had been felt to move. Autopsy showed decided evidence of tubercles in the lungs of the mother, though not in those of the child; but the bacilli were found in the umbilical cord and the blood of the umbilical vein. Small pieces of the liver, spleen and kidneys were introduced into the abdominal cavity of two guinea pigs and a rabbit. One of the animals died in fourteen days, another was killed after six weeks, and the rabbit died in about three months. In all three cases tubercles were found and clear evidence of the bacilli was obtained. The conclusion arrived at is, that though no tubercular lesions were to be found in the organs of the fœtus, the latter were capable of infecting animals, and, in all probability, had the child survived, tuberculosis would have very soon developed.

*Bacillus of Eclampsia.*—Gerdes (*Deutsche Med. Wochensh.*, in *Brit. Med. Jour.*) announces the discovery of a short bacillus in the lungs, kidneys and liver of patients suffering from eclampsia. The bacilli were demonstrated by culture, and, by inoculation, produced in mice and rats strongly marked convulsions, followed by coma and death. These results were not produced in guinea-pigs, except intravenous injections were employed.

*Bacteriology of Measles.*—Several micro-organisms have been stated to be the cause of this disease, but subsequent investigations have disproved the announcements made. A late report from Berlin is to the effect that Canon and Pielicke have found in the blood, sputum and nasal discharges of affected persons, a bacillus which differs from any hitherto described. It was noticed during the entire course of the disease, and, in some cases disappeared before the rash had entirely faded. \*

*Bacillus Diphtheriticus.*—Dr. F. J. Tower, who has had a large experience with diphtheria, read

before a recent meeting of the Milwaukee Medical Society (*Phila. Med. and Surg. Rep.*) a paper on the ætiology and bacteriology of the disease, in which he laid great stress on the value of the microscope as an aid to diagnosis. In every case of true diphtheria he had found the characteristic bacillus, but, in no instance, had he found such in tonsillitis. He carried with him a few cover glasses, and, between two, put a little of the tonsillar, faucial, or nasal exudate, or a particle of membrane; pressed the covers together, and then took them apart and allowed them to dry. After two or three minutes he wrapped them in paper, and, on returning home, stained in the usual way, with Grieber's or Læffler's blue. In cases of doubt he made a boiled potato culture, taking no previous precaution as to sterilization. In five or six hours, or over night, at a temperature of about 38° C., the bacillus grows with great rapidity, exhibiting itself as a glassy film, of which a small portion may be stained and examined. The author does not agree with Osler's statement, that the poison is not given off in the breath of the patient. He had met with many cases of undoubted air infection, and had also been able to infect tubes of media with the breath of an affected patient, blown through a glass tube, bent many times, so that fluid particles could not reach the culture. Dr. Tower believes that there is only one diphtheritic organism, and that, as asserted by Roux and Yersin, the other sometimes observed is an attenuated form of the Klebs-Læffler bacillus. This does not, however, explain what is claimed as a fact—that the true bacillus changes the alkaline reaction of the culture medium to acid, while the spurious does not.

*Can there be True Diphtheria without the presence of Læffler's Bacillus?*—This question is answered in the negative by the observations of Baginsky (*Arch. f. Kinderheilk.*, in *N. Y. Med. Jour.*), which showed that in ninety-five cases of apparent diphtheria, the bacillus was only found in sixty-eight, all of which were serious, and twenty-seven fatal. Paralysis was common. In the remaining cases the illness was short, and only one child died. The conclusion is drawn that there were, in reality, two diseases, similar in symptoms, but recognizable by the microscope.

*Bacteria and Carbonated Waters.*—Dr. A. Mor-

tefusco has been making some investigations on the effect of carbonic acid, as existing in aerated waters, on pathogenic micro-organisms, and finds, so far, that they are unaffected by it, though saprophytic bacteria are, with few exceptions, destroyed.

*Lactic Acid produced by the Cholera Bacillus.*—

In a paper recently read by M. Ferran, at a meeting of the French Academy of Sciences, he stated that the comma bacillus might be added to the list of those which under favorable conditions produce lactic acid. He enumerated a number of these micro-organisms, among others, *Bacillus coli communis*, which determine the lactic fermentation of milk, and stated that if a little lactose be added to an alkaline bouillon culture of the comma bacillus the production of lactic acid is very evident, but as soon as the quantity of this substance increases the bacillus is killed. He pointed out the fact that this acid has been found of use in infantile diarrhoea, which, it is asserted, is caused by Escherich's bacillus, *B. coli commune*, and thought the administration of the acid in cholera would likely prove equally efficacious. The form of lemonade was recommended, and it was suggested that morphine be also employed so that by its osmotic power the absorption of toxins might be retarded.

### Reports of Societies.

#### COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

ANNUAL MEETING OF THE MEDICAL COUNCIL.

(Continued from September number.)

Dr. Bray—From the very full and lucid explanation Dr. Moore has given of this clause, I think we cannot do anything else but accept his amendment; and I would support it heartily. I think the wording of some parts of it has been one of the greatest drawbacks we have had to our curriculum; and I think the plainer we have it the better for the Council.

Dr. Harris—I fully agree with Dr. Bray, and I think the thanks of the Council are due to Dr. Moore for the pains he has taken.

Dr. Geikie—Having had a good deal of experience in these matters, I would substantiate what Dr. Moore has said,

Dr. Bergin—Before the motion of Dr. Moore is put I desire to offer a few observations to the Council. I listened with very great pleasure to Dr. Miller, when proposing a motion a little while since; and I should be gratified that every member of the Council entertained the same views as regards the permanency of our curriculum that he seems to entertain. From the day I entered the Council until to-day, I do not think that our curriculum, as a whole, has been the same any two years in succession. As a matter of fact, if we pass this resolution, as I see quite clearly it is likely to be passed, we shall be the laughing-stock of the community. We sent forth an Announcement last year, in which we planted before the world the superior acquirements of this Council, in which we took credit to ourselves for having adopted a standard of matriculation higher than even that in force in England, in which we claimed for ourselves a desire to advance the interests of the profession more than that of any other similar institution; and to-day we are found degrading the matriculation which we adopted last year, and striking from it that which almost every man in this Council who supported it, declared to be the important part of that curriculum; we all claimed if there was one thing more than another the medical students of this country should be well grounded in before they were registered, it was that they should have a thorough knowledge of science, and pass a science examination; and that examination was explained here to be that of the senior leaving examination in science. To-day we are told it is not intelligible, and yet the men who say it is not intelligible to-day are the men who supported it last year, and urged upon this Council it should be passed. To-day we are asked not to improve that matriculation examination, if it be unintelligible, as we are told, but we are asked to degrade it to the lowest possible degree; to eliminate from it that which last year we declared was all-important and all-necessary. It was in the power of these gentlemen who declare it is unintelligible, to have made it intelligible by saying it should be the honor departmental pass examination. But have they done so? No.

I do not feel inclined to impute motives to anybody, but I tell you now, I shall not cease from this moment forward to press upon this Council, and to press upon the Legislature the adoption of the measure of which my friend, the member for Ottawa, gave notice last night. I see clearly that if we are to have anything like permanency in our curriculum we must go to the Legislature and obtain power; we must get from them the power to do what the University of Toronto does, make its curriculum a curriculum of five years, that the profession of this country and the students may know when an announcement is made, that this college makes it in good faith, and intends to carry

it out in good faith, and not to make itself a laughing-stock to the country, and fraudulently to put before the young students of this country that which they do not intend to carry out, and which upon the face of it they intend to repudiate. We have had the young men since our session last June, all over the country preparing for this science examination.

Some of the gentlemen on this Board have come here to-day with the money to pay the fees for these students who propose going up for this examination. I feel that we ought not to be put in this light before the public of this country; and I say to you that there is great warrant for a great deal that has been said as regards the manner business has been conducted in this Council; will not the men who are complaining of the conduct of this Council, who are agitating for its reconstruction, be enabled by our conduct here to-day to go to the Parliament of Ontario, and to say to our college in that Parliament that we have not kept good faith with the students of this country; that we have not kept faith with the profession of the country; and, much as I dislike to have any change made in the Constitution of this Council, I feel that there is an under-current from some quarter which is always endeavoring to undo the good work that is done by the Council; I shall endeavor to prevent that under-current in the future, if God spares me; and no matter from what quarter I can get assistance to put an end to this thing I shall get it.

Dr. Rogers—I quite agree with everything that my friend, Dr. Bergin, has said in regard to this movement by Dr. Moore, the representative of Queen's University in this Council. I will go further than that, and say it is most unfortunate at the present moment when the agitation of the profession all over Ontario is such that, as territorial representatives, we can hardly fight it; I have had to fight it in my division. I had a petition signed by members of my division to the Legislature asking them to have confidence in the Council; but I ask you in the face of the member for Queen's University, coming here and asking to take away certain portions of our matriculation, can I go back to them and say, next session, "Gentlemen, sign a petition of that character?" I tell you I will not do so. But if this matter is continued; if we cannot have a permanency in regard to the matriculation; if the matriculation is to be changed and altered, and kept low; I for one will say if this Council will not elevate it, I shall go myself to the Legislature with those that are agitating for a change, and ask for a change.

Dr. Bray—You couldn't get it.

Dr. Rogers—It may be so; but have you a right to make an attempt to lower the standard of matriculation in view of what occurred in 1891? I think I am within the bounds of strict truth

when I say that one of the reasons why the doctors in the House on that occasion supported the amendment allowing the Council the power to erase the names of non-members of the College from the register for non-payment of dues, and I say it openly, was because you were asking for power to increase the matriculation standard, and said you were going to do so. I ask you, Mr. Chairman, as a man of education, can you say, if Dr. Moore's motion carries, that the standard has been raised from a second-class teacher's examination. I certainly say, from my knowledge of the departmental arts regulations, that such is not the case. But, if Dr. Moore had the desire to benefit the profession and make it better, would he not have asked you to change the wording to "an honor matriculation departmental examination"; and add the words "physics and chemistry," or "botany," or whatever you want added. But he wants to make it lower. I say, at this stage of the history of the medical education of Ontario, when the whole profession almost are up against us, we are making a great mistake, an especially great mistake for a school man as the representative of a university; in that respect I hope for the sake of this Council, and the school representatives in this Council, that this motion will not be carried.

Dr. Williams—I rise more particularly to repudiate some of the remarks that have been made by the last two speakers. One of those speakers has gone so far as to say that this Council has fraudulently treated the students or the public. For a member of this Council to say that, is something wholly unjustifiable.

Dr. Bergin—I repeat that to make such an amendment as this is, is to put a fraud upon the profession, the students, and the public, too.

Dr. Williams—I will say that for one I repudiate any such idea being put forth—that the Council have acted in any fraudulent manner whatever. The learned gentleman says that there have been amendments made every single year. I ask if there has been a member of this Council who has been more anxious to make amendments to that curriculum than that very gentleman himself? Not one.

I admit he makes them where he thinks it will improve the curriculum; but I ask whether the other members of the Council have not a right to improve the curriculum? I do not think we have a right to brand Dr. Moore with wishing to lower the curriculum; that is not the idea, he simply wishes to put it in a harmonious way with the department so that it can be satisfactory. That is his idea. I believe there are other members of this Council who are just as anxious as Dr. Bergin, or the learned gentleman from Ottawa, to have a good standard; and some just as anxious that science shall be part of that standard; but they are not willing to allow other gentlemen to move

in the matter because they can not have their own way in every particular. And to then turn around and brand this Council with not acting in good faith towards the students is wrong. I claim the Council have acted as fairly and honorably towards the students as any body of an equal number of men that can be found in this country. I admit, in all frankness, if you can get the curriculum once in a satisfactory shape and it then was made permanent for five years, as that of the University is, it would be a wise thing. But, before you can fix it in that way, you must make it harmonize with the teaching department; and that is what Dr. Moore is seeking to do—to make it in harmony with the teaching department; and then you can make it permanent. I am in favor of the science course; I believe Dr. Moore is in favor of the science course; I believe every member of the Council is in favor of the science course being added as one of the branches; but the question is, can we do it and have it satisfactory? It is a question of practice. I understood from one of the letters Dr. Moore read, it was possible for us to have physics and chemistry; if that be true, in place of Dr. Moore's motion to strike out that clause, I would prefer that physics and chemistry be inserted; and then we will get as large a part of what we want as we can; and the only feature left out will be the botany. According to our understanding, when that clause was adopted before, it was physics, chemistry and botany. And, as I take it, one of those letters said we could have physics and chemistry, and we, therefore, lose only botany, and that would come up in the latter part of the course, and the medical man wouldn't suffer so much. It strikes me Dr. Moore had better amend his motion by taking in physics and chemistry.

Dr. Geikie—I would like to say another word on this subject; last year I was strongly in favor of the retention of the clause just as it is in this, "the prescribed science course added," until I found, as Dr. Moore has described, as far as practice is concerned, that everything in botany is in the first year's examination. I am far from desiring to do away with the science course; it is simply, as Dr. Williams puts it, to harmonize matters, to make the examination intelligible; and, of course, to keep it up because everybody knows that the University Departmental Examination in Arts is a most excellent one. And as to letting the science course go, even if Dr. Moore's motion should be adopted,—I cannot speak of other institutions, but I know we include everything of it in the first year's examination,—botany, as well as the other departments.

Dr. Bergin—With regard to the intelligibility of this clause 1 of the Announcement, let me read to you what occurred when the Minister of Education was here last year (page 174), Dr. Geikie

asked the Minister, "Supposing students were to take the Departmental examination which you have alluded to, embracing science, could there not be some special arrangement made, by which, in the case of every medical matriculant, in addition to the science, Latin should be compulsory?" And the answer of the Minister was, "Yes, we have done so before, and we should do it in the future, if asked to do so by this Council. You may have Latin if you want it. You would make it compulsory upon your students, and we would examine your students for you." That is, give an examination in science, and the Latin added to the ordinary examination; "you may have Latin if you want it." Then I asked the Minister, "Am I to understand the Minister to say that Latin would be compulsory in the matriculation; I would like to ask the question whether the Department would not at the instance of the Medical Council, if they requested it, make science a necessity?" The Minister said, "I think the feeling of the University has not ripened to that point yet, although the tendency is in that way. I do not think they would do it until after they change their curriculum for 1895." I said then, "the University would probably take it for their matriculation for the College of Physicians and Surgeons." And the Minister said, "The College of Physicians and Surgeons could do this; they could take the matriculation in Arts, with science for medical matriculation just the same as they have been taking the departmental examination with Latin for medical matriculation. You can have either way. We conduct the examination, and we will do anything of that kind."

Dr. Geikie—And we believed that, and found there was a difficulty such as Dr. Moore has described.

Dr. Campbell.—So much has been said already on this subject that I will not long occupy the attention of the committee; but it seems to me that it should be taken for granted it is the desire of every member of the Council to keep the standard up as high as we can; and it is necessary in keeping that standard up to have in mind the question of practicability to work it; it seems from the letters that have been read that there is a difficulty in making it work just exactly.

Dr. Bergin—The letter that was read here says they find it difficult to group the optional subjects; and that is not what is before the Council at all.

Dr. Campbell—If there is or if there is not a difficulty I think the matter could be got over by following the suggestions in the letter of the Deputy Minister; and then the science course will be practically fixed all right, if Dr. Moore would add to his amendment the words "Physics and Chemistry," if not included."

Moved by Dr. Moore that section one, clause

one, page twelve of the regulations be amended by striking out the following words in the fifth and sixth lines, "with the prescribed science course added and compulsory"; and the following substituted, "every one desirous of being registered as a matriculate medical student in the register of this College, except as hereinafter provided, must, on and after the 1st November, 1892, present to the Registrar of the college the official certificate of having passed the departmental matriculation examination in arts, and, in addition, if not included, physics and chemistry."

Dr. Henry—What about botany?

Dr. Bergin—That is had in another place.

Dr. Rogers—Is that "pass" or "honor" examination?

Dr. Britton—It says "departmental matriculation examination in Arts," and that always means "pass"; it is not an honor examination unless so mentioned.

Dr. Rogers—I move in amendment that the following be the words, instead of those moved by Dr. Moore "present to the Registrar of the college the official certificate of having passed the honor university departmental matriculation examination.

Dr. Williams—I would like to know what becomes of the arguments of those gentlemen who are wanting stability. Here are the very men that a few minutes ago thought the curriculum as to matriculation should not be changed. And when we merely wanted to change it to bring it into practicability and harmony with the teaching department, they now come up and ask to make radical changes. What about the want of faith with the students? I think you should vote that down without any ceremony whatever. While we have been endeavoring just to harmonize this with the teaching department they now, without notice to the students at all and without trying to keep faith with them, and just after having branded this Council for not keeping faith, these very same men come before the Council and ask them to break faith in the very way they had been charging us with doing.

Dr. Bergin—I must repudiate the language of the last speaker. He attempts to put in our mouths words that, so far as I am concerned at any rate, I did not utter; he attempts to make me responsible for an action which I have not undertaken. He says to this Council that he will support the amendment of Dr. Moore, which strikes out the science clause.

Dr. Moore—It does not not strike it out altogether.

Dr. Bergin—You have struck it out altogether.

Dr. Moore—We have not struck it out altogether. It was an optional subject.

Dr. Bergin—There was not a word about "optional subjects." Dr. Rogers shows the only

way in which science can be added and harmonized with the regulations of the department; and this gentleman gets up, and with that specious sophistry, of which he is a master, says these gentlemen want to make radical changes. I am surprised he should think he could impose upon a body of learned men, such as we have here, such a specious argument as that, and hold anybody guilty of degrading the examinations; when he says we are asking to make radical changes, we propose the only change which would really harmonize this examination with the examination of the department. I will go further back than this and say, there must have been some concocting of something with somebody, to have an officer of the department, in the teeth of the pledge of the Minister given last year, to say this is unintelligible and can not be carried out.

Dr. Moore—I think that those remarks are entirely uncalled for; and I throw it back to Dr. Bergin, my old friend, that there was no undue influence, and that there was no concocting nor underhand work. I think it comes very badly from Dr. Bergin, to impute any such motive to me. So far as Dr. Rogers' remarks are concerned I think every old member of this Council will bear me out in saying that I, from almost my first taking my seat in this Council, have been endeavoring to raise the standard of matriculation examinations; and it comes with bad grace, I think, from him who has only been for two or three years in this Council, to stand up before you, and every one of you who know the facts to be different and say, I am endeavoring to drag down the standard. I am only endeavoring, and have only desired to endeavor to make it intelligible. I said last night in committee that I had no desire to bring down the standard of matriculation. What I wanted and desired (and I walked up to the Deputy Minister's this morning) was to get it put into shape that we could understand it. I have laid the facts before you; and I think that those motives should not be imputed to me; and I think it comes with very bad grace from any member of the Council to impute any such motives to any other member of the Council. I think that you will bear me out, that I have, since I have been in this Council endeavored to advance the interests of medical education; and I do not consider it any disgrace, but I consider it an honor, and a high honor, to represent a great educational institution like Queen's University; and I hope that such unseemly remarks may not again be expressed.

Dr. Rogers—In reply to the pleasant remarks of my friend, Dr. Moore, I wish to say, I have no wish to impute to him unworthy motives; I simply had no alternative but to take the course he had pursued as indicative of what seemed to me an attempt to lower the standard of medical education. I will leave it to you as educational-

ists, or to any person here, that science being an optional subject in the departmental Art matriculation, when he left it out was it not an attempt to lower the standard? If it was optional, students could take the option. As we had it the students had to take it.

For Dr. Moore to say he had no intention,—I wish to draw attention to another point; last night we, in all faith, wanted to see the Deputy Minister ourselves to talk it fairly over, and to come to a conclusion; and we decided to leave it till to-day; but instead of that he sprung it on to the meeting now; and we have been now, for an hour and a half, discussing a matter that has never been before the Committee on Education.

It is charged to me by Dr. Williams, that I wish to make changes in the curriculum; that I am not consistent. I have a motion here which I propose to move, that the words "honor university departmental matriculation," be substituted for "pass departmental matriculation, etc., added and compulsory." We all know that the honor university departmental matriculation will include science; and as it has been the wish of Dr. Williams, and so stated by him, and it has been the wish and the expressed desire of many other members of this Council to have science in the matriculation, this gives them a chance of getting science into the matriculation examination; it is true that in accordance with the views expressed by my own constituents, and I am acting and speaking for them, that I advocate raising the standard if possible; and not to lower it; and if it is possible for me to change it to an honor matriculation, I am only acting for my constituents in advocating it; and I say again, in doing that I am only keeping faith with those members of the Legislature who in giving us the power to erase a physician's name from the register for non-payment of dues, did so on the understanding that the matriculation examination should be raised very materially; and I maintain, and I have maintained, the matriculation examination of our Announcement is not much of a raise from the old second class matriculation; and in making my motion I say this will be a material advance.

Dr. Campbell—Do I understand now that Dr. Moore's amendment by the words he adds will simply leave the matriculation examination as we desired to have it last year? It would be no material change of matriculation examination from what we fixed last year; that is it will be the pass university examination, with the science course added practically.

Dr. Britton—Yes, I should think so; I should think it does not materially affect clause one on page 12, except to put it in a more tangible form.

Dr. Campbell—Botany is covered in another place I believe. It seems to me if Dr. Moore's amendment is put in the shape it is in now, we are

simply making the old clause workable, and not making the standard any lower while Dr. Rogers' amendment would be raising it, and, therefore, making an alteration in our curriculum.

Dr. Fowler—Before that amendment is put I would like to know whether the honor examination is the same in all colleges. I know that Dr. Grant told me at Kingston, that our matriculation, which was established last year, was equal to what he called the senior matriculation, or the examination at the end of the first year in Arts. If that is what you mean, I am quite in favor of it.

Dr. Rogers—That is just what I mean, the honor matriculation of the department; and it is not any higher than I think, from Dr. Grant's letter to me, really is the matriculation examination of Queen's University; and he stated in a letter he recommended this very examination.

Dr. Moore—Dr. Grant recommended to me to secure the departmental matriculation examination, and I so stated last year; I am on record, and I have his letters to that effect.

Dr. Logan—Since there appears to be some doubt in reference to this question not yet settled by the highest authority, would it not be better to lay this part of the report over and consult the Minister of Education himself?

Dr. Luton—Under this proposed amendment can a student go to our ordinary collegiate institutes and receive there the necessary education to enable him to matriculate. I understand that there may be some collegiate institutes that teach botany, and others that do not. I think, therefore, it is only fair and right that the student should be able to acquire the matriculation education at the collegiate institutes, and not be obliged to go some where else for it.

Dr. Henry—I move that the Committee rise. On being put by the chairman the motion was lost.

Dr. Miller—I had not the honor of a seat here when the curriculum was adopted and I would ask from the chairman of the Education Committee at that time whether the amendment proposed by Dr. Moore, adding chemistry and physics is about the examination which was adopted by this committee last year.

Dr. Bray—Yes.

Dr. Bergin—I do not so understand it.

Dr. Rogers—It included botany.

Dr. Miller—Botany is taught in all the schools in the first year.

Dr. Rosebrugh—I think it is only due to us that Dr. Logan's motion should prevail, and that we should have the Minister of Education here.

Dr. Phillip—I do not see what object there would be in asking the Minister to come here to give an opinion; we have already got an official opinion from the department, and in ninety-nine cases out of one hundred the Deputy Minister gives

the opinions on these matters; and the Deputy Minister having given an official opinion from the department that is a departmental opinion, the same as if the minister had given it; and it would be only occupying the time of the Council to ask the Minister to come.

Dr. Bergin—I do not think we ought to ask the Minister to come down here. I think we have his opinion now. We have read the official report of his statement made to the Council last year. I believe at this moment that the Minister is engaged in a very important work from which he does not desire to be moved under any circumstances, or to have his mind disturbed by other matters; and I think we ought to be quite competent to settle this matter without him, having the knowledge of what he desires to do. Dr. Moore says and Dr. Bray seems to agree with him that the science course added which we asked for last year was merely physics, chemistry and botany. I am quite satisfied that this would not by any means fill the curriculum that we proposed; on the contrary—it may be that I am mistaken, as I will not say that I am correct, my impression was, that the science course was that prescribed for the senior leaving examination, with the departmental matriculation in arts. I regret more than I can express the fact that the Council, or that any portion of the Council, has seen fit to change that paragraph of the Announcement which was passed last year; but I don't desire that the Council should stay here all day in discussion over this matter, but whatever the Council may resolve to do, my resolution is in the future to obtain if I can what I cannot get today; and I shall leave no stone unturned to do that.

On Dr. Moore's motion being put it was declared carried.

On motion of Dr. Harris, the Committee arose. Dr. Fowler in the chair.

Dr. Harris moved the adoption of the report of the Committee of the Whole, as amended, seconded by Dr. Bray.

Dr. Day gave notice that at the next meeting of the Council he would move that the Rules of Order be suspended, and that the Council consider the case of Dr. Nelson Washington.

Dr. Bray moved, seconded by Dr. Rutan, that the Council adjourn to meet again at 2 o'clock p.m., Friday, June 17th, 1892.

#### AFTERNOON SESSION.

Friday, June 17th, 1892, 2 o'clock p.m.

The Medical Council met, the President in the chair.

Mr. B. B. Osler, Q.C., sitting as legal assessor with the Council.

The Registrar called the roll. All present excepting Sir James Grant.

The minutes of the last meeting were read and confirmed.

Dr. Day moved, seconded by Dr. Harris, that the Rules of Order be suspended, and that this Council now take up the case of Dr. Nelson Washington. Carried.

Dr. Washington and his counsel, Mr. N. G. Bigelow, Q.C., M.P.P., on the request of the Registrar, instructed by the President, were here admitted to the room.

Dr. Day moved, seconded by Dr. Johnston, that Dr. Nelson Washington be now called on to show cause why the Council should not proceed to deal with his case. Carried.

The Registrar read the notice to show cause, addressed to Dr. Nelson Washington, and his solicitor, Mr. N. G. Bigelow, Q.C.

Mr. Bigelow—I appear for Dr. Washington. I do not know, Mr. President, in what way Dr. Washington can show cause to the adoption of the report of your Committee, unless he were to challenge the soundness of the report as based upon the evidence. I do not understand that you desire a discussion to arise here, upon the sufficiency of the evidence to support the charges.

I could also object, and I may say here, I do object, to this Council acting upon the report, for the reason that the Medical Act does not authorize the making of the code of ethics binding upon all the members of the profession; that the code of ethics is outside of the provisions of the Medical Act. I think the offence charged is not of a character which is contemplated in the statute, for which you may erase the name of a member from the roll. I take this objection because it goes to the root of the whole matter; I take it, because it is my duty to take it; I take it most respectfully, Mr. President, purely and simply because I conceive it to be the law. I do not know that it would serve any good purpose to raise a further discussion before this body to-day. I do not think that the requirements of the profession in this Province demand that the name of Dr. Washington should be erased. Possibly if he were gagged, the demands of the profession would be fully satisfied. The statute under which these proceedings are supposed to be authorized, permits the Council to erase the name of a member for grossly professional misconduct; I take that to be professional misconduct in his treatment of his patients, or in his relations to his patients; and not the fact that he has put an advertisement in the paper; nor as to the truth or falsity of what he may have stated in the paper. The object of the Council in taking this proceeding, I believe to be, as they conceive, to ensure gentlemanlike demeanor of professional men, amongst each other more especially. I understand at the

last meeting (at that time I was not counsel for Dr. Washington), a letter was put in by his then solicitor, Mr. Fullerton, submitting the form of an advertisement, and that has not been complied with; and that is the cause of the present action of the Council. If it were deemed advisable, Mr. President, I would like to have a committee of the Council named, with whom I could confer for a short time, as to whether or not it would be advisable to proceed further, or whether an arrangement could not be made by which an end should be put to this business, as far as this gentleman is concerned. I apprehend the Association is not desirous of ruining him. The life-long study and large expense gone to, necessary in preparing a man for his professional career, are very great considerations; and if it is possible to enforce the discipline of the profession without expelling him, I am quite sure it would meet with your wishes, and, perhaps, the wishes of the Council. If that could be so, I would be very glad to meet with a number of gentlemen of your Council, and see what could be done.

The President here asked Dr. Washington if he had anything to say why the Council should not proceed to deal with the case.

Mr. Bigelow—Dr. Washington is represented by me.

Mr. Osler—Are we to understand that Dr. Washington does not desire to speak.

Mr. Bigelow states that he does not.

Mr. Bigelow—As no action is taken upon my suggestion, I suppose I may understand none is intended to be taken in the view which I take.

Dr. Day—With regard to a consultation, it is a matter with the Council. I have no objection to consult, or for a committee to be appointed by the Council to consult with Mr. Bigelow and his client; but I would simply call the attention of the Council to the result of our former deliberations with Mr. Fullerton. This letter of Mr. Fullerton's shows clearly what was done; it is addressed to myself (reads letter). I may say that Mr. Fullerton and myself talked the matter over fully, and in a very friendly spirit. The action the Council took in consideration of the letter received from Dr. Nelson Washington is set out at page 136 of the Announcement 1890-91. After having had these frequent consultations, and after the letter having been written, it is for the Council to consider whether consultations with a committee would be serviceable or not. I do not wish to express an opinion in the matter. I do not wish to lay any stones in the way of arrangement of the matter in any way, but after having had these negotiations, and this letter, with the result of it, it is for the Council to say whether they wish to have further private deliberations through a committee or not.

Dr. Campbell—Perhaps, Mr. President, in view

of the facts that it appears that the arrangement come to with Dr. Washington two years ago, was not successful, and that his promise was not fulfilled, the counsel for Dr. Washington will be prepared to tell us what guarantee the Council would have if we made a similar arrangement now, that it would be faithfully carried out. I ask this as a matter of information merely.

Mr. Bigelow—I do not know that this body is authorized to receive any bond, or anything of that kind; I suppose such a bond would be absolutely void, as we can give no security further than the honor of the man; I apprehend that is the position we are placed in of necessity. I am assured by Dr. Washington that he kept rigidly within the form of advertisement, until he found the Association allowed other specialists, without demur, or bringing them up, to go on advertising. I don't know that two wrongs can make a right. I am not here to reason away the letter in any sense; the letter is here and speaks for itself. Nor do I say that the excuse he gives is a satisfactory one. I do not pretend to say that; I only say it is a weakness of human nature, he being engaged in the peculiar department of the profession, and the peculiar mode of practice, that of travelling about.

There is only one further assurance that could be given; and that I apprehend would be so binding upon him that he could not evade it. That would be an undertaking on his part not to show cause in the future against his being struck off, if he violates his pledge; because it is not unknown to the gentlemen here, that, while I am not throwing it out in any other sense than an argumentative sense, this would not be the end of the proceedings; there is an ultimate resort, an ultimate appeal which can be taken; but if he gives his undertaking not to resort to that, and, if he violates again, to leave himself entirely in the hands of the Council; I apprehend his undertaking to waive all rights of appeal would be binding upon him, and would be the strongest possible obligation that could be given by a professional man.

At the request of the Council, Dr. Washington and Mr. Bigelow retires, to enable the Council to consult as to the step that they shall take in this matter.

After consultation with Mr. Osler, Dr. Bergin moved, seconded by Dr. Orr, resolved, that no further conference be had with Dr. Washington, or with his representative, on the subject now before the Council. Carried unanimously.

Dr. Williams—I would suggest, if it is not considered objectionable by our solicitor, that the yeas and nays be taken on this question so as to make a correct record.

The Registrar then took the yeas and nays as follows:

Yeas—Doctors Bergin, Bray, Briton, Campbell, Day, Fenwick, Fowler, Fulton, Henderson, Henry, Logan, Luton, Miller, Orr, Philip, Rogers, Rosebrugh, Ruttan, Vernon, Williams—Doctors Geikie, Sir James Grant, Harris, Johnson, Moore and Thorburn, not being present in the room at the time the vote was taken.

Dr. Williams—It has been suggested you should ask for the yeas.

The President—All present voted yea.

On instructions from the President, the Registrar called Dr. Washington and Mr. Bigelow, who re-entered the room.

The President—Dr. Washington, I have been instructed by the Council to read to you the following resolution, which was carried unanimously by the meeting: Moved by Dr. Bergin, seconded by Dr. Orr, and resolved, that no further conference be had with Dr. Washington or with his representative on the subject now before the Council.

Dr. Day—That is, the subject of having further conference. Of course, Dr. Washington still has the right to remain here and show cause why he should not be stricken off our roll.

Mr. Osler—After what was done on the report of the Discipline Committee which has come to the knowledge of the Council, they feel they cannot take any further undertaking from Dr. Washington.

Mr. Bigelow—Then I understand the action to mean that we must try ultimate conclusions of the law. I suppose that is what it means.

Mr. Osler—As we may advise.

By Mr. Bigelow—I certainly will not try conclusions with this Council on that subject after that resolution. There is no proposed action of the Council yet, I understand, so that I have nothing to show cause to.

Mr. Osler—They have not yet acted. They are in a show cause condition.

Mr. Bigelow—No. There is no resolution of the Council against which I can move.

Dr. Day moved, seconded by Dr. Moore, that:

Whereas the Committee on Discipline reported to the Council in the case of Nelson Washington, M.D., as appears in the printed report of the proceedings of the Council for the year 1890, at pages 136 and 137, and as appears by the report in the case on file in possession of the Registrar;

And whereas the said Nelson Washington has been called upon to show cause why the Council should not act upon the report of the said committee, as appears by the notice served upon him;

And whereas the said Nelson Washington, M.D., has appeared upon the said notice in person, and by counsel, N. G. Biglow, Q.C., M.P.P., and the Council has been addressed by the said counsel for Nelson Washington, M.D., showing cause to the said notice;

And whereas the offences charged and reported as proved by the said committee are not within the premises contained in sub-section 2 of section 34 of the Ontario Medical Act as amended;

And whereas as to the said facts stated in the report of the said Committee on Discipline, the Council now resolve to act, and hereby adopt the said facts and report as to the finding of the facts in the case of the said Nelson Washington, M.D.; be it therefore

*Resolved*—That upon the applications herein, and upon the enquiry herein before the said Discipline Committee, and upon the report of the said committee, and upon the facts herein found and adopted by the Council,

That the name of Nelson Washington now appearing in the register of the College of Physicians and Surgeons of Ontario, is hereby erased from the said register.

That the Registrar is hereby instructed to amend and alter the said register according.

Carried unanimously.

FIFE FOWLER, *Pres.*

Mr. Bigelow—I have only one or two observations to make in respect of the proceedings now taken. I object that the offences, if any, disclosed in the proceedings in the matter of Nelson Washington, Doctor of Medicine, are *ultra vires* of the Medical Council; that the offences charged are not within the Medical Act; that the rules and code of ethics are also *ultra vires* and void; and that for the alleged offence this Council has no power to erase the name of Nelson Washington from the register.

Mr. Osler—The Council have not discussed, or voted on, the motion.

The President here put the motion, and declared it carried unanimously.

Mr. Bigelow—Under the section which provides for supplying to the accused a copy of all the proceedings from the beginning down to the finding certified to by the Registrar, I now make application for those papers. Mr. President, will you kindly supply those forthwith.

Dr. Rogers moved that the order of the day be resumed, seconded by Dr. Moore. Carried.

#### MOTIONS.

Dr. Miller moved, seconded by Dr. Moore, and resolved, that the Finance Committee be requested to furnish a return, showing:

First—The cost up to June 14th, 1892, of the site and building known as the Medical Registration Office, etc.

Second—The amount paid up to June 14th, 1892, on account of said site and building.

Third—The amount of the indebtedness standing against the said site and building on June 14th,

1892, specifying the amount due on account of principal, and the amount due on account of interest.

Fourth—The amount of revenue which has been received from rent from year to year.

Fifth—The estimated amount of revenue provided all the offices in the building were rented. Carried.

Dr. Rosebrugh presented the report of the Committee on Registration as follows:

The Registration Committee beg to submit the following report:

That in reference to Dr. Elliot asking to be registered with the general profession,

Your committee recommend that Dr. Elliot be informed that he must comply with the Act, viz., by appearing before the examiners.

In reference to the petition of Jacob Zelinski, again asking to be registered,

Your committee, after hearing his solicitor in his behalf, find that he has not furnished any proof of having complied with the Medical Act, and, therefore, recommend that his application be refused.

In reference to the advisability of the Council establishing a code of ethics, with the view of requiring all students to subscribe to the same on being registered,

Your committee, after having obtained the advice of the solicitor thereon, are of the opinion that it is not advisable for the Council to establish a code of ethics at the present time.

All of which is respectfully submitted.

J. M. ROSEBRUGH, *Chairman.*

Dr. Rosebrugh moved, seconded by Dr. Rogers, that the report be received. Carried.

Dr. Rosebrugh moved, seconded by Dr. Orr, that the report be adopted. Carried.

On motion of Dr. Rosebrugh, seconded by Dr. Philip, the Council adjourned to meet at eight o'clock, p.m., Friday the 17th of June, 1892.

Evening Session, Friday, June 17th, 1892.

The Council met at eight o'clock. The President, Dr. Fowler, in the chair, called the Council to order.

The Roll was called by the Registrar; all present, excepting Sir James Grant.

Minutes of the previous meeting were read and On Motion confirmed.

#### NOTICES OF MOTION.

No. 1. Dr. Ruttan—*Re* the Property Committee.

No. 2. Dr. Bergin—That the Legislature be asked to amend the first paragraph of Section 6 of the Medical Act by adding the following words thereto, "That such members shall be elected by graduates of the said Colleges and Bodies duly

registered under the Act, and shall be elected by ballot in the same manner as is provided for the election of members resident in the Territorial Division."

#### MOTIONS.

Dr. Rogers moved, seconded by Dr. Bergin, that in the opinion of the Council of the College of Physicians and Surgeons of Ontario, the Act known as "The Ontario Medical Act" should be amended by the Legislative Assembly of this Province as follows:

1. That sub-section "firstly" of section 6 of the said Act and clause "firstly" of the "Act to amend the Ontario Medical Act of 1887," be repealed, and the following substituted therefor:

Firstly.—One member to be elected in the manner hereinafter described by and from amongst the medical graduates of each of the universities and colleges hereinafter designated, to wit: The University of Toronto, Queen's University and College of Kingston, the University of Victoria College, the University of Trinity College, the Ottawa University, the Western University, Regiopolis College, and of every other university in the Province now by law authorized or which may be hereafter authorized to grant the degree of doctor of medicine, and which establishes and maintains to the satisfaction of the College of Physicians and Surgeons a Medical Faculty in connection therewith.

2. That sub-section 2 of "firstly" be amended by inserting after the word "lecturer" in the first line thereof the words "examiner or paid officer."

3. That a clause be added and be designated as sub section 4 of "firstly" as follows:

(4) The members to be elected as aforesaid shall be residents of this Province, and any person who is a medical graduate of more than one of the universities or colleges designated shall only have the right to vote as a graduate of one, and the manner of holding such election shall, with respect to the time thereof and the taking the votes therefor, be determined by a by-law to be passed by the Council, and in default of such by-law being made, then the Lieutenant-Governor shall prescribe the time and manner of holding such election.

4. That section 7 be repealed and the following substituted therefor:

Section VII.—The members of the Council shall be elected for a period of five years, but any member may resign his appointment at any time by letter addressed to the President or Registrar of the Council; and upon the death or resignation of any member of the Council, whether Territorial or Collegiate, the Registrar shall forthwith cause a new election to be held in such manner as may be provided for by by-law of the Council; and such election shall be conducted in accordance with the by-laws and regulations of the Council, but it

shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned.

5. That Section XI of the said Act be amended by substituting for the words, "together with the members to be appointed by the general colleges and bodies as mentioned in Section VI. of this Act," the following: "Together with the members to be elected by the medical graduates of the several universities and colleges mentioned in Section VI. of this Act."

That Section XXIX be amended by substituting "seven" for "five" in the eighth line thereof.

Motion referred to Committee on Legislation.

#### REPORTS OF STANDING AND SUB-COMMITTEES.

Dr. Day presented report on behalf of Committee on Rules and Regulations.

GENTLEMEN,—Your Committee on Rules and Regulations beg leave to report that they met and organized on the 15th inst., electing Dr. Henry W. Day, Chairman, and Dr. Luton, Secretary.

A communication from the Ontario Medical Association was referred to us, embracing a resolution passed by that body requiring that fuller reports of the Council proceedings be furnished to the profession. With this request we are fully in accord, and are glad that the Council, by its action in employing a stenographer, has already anticipated that request.

The second part of the communication contains a unanimous endorsement of the legislation obtained by this Council, and the action taken thereon, and we would suggest that a suitable reply be sent by the Registrar.

We have, also, had placed before us, a letter of thanks from the Ontario Medical Association for the use of a portion of this building for their annual meeting in 1891.

We have had referred to us for consideration, a tariff of fees adopted by the Simcoe District Medical Association, and beg to say that the territorial limits of this Association are but a portion of the Saugeen and Brock Electoral Division, a tariff of fees for which has also been placed before us.

Inasmuch as there is no wide difference between the two tariffs, and as the latter covers the territory embraced in the former, and as Dr. Henry, the Territorial Representative for Saugeen and Brock, assures us that the confirming of the latter by this Council will be perfectly satisfactory to the members of the Simcoe District Medical Association, and to promote uniformity in the tariff over a large and important Electoral Division, we would recommend that the tariff of fees as approved and presented of the Saugeen and Brock Division be certified and confirmed by this Council and thus made legal.

At a meeting of your committee held on the 17th inst., we had for consideration a tariff of fees

of the City of Hamilton, a part of the Burlington and Home Division. We find the same reasonable, and recommend that it be passed and legalized by the Council.

All of which is respectfully submitted.

HENRY W. DAY, *Chairman.*

Dr. Bray moved, seconded by Dr. Day, that the report be received.

Dr. Day moved, seconded by Dr. Bray, that the report be referred to the Committee of the Whole, and that the Council now go into Committee of the Whole on this report. Carried.

The Council then resolved itself into Committee of the whole, Dr. Day in the chair, and the petition was read clause by clause and passed, and on motion the Committee arose.

Dr. Day moved, seconded by Dr. Bray, that the report of the Committee of the Whole on the report of the Committee on Rules and Regulations be received and adopted. Carried.

Dr. Johnston presented the report of the Printing Committee.

GENTLEMEN,—Your Committee on Printing beg leave to report that they met and organized, and find that the printing of the annual Announcement, etc., will require to be placed under the supervision of the Chairman and Registrar, tenders to be asked for as usual.

All of which is respectfully submitted.

ARTHUR JUKES JOHNSON, *Chairman.*

Dr. Bray moved, seconded by Dr. Johnston, that the report be received and adopted. Carried.

Dr. Philip presented the report of the Finance Committee as follows:

GENTLEMEN,—Your Committee on Finance beg leave to submit the following report, viz.:

We have carefully examined the books of the Treasurer, compared them with the vouchers, and find them to be correct.

The books of the Registrar have also been examined and compared with the Treasurer's and also found correct.

Our revenue this year, especially from the increase in the payment of the annual assessment, has been greater than usual, thereby enabling the Council to pay off certain floating liabilities which have been hampering the financial resources of the Council for years past.

Owing to certain changes proposed to be made in the method of conducting the examinations, we hope this year to be able to make a very considerable reduction in that department in future.

The balance to the credit of the Council in the Imperial Bank of Canada at present is \$371.47.

The following accounts certified, we recommend to be paid, viz.:

The Boiler Inspection & Insurance Co., one year's insurance .....	\$20 00
For insurance on elevator in Citizens' Insurance Co. ....	50 00
McDougall & Robertson, St. Thomas, for legal services .....	17 00
Expenses W. Webb for travelling, etc., in the case of appeal of Howard made by J. W. White for violation of the Medical Act....	29 15
For advertisement ( <i>Canada Lancet</i> ).....	5 00
Expenses in conducting prosecution.....	10 00
Expenses in repairing building.....	11 91
Dr. Fife Fowler as Deputy Registrar at the examinations held in Kingston in 1892. ....	40 00
Total.....	\$183 06

That the applications of J. W. White, M. A. Shaw, E. T. Barber, for rebate of fees cannot be recommended.

That the applications of W. G. Bryson, W. J. Hunter, M. J. Brown, Samuel H. Fee, and H. L. Cook for exemption from assessment cannot be entertained.

With reference to the motion of Dr. Miller, in which he asks for a return of the expenditure of the year up to June, 1892, and the estimated expenditure up to June, 1893, the information so far as your committee can furnish it can be obtained from the returns laid on the table by our Treasurer.

Your committee have carefully considered the report of your prosecutor, W. Webb, and particularly the last section, in which he intimates that if you wish his services it must be with material increase of salary.

We believe that if prosecutions are vigorously carried on, the number must decrease from year to year, and the income to the prosecutor from that source would gradually lessen. We are therefore of the opinion that it will be advisable to employ some person in the capacity of prosecutor who is not wholly dependent upon it for a living, but who can give his services to the work when required, and as may be directed by members of the Council.

We have therefore to recommend that you employ some person in that position.

Your committee have had before them the proposition of the *Ontario Medical Journal Publishing Co.*, in which they propose to have prepared and published stenographic reports of all Council proceedings, do the advertising required by the Council, and other matter, and furnish free to each of the College of Physicians and Surgeons of Ontario a copy of a journal which shall be fully equal in every respect to the medical journals now published in Toronto, for which services they ask the sum of \$1,500 per annum.

Your committee are satisfied this would fill a great want that has long been felt by the Council in bringing them in touch with the profession, by giving and making accessible all information on matters coming within the purview of the Council.

We find that this proposition would save to the Council for stenographic reports and other matters that would come under their offer, about \$150.

While your committee is satisfied that the arrangement would be advantageous to the Council and the profession, we fear the cost might be beyond what we might safely expend in that direction.

We beg to submit the following abstract of our assets and liabilities, viz.:

ASSETS.	
Building and site.....	\$100,000 00
Assessment dues.....	4,500 00
Cash in Bank.....	371 47
	<hr/>
	\$104,871 47
LIABILITIES.	
Mortgage on Building.....	\$60,000 00
Accounts passed.....	183 06
Note in Bank under discount.....	1,000 00
Estimated expenses of session for 1892.....	2,200 00
Balance.....	41,488 41
	<hr/>
	\$104,871 47

We have reason to think that upon the completion of the new city and county buildings the remaining offices and rooms unoccupied will be readily rented, and the income from this source may in future enable the Council to dispense with the annual assessment.

We advise that the detailed statement printed by order of the Council, showing a tabulated statement from 1866 to the present time, of the receipts and expenses of the Council, be sent to every registered practitioner in the Province for their information.

Your committee believe that if the same care and prudence which has characterized the financial transactions of the Council hitherto, is shown in the future, that the financial outlook will be one of great promise.

We append to this report that of the Treasurer, also giving in detail the expenditure of the Council during the year.

All of which is respectfully submitted.

D. LESLIE PHILIP,  
*Chairman Committee on Finance.*

GENTLEMEN,—Your Treasurer herein submits a statement of the receipts and disbursements for the fiscal year just closed:

1891.	RECEIPTS.	
June 10.—To balance as audited.....		\$732 13
Registration fees.....		3,347 00
Assessment dues.....		5,124 22
Fees for professional examination (April).....		9,525 00
Fines from illegal practitioners..		1,251 41
Building, rents from offices.....		4,097 34
Council meeting, refund.....		1 20
Temporary loans from bank.....		32,786 00
Total.....		<hr/>
		\$56,864 29

## DISBURSEMENTS.

Election expenses.....	\$ 49 00
Council meeting expenses.....	2,243 50
Discipline committee.....	367 99
Legislation committee.....	317 30
Curriculum committee.....	287 45
Registrar's salary.....	1,800 00
Treasurer's salary.....	400 00
Prosecutor's salary.....	600 00
Professional examination expenses.....	2,289 54
Fees refunded candidates.....	110 00
Permanent apparatus for examinations.....	5 00
Fines to prosecutor.....	1,228 60
Registrar's office supplies and expenses.....	683 03
Treasurer's office supplies and expenses.....	29 55
Printing.....	610 00
Legal services prosecuting illegal practitioners.....	180 47
"    collecting annual dues.....	319 34
"    general account.....	155 62
<i>New Building Maintenance:</i>	
Caretaker Wasson.....	\$520 00
Elevator man.....	260 00
Commission on rents.....	207 80
Fuel.....	636 75
Water.....	416 80
Gas.....	171 57
Insurance.....	72 50
Taxes.....	1,738 03
Repairs, supplies, etc.....	414 62
Legal services.....	71 96
	\$4,510 03
Interest.....	3,534 85
Temporary loans.....	36,771 55
Balance.....	371 46
	Total..... \$56,864 29

I may say that at present we are indebted to the bank in sum of \$1,000.

Respectfully submitted,

W. T. AIKINS, *Treasurer.*

Dr. Philip moved, seconded by Dr. Bray, that the Council go into Committee of the Whole on this report. Carried.

Dr. Philip moved, seconded by Dr. Bray, that the report of the Finance Committee be received.

Dr. Fenwick in the chair. Report read clause by clause.

Dr. Thorburn during the reading of the report asked information as to the \$50 for insurance on the elevator for the year. The Registrar stated that the insurance was not against injury to the elevator, but in the event of anybody being injured by it.

Dr. Moore, *re* the proposition of the Ontario Medical Journal Publishing Company, said, before that clause is put I beg leave to move that the words "\$1500" be struck out, and the words \$600 be inserted; and I recommend that this offer be accepted at that sum. I believe it is in the interests of the profession that we should have a journal reaching every member of the profession. I believe that it is the only way, the only true way, the only real way that we can reach our constituents. I believe if we had a journal of this

nature it would be in the interests of the Council, and in the interests of the profession; and we would be able thereby to put our views fully and clearly before our constituents. If we had a journal of this kind, we could meet, and meet very satisfactorily, the charges made by some of the medical profession of this country against this Council. It is true now that we have no means whatever by which we can reach every member of the profession. We cannot reach them by the daily press. We cannot reach them by the medical journals now in existence, because the medical journals do not reach every medical man, because every medical man does not take those journals. But if this Council expends the sum of \$600, and sends the medical journal free to every medical practitioner in this country, I certainly think they cannot complain of the little fee of \$2, when they are getting a journal which, according to this prospectus, agrees and guarantees to be equal to any three dollar journal in the province. They will have a journal free for \$2; they will be able to understand twelve times a year just what is going on in the medical profession; they will have access, according to the prospectus, to this journal at all times and under all circumstances, and it will be, as I understand it, the organ of the profession. I think it is probably the best \$600 we could expend. Besides that, if I remember to have read correctly, they agree to do our printing; I think our printing costs us nearly the sum of \$600 already, and if they do the printing, we are actually getting the journal for the profession almost for nothing. If the company accepts this proposition, I think it is a most generous offer upon their part. I don't know that they will accept it, but I will fix the sum at \$600, because of the straightened circumstance of this Council; therefore I have much pleasure in moving that the words "\$1500" be stricken out, and the words "\$600" be inserted; and I recommend that offer to be then accepted.

Dr. Geikie—Might I ask anybody who knows, perhaps the chairman of the Finance Committee, whether their offer was not \$1500? There is a great deal in what Dr. Moore says; but there is a great deal of difference between \$600 and \$1500. They say we will do so and so for \$1500, while we say, you are very good, and we will give you \$600. It seems so much below their offer as to be hardly worth considering.

Dr. Rosebrugh—Let us have a little more light on the question of printing. Is it stated they will do our printing? What do they mean by that? Do they mean the printing of our Announcement, or only any advertisements?

At the request of Dr. Williams, the Registrar reads the proposition of the Ontario Medical Journal Publishing Company as follows:

TORONTO, JUNE 10th, 1892.

To the President and Members of the Ontario Medical Council:

GENTLEMEN,—We believe it would be to the advantage of the Medical Profession throughout the Province, as well as the Council of the College of Physicians and Surgeons, that all transaction of business or otherwise of the College should be published and given to the general profession; that a full stenographic report of the proceedings of the Council should be placed in the hands of every practitioner; that a full report should be given of all territorial meetings, and we make for the *Ontario Medical Journal*, the first copy of which will be issued on or about the 1st of July, 1892, the following offer. The above company will, in consideration of a grant of \$1,500 per annum from the Council, agree to do as follows, viz.:

1. Supply *Ontario Medical Journal* free to every registered medical practitioner in the Province, and, also, to every registered medical student attending college.

2. Will give a full stenographic report of all proceedings of the Ontario Medical Council, and furnish a bound Hansard copy of the proceedings of the Council to each member; report proceedings of all territorial meetings; publish all advertisements of the Council free; secure original articles from prominent members of the College on Council matters, and in every way publish a first-class journal, the columns of which shall at all times be open to the medical profession for the discussion of Council and other matters.

3. The grant to be made yearly at the discretion of the Council.

We remain,

Yours very truly,

THE "ONTARIO MEDICAL JOURNAL" PUB. CO.  
(LTD.).

Per W. BEATTIE NESBITT.

Dr. Ruttan—How often is the journal to be issued?

Dr. Bray—Monthly.

Dr. Campbell—I notice in the tabulated statement of expenditure of last year, that the Council paid over \$600 for its printing. The great proportion of this was, no doubt, expended in printing an Announcement which contained the proceedings of the Council.

If by bonusing this proposed journal to the extent of \$600, we get the printed report of our proceedings and our Announcement, and the publication of our advertisements, we certainly will be only expending a trifle, possibly \$100 or so, for extra printing that we have to do, which would

be the printing of letter heads and envelopes; and that is really all the printing I suppose we have, except the Register.

Dr. Geikie—The Company do not say they will print the Announcement.

Dr. Campbell—No. But I say if they are prepared to accept the proposition to print a report of our proceedings and our College Announcement and all the advertisements, and send a copy of the publication to every registered practitioner, it seems to me it would be a very small amount expended by this Council over and above what we do expend now. I do not know that this company would be willing to accept an offer of that kind. I am quite satisfied the Council cannot accept their proposition, for we are not in a position to bonus them to the extent of \$1,500; but if they are willing to accept the proposition involved in Dr. Moore's motion, to do this work for \$600, the Council will be expending but a mere trifle over and above what they expend now; and we will gain the other advantages of which Dr. Moore has spoken. My own impression is that it could be done, for the simple reason that a paper of that kind would draw a large revenue from advertisements; the fact that their journal would go to 2000 physicians in the Province of Ontario would give them a very extensive advertising patronage; from that they would draw quite a revenue; from subscriptions they would draw no revenue except what they might get outside of the Province, (of course they would get a few subscribers) but they would get very large revenues from advertising, because it would be the best advertising medium in the country. I do not know anything about the promoters of the corporation, or what their notions of these things are, but so far as the proposition of Dr. Moore is concerned, it strikes me that there would be no harm in passing it; and if this company are willing to accept it I think the Council will be doing a very good thing.

Dr. Philip—Before a matter involving the expenditure of that amount of money is voted upon by the Council, I would wish to say that in the Finance Committee we simply took their proposition to submit it to the Council without recommending anything, but I think it would be well if we are going into a comparatively large undertaking of this kind to have somebody hold a conversation with the promoters, in order to understand exactly what they are going to do. What they state is a little indefinite. Once their duties are defined and they enter into a written agreement promising to do certain things with the Council, as Dr. Campbell has said, there are certain good features in connection with it which commend it to my mind; but I certainly would not like to undertake a grant of this nature, and to the extent of \$600, without having their duties defined, not only by a circular of this kind, but in

writing, so that they will be bound by contract to the Council to carry out what they promise to do.

Dr. Bergin—I beg to ask whether these gentlemen, or this company, propose to guarantee in any way that they will carry out the arrangement if it be made with the Council? Do they expect any portion of this money to be paid before the expiration of the year? Am I to understand from what you have read just now, it is to be paid at the discretion of the Council, means that as an evidence of good faith this \$600 that they accept shall not be paid until the expiry of the year?

Dr. Bray moves that this portion of the report be laid over till that information can be got, till to-morrow morning.

Dr. Campbell—I don't think there is any necessity to refer it over, I will submit a resolution, which, perhaps, will meet Dr. Moore's ideas; it is to amend that clause by adding thereto "That in the event of the Ontario Medical Journal Publishing Company printing a stenographic report of the Council proceedings, the College Announcement and all the College advertisements, and supplying a copy of the Journal free to every registered practitioner, the Council will give the company a bonus of \$600; the money to be paid in monthly instalments after the publication of each issue of the journal."

Of course it should be left with no executive committee to make a formal arrangement with the company, provided they accepted this offer, based on these terms.

Dr. Williams—I do not see any harm in passing this resolution to-night; It is a question whether they will accept it. If you say by that report, what you would be willing to do, then we would be in a position to have a conference with this company, and see whether or not they would be willing to accept what you propose; if they agree to that acceptance, then would be time to enter into details, and have some writing prepared to make the matter absolutely secure.

Passing a vote or resolution, or amendment to that report to-night will simply be an expression of opinion of the Council as to what they would be willing to do, and which could be afterwards completed, providing the company were willing to accept your offer.

Dr. Geikie—Might I suggest all other college printing, meaning the questions and the like.

Dr. Bergin—Their proposition says "Grant to be made yearly in the discretion of the Council."

Dr. Williams—I should suppose that it meant to be continued one, two, or three years

Dr. Campbell—I think if you did a thing of that kind it would be only fair to pay them the money monthly, after each issue of the journal; then if they break down our money would stop.

Dr. Rogers—I quite agree with what the chair-

man of the Finance Committee says that in view of all charges that have been levelled at this Council on the question of extravagance, we had better be a little slow in incurring new liabilities and expending money. I quite agree with all Dr. Campbell has said, if they could get an arrangement of that kind, it would be very good; but at the present moment I think we should keep from the appearance of being extravagant; and to endow a journal of this kind would be taken by our opponents as more evidence of the extravagance of the Council. I think it is putting another weapon in their hands for this year.

Dr. Johnston—One of the chief arguments brought by Dr. Meacham, and some of his followers at the Local House this last spring, was that there was no journal which was the mouthpiece of the Medical Council. It was upon that point that they distinguished the yearly license of the profession from the yearly license of hucksters; it was on that that they distinguished it from the yearly license that the lawyers receive. As they said, the lawyers receive with their yearly license, and for which they pay some \$17, a journal; and that if this Medical Council had the journal for which they might reasonably be asked to pay a yearly fee, they would not object to pay that fee of \$2; but that there was no journal, and that they were paying for nothing. I am sorry to say I know very little about this journal; I have no interest either financial or otherwise, in it; but I think if some arrangement of this kind could be carried out, this journal would be a medium through which the profession could all ventilate their views; and I think it would lead to the better understanding of the average country practitioner, of what the Council has been doing, and what efforts they are making from time to time to meet the wishes of the profession. I think that a great deal of this misunderstanding which has been spoken of before is the result simply, if not totally, of the fact that in the outlying districts of Ontario, the profession do not know what we do, or how we do it. It is with that object also, I hoped this year the stenographic report of this meeting would give them a better idea. I think if something of that kind was done, and now we have the means of doing it, there would be a general unity in the profession.

Dr. Bergin—They could not say this was a star chamber then.

Dr. Thornburn—We should be very careful before taking a venture of this kind. If we do this the present journals would become inimical to us.

Dr. Johnston—They are now.

Dr. Thornburn—They do not give us that attention that they might; and there is something to be said in favor of it in that the British Medical Association have their medical journal; it is the authorized journal of the association. We might

in the future consider this matter, but with the present feeling of the profession that we are an extravagant body, we should go slow. Then, too, there is nothing definite in this proposition; before anything could be passed I think we should have a positive declaration from this company, explaining what they will do, and what they will not do. I think Dr. Geikie's suggestion about the printed questions is a very important one, for students; and we ought to know positively from them what they propose doing, and we should have a written agreement before we can vote any sum of money for it.

The chairman, Dr. Fenwick—I myself, think \$600 is a very small amount; and I think these questions for examinations should not be printed in a public printing establishment, because the students might get hold of them.

Dr. Henry—I support the remarks and motion of Dr. Moore, to give \$600 to the journal. Owing to the intense feeling that exists between the Council and the profession in the country, I think it would be very well spent money; the profession will only be getting a portion of their money back when they get their journal; and I do not see that any medical man or number of medical men would object to it.

Dr. Campbell's amendment was put by the chairman and declared carried.

Dr. Phillip—Referring to the clause *re* the position of prosecutor for the Council said, Mr. Webb, during the last year, at any rate, received from the College a salary of \$600, and also the fines and convictions. These fines amounted last year, to about \$1,200, but the expenses were very nearly equal to the convictions and fines, and Mr. Webb made a request towards the latter part of May, for an increase of salary, saying that if we did not increase his salary we should have to look somewhere else for someone to fill the position, or something to that effect. We feel that as the years go by these prosecutions are gradually ceasing; they are becoming far less frequent than they were in the past; and we think they are likely to be still less in the future; so that it struck the members of the committee, that if they could find some good man who would do the work with a lesser salary, and who probably might employ some portion of his time, not occupied in prosecution, at some other work, that this additional expense might be saved to the Council and the work might be done as well as it has been done, during the last year at any rate. If we could find such a man in Toronto, who would be under the call of the members of the Medical Council, outside of Toronto or anywhere, it might be found necessary to call him, it would be serving a very good purpose. We propose not to give him as large a salary as Mr. Webb had; I do not know that I could name any salary just now; it was mentioned

among some members of the Council, that we might get a man for \$400.

Dr. Bergin—I think that would be a very wholesome change.

Dr. Henry—My experience is, it is frequently very difficult to get the prosecutor to look after the cases at a distance; I have felt, not only now, but in the past, that the country the prosecutor had to cover was too great; and we ought to have four men to cover it. If you get a man in the city and give him \$400, it would be impossible for him to live on that, and attend to the duties required over the territory. I think if we are going to change the mode of prosecuting delinquents through the Province it would be better to go back to the old state of affairs and let every territory have two or three first-class constables to look after them. I must confess here, that the late prosecutor has done good work; he has chased all the delinquents out of my territory; but I think the work is really too much for one man to do in the first place; and to my mind it is preposterous to think you can get a man to do it for \$400 a year.

Dr. Bray—In reply to what Dr. Henry has said about having two or three men in each county, I wish to say that we tried that. I don't know that we had two or three, but we had men; and it was perfectly useless. And, further, if you have four prosecutors I don't know where you are going to get the money to pay them.

Dr. Henry—They pay themselves.

Dr. Bray—If you get four good men to take it for what they get, I am perfectly willing they should have it, but I would want them to give some guarantee that they would do the work efficiently. There is not enough work to pay the men. The late prosecutor complains that he did not get enough, and as the Registrar informs us, the receipts from fines are \$1,200; and if the total receipts from fines for a man who is giving his whole attention to it, is only \$1,200, how can you expect to have three or four men and give them no more than that? I quite agree with the recommendation of the Finance Committee; and I think there will be no difficulty at all in getting a man who will attend to that duty just as well, perhaps, as it has been attended to, and for a great deal less money.

Dr. Williams—There is a slight mistake, I think, in stating the amount received by the prosecutor for this last year from fines. Part of that \$1,200 to which you refer, was back payments from previous years; really the receipts from this last year were something about \$900, or \$950; and, according to Mr. Webb's statement, it required all that amount to pay travelling expenses and other expenses which he had to pay; and all that he had left was the salary that the Council granted him direct, say \$600. The proposition, as I understood

it, made by the chairman of the committee, is, that if a prosecutor could be got in a central position, who could occupy a part of his time at something else, and only go out when he was required for certain purposes, and when that purpose could be intimated to him, on communication from the Registrar, or whatever way the members of the Council might see fit, he could do his work in such a way that his expenses would be met by what was made out of the fines, and the amount granted him by the Council, whatever that might be, would be his compensation for the time that he devoted to the work. That seems a reasonable proposition, and a person in that way could certainly do it for less money than one who had to give his entire time to it. I have no doubt the members of the Council would be very sorry to part with the prosecutor they had before, perhaps, as it was stated by a number of gentlemen that he did his work efficiently in their division; but he claims that he cannot do the work for the amount that he was given, and that he requires an increase; and the Council are not in a position to make that increase; therefore, the Council seem obliged to adopt some other course by which they will be still protected to the same extent, or have their prosecutions carried on, and yet they will not be burdened to any larger extent than they were before, however sorry they might be to part with Mr. Webb.

Dr. Miller—Does the college not sometimes have to pay the costs in cases in which the prosecution fails?

The Registrar—The rule has been, where prosecution failed, and where there was an appeal, the Council would have to fight the appeal, and would have the costs to pay if the conviction was not sustained. There is included in the expenditure for that the sum of \$20. The Council was obliged to pay that.

Dr. Rogers—This is an important matter to the territorial representatives. We have a territory, and when men come in there that are not registered, it creates quite a disturbance among our constituents. If you could possibly get for a prosecutor a man who had many of the good qualities of our present prosecutor, and without some of his faults, at the rate of \$600 a year, and he got all the fines, then all the money the College has to pay is \$600, plus a few dollars they had to pay on appeals last year. I would like to move, if we get a prosecutor, that we could recommend, to employ him at the same rate; you will not get prosecutions by having a man who would be following some other employment; he won't leave his employment; the territory is too large, and he won't have enough to do.

Dr. Philip—In making this recommendation from the Finance Committee to the Council, I would say we have in our mind's eye a man who

probably would fill the bill; the man I refer to is the one who takes care of this building; he has a most excellent record, and though he did not name any specific sum, we were satisfied he would undertake to do the work for one year at least, for less than \$600. He is a man who has something else to do here. Speaking of his qualifications, he has been in the Pinkerton detective force; he has got letters from several other bureaus and departments, showing he is a skilled man in that kind of work. As Mr. Webb had decided, according to the statement he made us, that he would not take it unless we increased his salary this year, we had a conversation before coming into this Council to-night; Mr. Wasson wanted a little more time to think it over; still I am satisfied myself he would accept it. And I feel quite confident he would make a very good man for us; he is here at headquarters all the time. I didn't know we could get a man in the position I spoke of at the time we were considering our report. Our detective or prosecutor would be subject to the call of the Medical Council.

The old plan of appointing local constables is no good, it has never worked satisfactorily at all; but I am satisfied if we had Mr. Wasson, or a man like him, here at headquarters with the Registrar, at all times subject to the call of the members in the territorial divisions, he would be able to go to any part of the territorial divisions, and could have local agents at different points, who would put him on the track of such cases as might be necessary for him to prosecute.

On motion of Dr. Rosebrugh the committee now arose, and the chairman reported that the Finance Committee's report had been passed as amended.

Dr. Thorburn moved, seconded by Dr. Bray, that the report be adopted. Carried.

On consent of the Council, Dr. Bray gave notice of motion *re* the appointment of a public prosecutor on the lines recommended by the Finance Committee.

Moved by Dr. Harris, seconded by Dr. Philip, that leave be now granted to introduce a by-law for levying an annual assessment, and that the by-law be read a first time. Carried.

Moved by Dr. Harris, seconded by Dr. Moore, that the by-law be referred to the Committee of the Whole, and read a second time. Carried.

Dr. Fulton in the chair.

Adopted in Committee of the Whole without amendment.

Moved by Dr. Day, seconded by Dr. Philip, that the report of the Committee of the Whole be adopted. Carried.

Moved by Dr. Harris, seconded by Dr. Day, that by-law No. for levying the annual assessment be now read a third time, passed, numbered

and signed by the President, and sealed with the seal of the college. Carried.

Dr. Moore here arose to a question of privilege, and said, I find here in one of the evening papers published in this city, called "The Toronto Evening News," what purports to be a report of the proceedings of this Council, which is most totally incorrect in every particular. I find it headed, "A Close Corporation"; it states, "in a year from now, Dr. McCully, of Toronto, and Dr. Anderson, of Hamilton, may not be qualified to practice as physicians." Dr. Anderson, of Hamilton, as I understand from members of this Council, has not been prosecuted at all; and in justice to Dr. Anderson, I think we have a right to do something regarding it. In this article it goes further and says, that "Dr. McCully and Dr. Anderson, who is also accused of unprofessional advertising, be struck off the list of physicians. The matter will come up at the next meeting of the Council in June, 1893." It further goes on and states, "That over clause one of the report, there were some very hot words in discussion. Dr. Moore moved to strike out the prescribed course of science in the curriculum. Dr. Bergin said the curriculum had been changed every year, and that another change this year would make it a laughing stock in the community. He said there was an undercurrent through the Council to lower the standard, and accused Dr. Moore of behind back work, which the doctor resented strongly, but finally agreed to change his motion to suit the ideas of Dr. Bergin."

You know that this is incorrect. I think I can say for Dr. Bergin that he did not use those terms; and I might also say that I did not alter my motion to suit the views of Dr. Bergin, because Dr. Bergin voted against it, and was not satisfied with it. I altered my views, or exchanged my views, perhaps, believing it to be in the best interests of medical education, and not to suit Dr. Bergin's views at all. I think it is very disgraceful, indeed, to think that young men can come here who have either so little honesty or so little manhood that they will take down reports most grossly incorrect and circulate them in the public press. This article will be copied into and sent to the papers in Belleville, Kingston, Brockville, Cornwall, and all along the line; it will be found on Dr. Bergin's table and on my table to-morrow morning; and I think this young man is not only a disgrace to the position of reporter but he is a disgrace to journalism, and I think, in all fairness to this Council and to the gentlemen named, that this paper should retract at the very earliest opportunity those erroneous statements.

Dr. Bergin—I do not attach very much importance to this sort of thing myself; but I do not for one moment believe there is an undercurrent in the Council; on the contrary, I believe it is a

feeling of the Council generally that the matriculation should be increased, and I know that some gentlemen who opposed our standard last year, believe now we ought to increase it, at all events, before the end of this Council, to a much higher degree than they would have increased it last year; and as for Dr. Moore doing behind back work, I made no such statement—and I don't believe it.

Dr. Philip asks to have read the statement made by the Registrar called for by a motion of a member of the Council.

Dr. Pyne reads the following statement:

Item No. 1.	Site.....	\$13,000 00
	New building.....	75,046 54
	Total .....	\$88,046 54
	Less material in old building...	100 00
	Cost up to June 14th, 1892...	\$88,145 54
Item No. 2.	Paid on building and site up to June 14th, 1892.....	\$28,146 54
Item No. 3.	Mortgage principal.....	\$60,000 00
	Interest since 1st May, 1892, to 14th June, 1892.....	375 00
		\$60,375 00
Item No. 4.	Rent for 1888-89.....	\$ 1,853 45
	" " 1889-90.....	3,888 91
	" " 1890-91.....	4,090 72
	" " 1891-92.....	4,097 34
Item No. 5.	Estimated amount of revenue if all offices were rented .....	\$ 7,150 00
		" A. G. P."

(To be continued.)

### Selected Articles.

#### PUERPERAL FEVER AND ITS TREATMENT.

This patient is twenty-five years old and has been married eight years. She has two children, the last one born six weeks ago, but has had no miscarriage. Since the birth of her last child she has been troubled with pains in the back and on the right side together with headache and fever.

This woman was delivered by a foreign midwife. A great many of the women who come to this clinic have trouble from the same source. This case gives me an opportunity to say a few words on the subject of puerperal fever.

First, as to the prevention of puerperal fever, the first important consideration for a doctor is to have a nurse under his own personal control.

Some time before delivery I procure certain articles that I need, and the most necessary one is a solution of bichloride of mercury and tartaric acid after the following formula:

R—Hydrargyri bichloridi . . . ʒ ij.  
 Acidi Tartarici . . . ʒ x.  
 Aquæ . . . ʒ viii.

M. & S. A teaspoonful of this mixture contains two grains of bichloride of mercury and the addition of the tartaric acid renders it soluble. Then I provide iodoform and carbolic acid, and a needle and thread.

The nurse is instructed to wash the vulva of the patient with this solution and to see that the bowels are regularly moved. I make it a rule to never examine a patient without first washing the hands in a mixture of equal parts of alcohol and tincture of green soap, and next dipping them in a solution of bichloride of the strength of 1-4000. After delivery of the woman, which process I attend to myself, if the instruments or the hands have been introduced into the vagina, the uterus and vagina are washed out carefully and the nurse instructed to keep the vulva clean. The most practical method of doing that is never to use a sponge, because a sponge once infected cannot be again cleansed. I instruct her to throw, by means of a clean rubber bulb syringe, the bichloride solution into the vagina several times a day, and place gauze over the vulva, the gauze having first been squeezed out in a solution of bichloride and dried. Then if there is any odor to the discharges vaginal douches are given of bichloride solutions and afterwards 1-100 carbolic acid solution till the odor has gone. If the patient has a rise of temperature and chill the nurse is instructed to use the bichloride solution every hour in washing out the vagina. If the temperature does not fall to normal, then I wash out the uterus with a weak solution of bichloride or with a carbolic solution of the strength of 1-100 or 1-60. In washing the uterus out, I do not use a stiff glass tube, but a stiff gum catheter, No. 12, and I generally carry it up to the fundus. The connections are then made and the syringe pumped very gradually until the current passes down the vagina and out the vulva. It generally takes from fifteen to twenty minutes to clean out the uterus, and I use about a gallon of water. In a bad case of puerperal fever the first washing induces another chill and another rise of temperature. If you follow the instructions of the text books you will find that they advise the washing to be done but once in eight hours. I have proved to my own satisfaction the fallacy of this advice. The germs are not destroyed by the first nor the second washing, and they develop again in eight hours, so your washing is practically futile. I have learned from experience the value of frequent washing out of the uterus in cases of puerperal fever.

The late Dr. J. Marion Sims once attended a patient who developed puerperal fever suddenly at a hotel in this city. She was seized with a

hæmorrhage one morning and was carried up stairs flooding and in pain. Dr. Sims tamponed her after the orthodox fashion, but it did not stop the hæmorrhage. She was curetted the next day and the bleeding was so profuse that the tampon was again inserted. I objected to this procedure because both tamponings were followed by a chill and fever which the second time rose to 105° F. We had now a full fledged case of puerperal fever.

I then began washing out the uterus every three hours and remained with the patient till she was cured, and she is living to-day in perfect health. The mistake I made was in not washing out the uterus every hour. I once washed out the uterus of a patient who had puerperal fever every hour for twenty-four hours and at the end of that time the patient recovered. The next patient I had got well in twelve hours. When I went to Bellevue Hospital as visiting gynæcologist some years ago, the death rate of patients suffering from puerperal sepsis was four out of five cases. Nine patients with puerperal fever happened to be there, in all whom the fever had been present for twenty hours. I washed out most of these cases myself and succeeded in curing seven out of the nine. Since that time the house staff of Bellevue Hospital have adopted this method, and four out of five cases are now cured instead of four out of five dying as formerly.

One mistake I wish to call your attention to, which you are very apt to make in washing out the uterus in a case of puerperal fever, and that is, in the use of a stiff double catheter and failure to pass it to the fundus. If you ask some teachers what is the larger cavity two or three days after the uterus has contracted, the cervix or the fundus, you will be told that the latter is the larger. It is of great importance to remember this, as it is a frequent source of trouble. I will relate a case to illustrate this:

About three months ago I was called upon by a doctor to attend a relation of his who was quite sick. This woman had had a baby about ten days previous to his visit. She did very well the first week of confinement, but at the end of this time she experienced chilly sensations and a rise of temperature of 102° F. or 103° F., with some sore throat and an abscess developing in the tonsils. The doctor opened the abscess, taking it for granted that the fever was due to the throat trouble. The next morning she had a chill and a temperature of 104° F. or 105° F. The patient was attacked by one chill after another till the fourth or fifth day after the first chill when she was considered in a hopeless condition. When the doctor called on me and stated these facts I told him it was rather late, but I would go up and see what could be done. I called at 10 o'clock at night and made an examination of the patient. I

found no positive signs of peritonitis, but gave it as my opinion that the woman had something in the pelvic cavity of a septic nature, and that unless this septic material was found and removed she would not live. I put the patient on a table, and examined her uterus, when, to my surprise, I found it measured eight or nine inches. I said if this uterus is not large enough to hold sepsis I do not know what is. I did not operate, but washed out the uterus and left one of my assistants with instructions to continue the washing every hour. I removed considerable material from the cavity of the organ. Shortly afterwards the patient had a violent chill with a rise of temperature to 105° F., but that did not discourage me in the least. For six hours the uterus was washed out with a 1-100 carbolic acid solution and at the end of that time the temperature had fallen to the normal and the woman got well.

I believe now, and I say it with perfect sincerity, that nine cases out of ten cases of puerperal fever that I am called upon to treat in from twelve to twenty-four hours after the onset of the attack I will cure by simply regulating the bowels and washing out the uterus systematically and thoroughly, as I have pointed out to you. Within this period of time the septic material is confined to the uterus, vagina or cervix in a place easy to attack it and has not yet entered the connective tissue, veins or lymphatics. If I am called to wash out the uterus in a case of puerperal fever, and within six hours or so the temperature does not fall to normal, I then make up my mind that the poison has entered the connective tissue, veins or lymphatics, and in that event I open the abdomen and generally find an abscess present. I have done this in a case of well marked phlebitis or milk leg with success, which some of the most eminent men in town pronounced absolutely hopeless. I believe now that there are a great many cases of milk leg where suppuration takes place that ought to be operated upon, and yet I do not open the belly every time as some suppose.—W. Gill Wylie, M.D., in *Inter. Jour. of Surg.*

### THE METSCHNIKOVIAN THEORY OF VITAL RESISTANCE.

There is a large and marvellously interesting class of phenomena associated with the history and sequelæ of certain of the acute zymotic diseases characterized as immunity, which has long been recognized as the possible source of a potent ally to preventative medicine providing that its subtle nature and mechanism should ever become understood sufficiently to render it susceptible of imitation and employment for the arrest and anticipation of infectious disease. The advent of vaccination as a prophylactic in small-

pox was the first actual realization of what lay concealed in this direction, and its discovery gave a new importance and significance to what had hitherto been mere conjecture and speculation. Notwithstanding this fact, however, and that this great adjuvant has been usefully employed for a number of years, its underlying and mysterious principles have remained quite isolated and signally barren of generalized results applicable to other disorders of analogous characters. These failures to discover and apply the *mode* of vaccination have not, however, deterred the ambitious, nor caused the speculative mind to entirely relinquish the hope of its ultimate success; but, on the contrary, the spirit of inquiry and experiment has been more or less active all along, and is just now more vigorous than ever before. That the subtle and obscure conditions associated with and constituting the cause of immunity or vital resistance will finally be detected and opened up as a generalized auxiliary to medical art, is the ambition of many and the hope of all.

In an article with the dimensions of the present one, it is quite impossible to enumerate and discuss the several and various kinds of immunity known to exist both as natural and acquired conditions of certain organisms in relation to certain diseases, and we shall have to limit the observations to that of the acquired form alone, which experiences show to be the result of two classes of agencies or influences; namely, immunity from a natural and immunity from an artificial attack of disease. It may be stated that it is now very generally believed that the agencies of immunity, the *vis medicatrix nature*, and the factors of vital resistance are one and the same, and that the special functional activities of the body-cells are the chief or sole agents in the arrest, cure, and prevention of germ disease. It is from this conception and rôle of the cells that this paper is undertaken, and its purpose will be to search out and ascertain the nature and influence of these agents and agencies, and, in so far as is possible, to assign to each its separate value and importance in the origin, manifestation, and sequelæ of infectious disease. In all sciences where the processes are imperfectly observed the theory of the process (which is a systematic survey of all the facts of the case marshalled in the order of their casual dependence) is supplemented by an hypothesis which bridges over with a guess the gap left by observation. Immunity, like a number of kindred occult subjects, has had a vast number of hypotheses and speculations to explain it, though none of these have as yet evidenced the *sine qua non* of reconciling observation with calculation to that degree which would warrant their acceptance as the true and legitimate theory of immunity. Unfortunately for medicine, in a large proportion of the explanations advanced in connection with its

dark problems of disease we can never, from the nature of the subject matter, approach nearer to a solution than what mathematicians call "a first approximation." It is through such successive approximations that all science advances; yet in the instance of a diseased organism these must ever remain somewhat of a mystery, and we can never pass to the final stages of the How and the Why.

Among the theories advanced, there is one which has recently gained considerable prominence, which may be provisionally regarded as the correct one, both from the number of facts which it explains, and also from the manner in which it has withstood the tests of experiment and criticism, though its claims are stoutly opposed in some directions. This theory, as originally propounded by its author, Metschnikoff, undertook to ascribe the chief phenomena of immunity, both natural and acquired, to the functional or vital actions of the body-cells, though, as now modified by its expounders, it concedes the ancillary office of other agencies, though of a subsidiary character.

Before proceeding to a detailed consideration of this theory, it is necessary, to a clear comprehension of the issues involved, that we take a brief survey of the salient features in the genesis and life-history of the body-cells. Biology teaches that the cell is the basic element of all life. As a primitive part, it may be either an organism or an element in an organism. That it may lead an isolated life, as plant or animal, or it may become united with other cells and lead a more or less corporate existence; but always, even as an element of a higher organism, it preserves and retains its own individuality as a cell. At first we see that the corporate union is very slight, merely the contact of one cell with another of its own kind—as the filament of a conferva. Rising higher, we see the cell united with others different from it. Plants and animals appear, having structures composed of various cells. Rising still higher, we see animal forms of which the web is woven out of myriads and myriads of cells, with various cell products, processes, fibres, and tubes. Viewed in this manner, the cell is seen to be the elementary factor of life, and the complex organism is but an aggregation of these elements, though this association is not a complete subordination of living parts, but each and all are mutual and co-ordinate, and there exists an interdependence of parts in so far as every part is dependent upon every other part. Each is, so to speak, a condition of existence for every other part, and the unity of the organism is but the expression of its solidarity. This is true, inasmuch that, whenever organized substances become differentiated into morphological elements—such as cells—each of these has its own evolution, separate and distinct, and is born, lives, and dies an individual.

Hence, whether as an element or as an organism, associated or differentiated, the cell possesses and retains its own individuality, and lives as a separate creature. The vital or functional activity of the cell is a threefold kind. It is directed in part towards its self-preservation, self-propagation, and the altering of outward relations. Virchow distinguishes these severally as the nutritive, formative, and functional activities. Many of these functions of the cells cannot be seen, and are only known through their effects. Others, again, like motion, growth, multiplication, ingestion, and alterations in form, can be directly observed under the microscope. Every cell, whether isolated or joined with others, is influenced by the nature of its environment. This may assist or antagonize its vital functions. They may disturb to a degree amounting to a complete arrest of all the signs of cell-life, or they may accelerate them all to the highest point of activity. Let the temperature be raised, a noxious substance be present, or an enemy to cell-life approach, and there is at once a corresponding change in the behavior of the cell. The cell is autonomous in itself, and yet it is subject to its conditions of external existence. To pass further into details: All microscopists are familiar with the spectacle of a formless lump of albuminous matter (a Rhizopod) putting forth a process of its body as a temporary arm or leg, or else slowly wrapping itself around a microscopic plant or morsel of food-substance, thus converting its whole body into a mouth and stomach. These phenomena are, however, surpassed by another monad, which fastens itself to a plant and sucks the chlorophyll first from one cell and then from another, while a second monad, unable to make a hole in the cell-wall of the plant, comes along and thrusts long processes of its body into the openings already made, and drags out the remains of the chlorophyll left by its predecessors. And still another, a third monad, comes, leading a predatory life, and falls upon those who have filled themselves with food, and takes it away from them. It is here that we stand at the threshold of that dark region where animal will begin, though we are, as yet, in the presence of the lowest forms of life known to science. It is in this direction concerning the facts in the genesis, morphology, and physiology of the cell, as interpreted by the laws of development and heredity, that science looks for a solution of those questions which have hitherto baffled all efforts. To understand and to estimate their several values, and their import as factors in the conditions of immunity, is to solve the mystery and to invoke their allegiance to the medical art.

It has long been known that inert particles of matter, such as pieces of bone, sponge, animal ligatures, and the like, when introduced into the blood and tissues of an animal, would become

speedily dissolved, taken up and destroyed by the cells. The significance of these facts was first pointed out by Hæckel, who compared this process of the cells to that occurring in unicellular organisms by which they took in digested, and lived upon lower forms of life which surrounded them. He concluded that the cells of a complex organism nourished themselves by this same means, and that they took up and digested foreign substances in the same manner as the primitive cells. In other words, he theorized that the nutritive function was the same in both, and that the lower forms were sustained through the power of attacking and devouring other microorganisms, while the higher or complex cells used this power to destroy and remove foreign substances. Carl Rosser extended these observations by the means of experiments, and demonstrated that the amoeboid cells of the animal body did really possess this power of taking up and destroying living microorganisms; and, as a result of this, he drew the inference that the complex organism as a whole was protected against the invasions of pathogenic microorganisms by this function of taking up and destroying—*phagocytosis*—and that in its absence or imperfection an animal became susceptible. At this stage of the subject Metschnikoff took it up and followed the conclusions of Hæckel. He maintained with him that the power of attack as witnessed in the primitive or predatory cell had never completely declined through the ascending stages consequent upon development, but that it had remained all along, though in a latent form, since the altered conditions in its media by which the necessary pabulum for sustenance was furnished without effort upon its part, and there was no demand for this power of attacking microorganisms.

In substantiation of these views he proceeded to demonstrate that the latent or potential power of successful attack could be made patent and reinstated by suitable circumstances or exigencies rendering its operation necessary. To illustrate this he employed by means of inoculations attenuated viruses, which, through their mild, gradual, and stimulating influences upon the functions of the cells, caused them eventually to reassert their former or primitive instincts or powers of attack, and overcame and destroyed microorganisms, which at first destroyed them. In this way he argued that the predatory function could be made to exercise itself in all its old vigor, and that by a series of gradually increasing dosage of quantity and quality the cells were drawn out, acclimated, and made superior to the microorganisms. It was from these facts in the history of the cell's life and experiments given that he formulated and advanced the theory that immunity was vital resistance whose processes were phagocytosis; that, when an organism was susceptible and invaded by

pathogenic micro-organisms, it was due to an absence or imperfection of this function of the cells; and when, on the other hand, an organism was refractory or exempt, it was because the cells attacked and successfully destroyed them in the beginning. This very plausible explanation, as drawn from these data, is, however, denied, and it is disputed that the cells possess and exercise this function as a means of defence in a complex organism.

Prominent among these opponents stand Klein, who, by experiments with the bacilli of tuberculosis, has shown that the cells in taking up the micro-organisms are themselves destroyed, and, instead of being a means of protection, it is really the reverse process of destruction. On the other hand, a number of experimenters, such as Metschnikoff, Sutton, Ruffer, and Walker, have demonstrated that the cells will take in and destroy as many as fifty living anthrax bacilli, and still continue to live and thrive. In supplement of both of these apparently discrepant observations, Roux has shown that this process of taking in and digesting microorganisms—phagocytosis—is never an absolute one, but always a relative process, capable of being modified, increased or decreased by a large number of internal and external conditions and influences affecting the body-cells; that it is always and invariably present and operative in direct ratio to the non-susceptibility of any particular organism, and that it is only complete in all its details in those perfectly refractory, while in the susceptible ones it is partial, incomplete, or even entirely absent or unavailing. Hence, it cannot be denied but that in some instances the cells are destroyed, while in others they are the destroyers. Indeed, this is true in so far that in every acute and immunizing invasion of disease there are numbers of cells destroyed. On the other hand, if the organism be the superior antagonist from the very first, the micro-organism fails to gain admission, and the disease is prevented. In the first of these instances, where the micro-organisms enter and destroy the cells for a time, how is it possible for the latter to ever gain the ascendancy over the germs, and to cast them out, as we know they do? What is the nature of those influences and conditions by which these are effected? The theory of acclimation or toleration cannot be tenable in the case of a cell that is dead, since, as such, it has really ceased to be a part of the vital economy. *The death of the cell furnishes the key to the entire situation*, though its recognition, as such, has long been overlooked and misinterpreted. The influence and rôle of fever as a vital and conservative reaction of the organism has been long misunderstood. The discovery and employment of its principle are the most important advance which has ever been made in connection with the mechanism and rationale

of vital resistance. The death or destruction of the cells does not terminate its influence upon the organism, as has been thought; but, on the contrary, in itself becomes the source and means by which changes of the first importance to the organism are originated. The death of the cell liberates its constituents or tissue extracts in the form of substances denominated variously as tissue fibrinogen (Wooldridge); nuclein (Horbaczewski); alexin (Hankin); tuberculocidin (Klebs); and elixir-of-life (Brown-Séguard). All of these, under varying degrees of chemical purity, depending upon the processes by which they are produced, are considered to be the same or analogous substances whose several effects upon the organism are the production of intense cellular actions in the form of chemotaxis, proliferation, fibrosis, and phagocytosis.—J. Wellington Byers, M.D., in *Climatologist*.

(To be Continued.)

### THE INDICATIONS OF THORACOCENTESIS.

The author disputes Verneuil's assertion that thoracocentesis converts a serous into a purulent exudation. He concedes that operations for empyema are more frequent now than in the past, but does not hold thoracocentesis responsible for this and does not regard empyema as a more common disease than formerly. Thoracocentesis opens to view many purulent exudations, which formerly ran their course unnoticed, but it never produces them, if properly performed.

Four factors must be considered in the performance of thoracocentesis: First, the presence of functional disturbances. Second, the quantity of exuded fluid. Third, the duration of the exudation. Fourth, the nature of the fluid.

*Functional Disturbances.*—Considerable dyspnoea is an indication for thoracocentesis, because it usually points to the existence of a large quantity of fluid. It may, however, be due to other causes, such as capillary bronchitis, miliary tuberculosis, etc. In such cases the performance of thoracocentesis must hinge upon the question whether the dyspnoea is due to the exudation or the accompanying complications. Dyspnoea, moreover, is an unreliable symptom; it may be completely absent; even when the quantity of fluid is excessive. The same applies to cyanosis. As regards the tendency to syncope, still less reliance can be placed upon this symptom, because it frequently appears too late to serve as a danger signal. In general, functional disturbances are unreliable signs; but when they occur in a case where positive indications for operative interference exist, they should impel us to make haste.

Finally, in exceptional cases, if a careful study of the existing conditions shows that the disturbances are actually the result of the exudation, they may serve as indications for thoracocentesis, even if for other reasons the operation had not been attempted.

*Quantity of Fluid.*—A profuse accumulation of fluid demands thoracocentesis for two reasons: first, because the danger of syncope or asphyxia in general is in direct relation to the quantity of fluid; second, because the long time required for absorption to take place increases the danger.

The quantity of fluid can be estimated in a general way by determining its upper limit. This, however, is not sufficient; we must also determine the lower border of the diaphragm, the distension of the thoracic walls, the displacement of the mediastinum, and the compression of the lung. As long as the fluid does not reach to the level of the clavicles, the quantity of exudation need not enter into the question of an operation.

If, notwithstanding that the level of the fluid extends to the clavicle, there is no displacement of the diaphragm or mediastinum, no marked distention of the chest, and the lung occupies a considerable space in the thoracic cavity, the operation may be postponed. If, however, the lung is entirely compressed, especially when the thoracic cavity is distended, an immediate operation is indicated.

*The Age of the Fluid* may become an indication for thoracocentesis, even when the quantity of exudation in the pleura is moderate or slight. The exudation re-accumulates after evacuation if it is recent; on the other hand, late operations is sometimes attended with serious dangers.

The fluid should therefore be removed if no hope exists that it may be absorbed by medicinal treatment. Authors who have written upon this subject, have designated three weeks as the limit. It is a matter of difficulty, however, to positively determine the age of an exudation, inasmuch as the development of the effusion does not always correspond with the beginning of the disease.

*The Nature of the Fluid* can be determined with certainty by puncture. Without resort to this we deal only with presumptions, but these are sufficient to indicate a puncture, which according to the case may be simply exploratory, or at the same time serve to evacuate the fluid.

After thoracocentesis has been decided upon, it must be determined to what extent the contents of the pleural cavity are to be evacuated. In the majority of cases the complete emptying of the pleural cavity is attended with many grave dangers. On the other hand, the evacuation of a small amount of fluid may be useless if a large exudation be present. As a rule about one-half of the fluid should be removed.

Potain concludes as follows :

1. Thoracocentesis, if performed properly and at the right time, never converts a serous into a purulent exudation.
2. The increase of cases of purulent pleurisy which has been attributed to thoracocentesis, is rather an apparent than an actual fact.
3. The indications may be based upon precise and fixed rules.
4. Thoracocentesis should always be considered as a serious procedure, which should be performed under the necessary precautions.
5. It is as great an error not to resort to the operation as it is to perform it uselessly or improperly.—*Revue de thérap. méd. Chirurg.*

ALBINISM IN MINES.—It has long been known that animals living for generations in dark places lose the color which is produced by exposure to the rays of the sun and assume the character of the so-called albino. It has, however, been supposed that the actual change into complete albinism is the result of generations of life in caverns, valleys, and other spots from which the sun's rays have been cut off, and that by gradual change, extending from one generation to another, the races of the albino type have been developed. According to a series of observations recorded in the *Scientific American*, this hypothesis must be given up, or at all events much modified. From the facts discovered during some mining operations along the famous "blue lead" near to Bangor, California, it appears that in this range of mines there was recently reopened a mine that had once been worked under the name of "the old Potter Mine" (now called after its owner, the Bishop Mine, but had been closed for thirty years. A young explorer entered a dry slope leading to a second shaft, the existence of which was unknown owing to a thick growth of brush and trees about it. In the darkness he was surprised to hear a noise arising from a number of flies that were buzzing around him. One of these he caught, and on examining it by the aid of his lantern, he was astonished to find that it was of pure white color, although its eyes were red. Soon afterwards he heard what was unmistakably the sound of a rattle-snake, and directing his light towards the place whence the sound proceeded he saw the snake so clearly that he was able to strike it down by throwing at it a portion of rock, and afterwards to kill it by crushing it with other portions of the same material. On taking this animal into the light it proved, like the flies, to be of the purest white. Professor Harlow Ballard, of Buffalo, who was at the time near the mines making mineral explorations, procured the body of the snake and also several specimens of the "white flies." Within a week, under the influence of sunlight, the flies

assumed the natural dark color of the common house fly. The mine had originally been closed owing to flooding, but the water in it had subsided and air had been admitted, but no light. The flies, Professor Ballard believes, were the changed offspring of common flies imprisoned when the mine was closed. The snake, he supposes, had been carried down by a water current and had remained in the darkness long enough to undergo the loss of color of its tissues which it so markedly exhibited. The observations above recorded open up the question whether we ought to consider the change of color in the flies and the snake as due to the same cause as that which produces the true albinó. Buffon assumed that the primitive color of every living thing in nature was white, or, to speak more correctly, that every living thing in nature was primitively colorless, and that development of color was sequential to changes gradually induced by varieties of conditions to which things of life have been subjected in the course of ages. The after-suggestion of Blumenbach, that the peculiar color of the eyes of albinos is due to the absence of the black pigment, exploded the hypothesis of Buffon, and afterwards led to the view generally accepted, that the white color of the skin is brought about by a similar cause and that the loss of coloring substance is induced by a gradual and hereditary process of change. In this last record the change in the snake seems to have been direct, while in the case of the flies there was the rapid development of dark color so soon as the influence of the sun was brought into play, as if the sun's ray had developed at once a pigmentary or coloring substance. The observations open up a new line of investigation for those who are devoted to the study of the influence of external forces on living structures and of adaptability to circumstances as part of the varied manifestations of vital phenomena that must be ever in progress in our universe.—*Lancet.*

PRIMARY TUBERCULOUS ULCER OF TONGUE.—Jacob S., aged 24, single, stair-builder. Never had syphilis and never had any eruption upon the body. Nine months ago he noticed a small lesion upon the point of the tongue. It appeared as a small, hard lesion about the size of a pin-head, grayish in color, and was slightly painful when touched by food, etc. It commenced on the point of the tongue a little to the right of the median line, and later also another on the left of the median line. The two lesions gradually became larger and have never healed since their origin. The pain has never been marked at any time. At present this ulcer occupies the apex of the tongue, somewhat oval in shape, about three-quarters of an inch from above downward. The base is reddish in general appearance, like the floor of a granulating wound, having an irregular surface

consisting of many pin-head or smaller reddish points, between which there is a grayish, yellow material consisting of pus corpuscles, serum and broken down tissue. It bleeds easily upon touching with a blunt instrument and is not hard, like an epithelioma. The margin is irregular, and the edges are perpendicular, except at one point to the right, where it is undermined. The tissue forming the margin is elevated, not very firm in consistence, not waxy in appearance, is reddish in color, about one-eighth of an inch in diameter and not very sharply limited. Outside of this somewhat limited elevated margin, the tongue is in an apparently normal condition, except to the right there are two pin-point whitish lesions—small ulcers—about one-tenth of an inch apart and one-eighth of an inch outside the ulcerated edge of the large ulcer. No enlarged glands about jaws. Six weeks ago he contracted a severe bronchitis which is now almost gone. At that time he weighed 180 pounds, the same as he weighed before the appearance of the ulcer, but at present weighs only 165 pounds. This weight he lost in six weeks and before that time he felt perfectly well, having a good appetite, no cough and lost no flesh. At present he has a poor appetite, and a slight cough. Has broncho-vesicular breathing at left apex with some elevation of temperature and increased heart action. No rales. Has marked wavy breathing.

Dr. Elliot could corroborate the diagnosis in one of the cases. He had examined microscopically, a piece from the patient's tongue some weeks ago. He had found no bacilli, but the histological structures of the growth indicated in a typical manner tuberculosis.

Dr. Robinson has not found bacilli in the patient's sputum but out of forty sections he had found bacilli in a few. He believed the first case was a primary tuberculosis of the tongue, as the patient has remained in excellent health since the local trouble began nine months ago until the attack of bronchitis six weeks ago. Since the attack of bronchitis he has lost in weight and presents evidence of a beginning tuberculosis of the lungs.—Dr. Robinson, in *Journal of Cutaneous Diseases*.

**EXPLORATORY TREPHING AND LIGATION OF THE VERTEBRAL ARTERY.**—Dr. J. B. Beaver and Dr. Mills reported a case which they regarded as of unusual character and probably unique. The patient was a boy aged eleven, who had, in December, 1889, commenced to complain of pain in the head and some stiffness of the neck. Other symptoms, which had developed slowly, were failing sight, spells of nausea, occasional attacks of violence or excitement, strabismus, staggering in walking (a little more to the left than to the right), a feeling of dizziness described as "going over," and shortness of breath. Before the operation

double optic neuritis in an advanced stage was present. Hearing and taste were not impaired, there was no motor paralysis, nor was there disturbance of common sensibility. No nystagmus. Examination showed a pulsating tumor in the occipital region, slightly protruding through a small opening in the skull, to the left of the occipital protuberance. A distinct thrill seemed to be present. Three scars were noted on the posterior aspect of the head, one just above and to the right of the opening. The opening in the skull was enlarged so as to examine the supposed aneurism which appeared to be in the line of the lateral sinus, but when this was done the character of the swelling was too uncertain to warrant them to go farther. An exploring needle was introduced, the withdrawal of which caused bleeding which required long pressure to arrest. Later the left vertebral artery was ligated, but with no beneficial results. After the operation the pupil on the side corresponding to the cicatrix was contracted. The patient slowly grew weaker and died several months after the operation. Autopsy revealed a gelatinous mass which had occupied much of the fourth ventricle, reaching from or into the middle lobe of the cerebellum and both cerebellar hemispheres. The ventricles of the brain and their horns were enormously dilated, and at several places at the base rupture had almost taken place into the cranial cavity. When the spinal cord was severed from the oblongata, the central spinal canal was found to be one-sixth of an inch in diameter, and from it much fluid escaped. The chief points of interest were the reference to the diagnosis of aneurism, the mechanism of the process by which the opening in the skull resulted, and the production of the hydrocephalus and hydrorachis.

**SENSES OF MAN.**—Camille Flammarion, the French astronomer, in referring to the possibilities of creation and the imaginable inhabitants of other planets says :

"Terrestrial man is endowed with five senses, or rather with six. Why should nature have stopped there? Why, for example should she not have endowed certain mortals with an electric sense? with a magnetic sense? with a sense of locality? with an organ capable of preceiving ethereal vibrations, of infra-rouge and of ultra-violet? Of a sense permitting one to hear at a distance, to see through the walls. We eat and digest like the grosser animals. Do there not exist worlds where the nutritive atmosphere dispenses its inhabitants from so ridiculous a burden? The smallest swallow, the dusky bat itself has the advantage over us of flying through the air. Is not our world, where the men of the greatest genius, the most exquisite woman, finds himself or herself nailed to to the earth like the common caterpillar

before its metamorphosis, a very inferior one? "Well! Would it be so disagreeable to inhabit a world of perfume and voluptuousness where the flowers would be animated? where suns of many colors—the diamond joined to the ruby, garnet to the emerald and the sapphire—would shine night and day—blue nights, scarlet days—in the glory of an eternal springtime; many colored moons sleeping on the mirror of the waters, phosphorescent mountains, aerial inhabitants, men, women, and perhaps other sexes perfect in their forms endowed with multiplied sensibilities, luminous at will, incombustible as asbestos, immortal, perhaps. At least, Lilliputian atoms that we are, once for all let us be convinced that all our imagination is but sterility in the midst of the infinite, scarcely seen through the telescope."—*Doctor's Weekly*.

**THE LEGAL RESPONSIBILITY OF HOSPITALS IN THE TREATMENT OF PATIENTS.**—According to Lorenzo D. Bulette, in the *International Medical Magazine*, the grounds on which a hospital can claim to be exempt are twofold: (1) On the ground of public policy; that if the hospital is liable for the actions of its physicians, charitably disposed persons will be discouraged from contributing to its foundation and maintenance. This argument is met by the statement that the public policy also requires that the onerous duties of a hospital practice shall be performed in a moderately satisfactory way, and that such work should not be exempt from liability from negligence or ignorance. (2) The hospital claims exemption on the ground that it has no capital stock, no provision for making dividends or profits; that its funds are held in trust and exclusively dedicated to charitable purposes, and that no part can be applied to indemnify patients.

The Supreme Court of Rhode Island has decided, after much and careful consideration of the cases, that hospitals cannot be exempted, stating, in regard to the second claim for exemption, that their funds are as applicable to the payment of damages for tort as to the payment of counsel for defending an action for such damages. Both payments are to be regarded as incident to the administration of the trust. The Supreme Court of Massachusetts, in a similar case, has decided in the opposite way. The question, therefore, is more or less of an open one, but after study of the cases on record, Mr. Bulette concludes that the hospital must respond in damages to patients when malpractice has been clearly proved.—*University Medical Magazine*.

**MORPHINE IN HEART DISEASES.**—Dr. Hervouet (*Le Bulletin Médical*) has studied the action of this drug in mitral insufficiency. All authors agree that it is a valuable remedy in aortic insufficiency and stenosis. It is, however, the same in

mitral valvular lesions and asystolia, as opium is thought contra-indicated on account of its congealing action. However, the numerous cases of the writer show that this is not always true. When other means have failed morphine may be tried in order to calm the dyspnoea and nervous symptoms, and procure sleep. In certain cases where cardiac remedies are of no service, or even injurious, then morphine will calm and stimulate, easing the dyspnoea and causing the other remedies to act. The presence of albumen in the urine is not a contraindication if the albumen be of cardiac origin. If used in asystolia it is well to use digitalis together with the morphine. Caffeine, on account of its stimulating action on the heart, is of especial use in replacing the injections of morphine, when it is desired that the patient become not habituated to its influence. It may be employed at the same time as the morphine. In all cases morphine should be used with great prudence. More than a centigramme ( $\frac{1}{4}$  of a grain) should not be given at a time; often half that amount will be sufficient. It is more advisable to repeat the injections frequently than to administer large doses.—*Cin. Lancet Clinic*.

**THE PATHOGNOMONIC SIGNS OF PERFORATING APPENDICITIS.**—Dr. Simon Baruch (*Med. Record*) emphasizes the point that symptoms of shock, carefully looked for, may always be found in perforating appendicitis. These are as follows: the countenance is anxious, the finger-tips, nose and ears are cool; pulse and respiration are out of proportion to temperature, the right inguinal region is very tender, the patient usually lies with the right leg drawn up. Guided by them, Dr. Baruch opposed the views of an experienced physician in one case, insisting upon the operation; and in another did not approve of the operation advised by an experienced surgeon. In both cases his reliance on these pathognomonic signs proved useful to the patient. On the ground of his own experience, as well as that of others, the author urges that when perforating appendicitis is diagnosed, either positively or probably, an immediate operation to remove the exciting cause is as imperative as ligation of the vessel in hæmorrhage.

The fact that laparotomies are now constantly performed, under strict asepsis, with absolute safety, should induce the attendant to clear up a doubtful diagnosis of perforating appendicitis by an operation before septic peritonitis forbids it.—*Inter. Jour. of Surg.*

**BROMIDE OF ETHYL AS AN ANÆSTHETIC.**—Bromide of ethyl has been somewhat extensively employed in Vienna for anæsthetic purposes. In Professor Billroth's clinic it was used 300 times without mishap. Death, however, subsequently

occured in the case of an out-patient who was about to have a very large boil on the arm incised. While anæsthesia was being induced in the usual way the man suddenly became cyanotic and the respiration and cardiac movements ceased. Artificial respiration was persevered with for an hour and a half, but was of no avail. At the post-mortem examination there were found adhesions in both lungs; the heart was fatty and easily torn. The microscope showed that there was fatty and parenchymatous degeneration of the liver and kidneys as well as of the heart. There was no hyperæmic condition of the brain as in death under chloroform. It would seem, therefore, that whatever anæsthetic had been employed the patient might have died; so that no serious degree of blame can be attached to the bromide of ethyl.—*Lancet*.

**THE BEST NUTRITIVE ENEMA.**—Ewald, as a result of experiments, found that eggs, even though not peptonized, were, to a considerable extent, absorbed by the rectal mucous membrane. According to the *Mercredi Medical* for April 1st, Huber, of Zurich, has recently repeated Ewald's experiments in Prof. Eichhorst's clinic, and announces that the absorption of raw eggs is greatly aided by the addition of common salt, in the proportion of fifteen grains to each egg, are the best for nutritive enema. His method of procedure is as follows: two or three eggs are taken, and thirty to forty-five grains of salt are added. They are slowly injected by means of a soft rubber tube, carried as high up the bowels as possible. Three such enemata are given daily. An hour before each enema the rectum is cleaned out by means of a large injection of warm water.—*N. Y. Med. Times*.

The beak of the mosquito is simply a tool box, wherein the mosquito keeps six miniature surgical instruments in perfect working order. Two of these instruments are exact counterparts of the surgeon's lance, one is a spear with a double-barbed head, the fourth is a needle of exquisite fineness, a saw and a pump going to make up the complement. The spear is the largest of the six tools, and is used for making the initial puncture; next the lances or knives are brought into play to cause the blood to flow more freely. In case this last operation fails of having the desired effect, the saw and the needle are carefully and feelingly inserted in a lateral direction in the victim's flesh. The pump, the most delicate of all six of the instruments, is used in transferring the blood to the insects' stomach.'—*Discovery*.—*Doctor's Weekly*.

**INDUCTION OF PREMATURE LABOR BY GLYCERINE INJECTIONS.**—Pelzer, *Centralbl. f. Gynäk., No. 2,*

1892, gave a very satisfactory account of his experience of this method. He employs chemically pure, sterilized glycerine. A hundred cubic centimeters are thrown up between the membranes and the uterine wall. Full precautions are taken, not only against sepsis, but also against the entrance of air into the uterine cavity. In a short time regular pains set in. The membranes present well, and labor is usually easy. In two cases where labor was induced on account of contracted pelvis, the pains set in, in the first case, within half an hour, in the second, after an hour. Glycerine injections are, in Pelzer's experience, valuable not only for the induction of premature labor, but also for accelerating delivery at term. In uterine atony it proves very efficacious.—*Medical and Surgical Record*.

MR. TYNDALL has been giving some startling statistics concerning nursing as a livelihood. A healthy girl of 17, he says, who becomes a nurse dies twenty-one years sooner than a girl of the same age moving in the general population. That is to say, a hospital nurse of 25 has the same expectation of life as a person 58 has, who is a member of the community at large. Every one is aware of the additional risks that inhere in the service of the trained nurse, but these figures are sufficiently startling. It is not probable, however, that they will deter many from the career, but they will increase the appreciation of the public for the self-sacrifice and often personal heroism of the hospital nurse.

AN officer of the police detail said recently: "When I was a mounted policeman I learned of a most humane and kind method of curing a balky horse. It not only never fails, but it does not give the slightest pain to the animal. When the horse refuses to go, take the front foot at the fetlock and bend the leg at the knee-joint. Hold it thus for three minutes, and let it down and the horse will go. The only way in which I can account for this effective mastery of the horse is that he can think of only one thing at a time, and having made up his mind not to go, my theory is that the bending of the leg takes his mind from the original thought."—*Ex.*

FOR bronchitis, *Guy's Hospital Gazette* suggests the following:—

R.—Ammonii carbonat . . . gr. xvj.  
Syrup. tolu . . . . . f ʒ iv.  
Tinct. scillæ . . . . . ʒ xl.  
Tinct. cinchonæ comp. . . f ʒ ij.  
Spirit. chloroform . . . . ʒ iv.  
Aquæ rosæ . . . . . f ʒ ij.—M.

Sig.—A fluid drachm every four hours.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical  
Science, Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

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## THE ONTARIO MEDICAL COUNCIL.

Following the remarks in the last two issues of this journal, on the difficulties existing between the Medical Council of Ontario and certain members of the profession, we wish to draw attention in the next place to, what seems to us, an error on the part of the gentlemen who think they have a grievance; and an injustice to the Council. We refer to the charge made, that the members representing Universities and the Medical Colleges are able to run, and indeed *do* run the Council in their "own interests." This we are assured is a grievous error. There is no one, or more than one, of these representatives who have, or can have, any interest apart from the general profession. We are aware that the above statement may be challenged, and the objection raised that college representatives may wish to keep the standard of education low, in order to attract large numbers of students, from whom they, the college men, shall receive large sums in fees. But surely, if a man has enough sense to be a representative of his college in the Council, he will have sufficient foresight not to kill the goose that lays his golden eggs, which he would certainly be doing did he attempt to lower the standard of medical education, or to check the natural and necessary upward and onward tendency of this particular branch of education. Our Council has now been long enough in existence to have left its imprint upon the present generation of medical men, and to have made a record abroad as to the qualifications of

its licentiates. Now it cannot be denied that these qualifications are considered good, and are respected wherever they are known. As to the medical men of Ontario to-day, taken as a body, it may not become us to speak, but they are *surely not behind* those of any other state or country in the world, of equal age, wealth and culture. These are facts, or are believed to be facts, by the great majority of men in Ontario, professional or otherwise, who have any opportunity of forming a judgment in the matter.

How then, can the natural tending upwards of the standard of education have been burked by the college representatives? The condition of medical education in Ontario to-day, the name we have away from home, the very status of the men composing the active, working profession, here and now—all these go to show that advance has been made, and that we believe, as rapidly as the circumstances of a young, poor country would possibly allow.

Even had the college men in the Council the desire to lower the standard, or to keep it at a standstill, they would still lack the power, for want of numbers; for if we look at the list of members, we find that out of a total of twenty-six representatives, only nine are from the colleges. Moreover, it is a well-known fact that there is not a great unanimity of feeling existing between these college men. The rivalry of the different schools precludes such a state of affairs. But let it be again noted, that even did the college men unite, and form a solid phalanx, a thing which we are safe in saying has never occurred, they would be only nine, as against seventeen territorial representatives and homœopaths. How, then, can this absurd charge be substantiated?

Certain it is that men engaged in teaching medicine, know more than others, the wants and capacities of our students of medicine, and they have, or at least some of them have, objected to too great changes being made in a short time, in the curriculum. This must appear, to any unprejudiced observer, as wise and prudent. Their representatives on the Examining Board have given, so far as it is possible for examiners to give it, uniform satisfaction, by the thorough and impartial way in which they have discharged their duties. It is an open secret that some of the examiners who are not engaged in teaching, have

not been so successful in examining—a thing naturally to be expected. If a man is engaged each year in teaching a subject, he will necessarily make a better examiner in that subject than one who is engaged in general practice, and does not devote special attention to any one subject. And this while the qualifications and ability of the latter gentleman are quite on a par with those of the teacher.

The way is open, and we think it a fair and just way, to lessen the number of college men in the Council. We mean, by taking away the right of representation from those colleges or universities that do not teach medicine. It seems an anomaly, and opposed to the spirit of college representation, that such should have a voice in medical matters.

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#### AT OUR GATES.

Now that the grim hand of cholera is knocking at our gates it becomes the duty of every medical man to be thoroughly posted as to the best methods of checking this scourge, should it succeed in gaining a foothold in America. It is all very well for Sir Edwin Arnold to playfully refer to it as "a pain in the tummy." In his case "familiarity breeds contempt," for, coming as he does, from India and Japan, where the disease usually attacks the natives, the Europeans enjoying a certain immunity, owing to their more cleanly habits, he considers it a thing to be made light of. But, taking the mortality in Hamburg, one in every two-and-a-half attacked dying, the awful nature of the plague becomes apparent.

Every suspicious case of diarrhoea should be closely watched, and not merely put down as harmless, for with cholera in New York city, as it is at present, a traveller might easily come into Ontario bearing the germs of the disease, in spite of quarantine, and let a case but once get into a community and infect the source of water supply, and it will require strenuous efforts upon the part of the health authorities to eradicate it.

Cholera is propagated in somewhat the same manner as typhoid fever, the germ entering the stomach by means of the water or food supply, and possibly by means of dust, laden with germs entering the naso-pharynx and subsequently swallowed. In our opinion the latter source of infection is

much more common than is ordinarily supposed. The fact that England, with her many ports open to foreign commerce, has successfully grappled with the disease, should make us hopeful that our system of quarantine will be likewise efficient to isolate any cases entering Canada.

In this disease prevention is truly much better than cure, for, like the majority of acute diseases, it is self-limited, and runs a short course, characterized by great depression of the vital forces.

All water should be carefully boiled before use, and personal cleanliness carefully attended to. With these details followed out, and the people prevented, so far as possible, from becoming panic-stricken, the chances of an epidemic are greatly lessened.

Sir Edwin Arnold says, "the germs of cholera cannot survive a low temperature, dying upon the approach of winter." That this is not the case in Canada, is shown by the fact that in the epidemic fifty years ago the disease lasted through the winter and spring months, and it has been clearly proven that the bacillus may exist in ice, all of which goes to warn us not to relax our vigilance one iota on account of the approach of cold weather. While there is not great danger to be apprehended at present, it is well to remember that forewarned is forearmed.

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#### MEETING OF THE CANADA MEDICAL ASSOCIATION.

The twenty-fifth annual meeting of the Canada Medical Association was held in the Parliament buildings at Ottawa, on September 21st, 22nd and 23rd. It was indeed a successful meeting; upwards of one hundred and fifty members being present, and those who have in the past entertained any fears that the Association was on the wane, may dispel the illusion. There was a goodly contingent from Montreal, and a fair number from Toronto and Hamilton; while the local profession entertained the members in a becoming manner. On the evening of the 22nd a magnificent banquet was participated in by members of the Association, at which music and song, together with reason and soul, constituted the order of business until the small hours of the morning. Not a little of the success of the meeting was due to the attendance of honorary members from the United States, and

we have to thank Drs. McLean, of Detroit, and Bulkley, of New York, for doing considerable to insure the success of the meeting. Considerable interest was manifested in the discussion of the subject of cholera.

The Hon. John Carling, Minister of Agriculture, who was there at the special request of the Executive, assured the members of the Association that the Government was fully alive to the importance of the subject, and was doing everything that could be done to prevent the cholera from entering Canada by any of her ports, or other means, and by next spring their system of protection would be simply perfect. The Minister referred to the excellent work going on at Grosse Isle, and spoke of the building of the deep water wharf, which would be built at Quebec, and would probably cost \$100,000. Steps were being taken at all points, and ports that money would not stand in the way, nor anything be left undone to insure the success of the preventive measures.

The meeting is to be held in London, Ont., next year, and the following constitute the officers :

*President*—Dr. Chas. Sheard, Toronto.

*Vice-Presidents*—Ontario—Dr. Wickard, London; Quebec—Dr. Shepherd, Montreal; British Columbia—Dr. Milne, Victoria; Manitoba—Dr. Chown, Winnipeg; North-West Territories—Dr. Kennedy, Fort McLeod; Nova Scotia—Dr. Lindsay, Halifax; New Brunswick—Dr. Daniels, St. John; Prince Edward Island—Dr. McLeod, Charlottetown.

*Local Secretaries*.—Ontario—Dr. Waugh, London; Quebec—Dr. Desrosiers, Montreal; British Columbia—Dr. Lefevre, Vancouver; New Brunswick—Dr. McLarne, St. John; Nova Scotia—Dr. Morrow, Halifax; P. E. I.—Dr. F. B. Taylor, Charlottetown; N. W. T.—Dr. Cotton, Regina; Manitoba—Dr. Milroy, Portage la Prairie.

*General Secretary*—H. S. Birkett, Montreal.

*Treasurer*.—W. H. B. Aikens, Toronto.

**TOBACCO AND BRAIN POWER.**—Says the *St. Louis Clinique* :—The classes in Yale College are subgraded according to scholarship, and it is found that in the first or best grade only twenty-two per cent. use tobacco; in the second grade, forty-eight per cent.; in the third grade seventy per cent., and in the fourth or lowest, eighty-five per cent.

## RESOLUTION OF THE MEDICAL PRACTITIONERS OF OTTAWA.

At a meeting, held this first day of August, 1892, of the Ottawa members of the Bathurst and Rideau Medical Association, which includes all the registered medical practitioners resident in the City of Ottawa, the following resolution was carried unanimously :

*Resolved*, That this meeting, having been officially informed of the action of the Dominion Government whereby by Order in Council—“Every qualified medical practitioner whose name is registered in the Medical Register of the province in which he resides is appointed an authorized medical practitioner for the purpose of issuing medical certificates as required by the *Civil Service Act*.” That they desire to express their full appreciation of the courtesy thus extended to the members of the medical profession throughout Canada; and they believe also that this course is in the interest of the members of the Civil Service, equitable towards the members the medical profession and equally protective to the interests of the Government, as compared with the former regulation of having only one authorized physician in each locality.

*Resolved*, That this meeting is of the opinion that it would be well for the Government to adopt and have printed a form of blank medical certificate to be filled out by physicians, giving such to Civil Servants who are in and under their care.

*Resolved*, That whilst the members of this Association desire to express the opinion that there is no body of men who would more readily condemn a physician for wilfully issuing an unwarranted and unworthy medical certificate than the members of the medical profession, and whilst they declare that such a physician would be deserving of the severest censure and his name should be erased by the Government from the list of authorized medical practitioners—yet inasmuch as there are cases where the trained medical mind is enabled to discover slight symptoms of disease, indicating serious possibilities in the near future, where divulgence might thwart the chance of cure, together with the fact that the lines of professional secrecy are inelastic and demand invariably the most honorable observance, it would be but justice that before any physician's name is removed by Order in Council from the list of authorized medical practitioners under the Act, for reported irregularity, he should have the right extended to him of explanation and of defending his action.

*Resolved*, That a copy of this resolution be sent

to the Dominion Government, through the Honourable the Premier, Sir John Caldwell Abbott, and that a copy be also sent to all the medical journals in Canada.

A. F. ROGERS, M.D., *Pres.*

H. B. SMALL, M.D., *Sec.*

### THE ADDRESS ON SURGERY AT THE BRITISH MEDICAL ASSOCIATION.

It is worthy of note that the address on Surgery at the late meeting of the British Medical Association was delivered by a colonial member, Dr. Hingston, of Montreal. This is the first time that any "colonist" has had that honor. The Americans have been represented by Professors Flint and Gross, and now the conservatism of a great British institution has become liberal enough to permit a Canadian to take the place of honor. We have read the address and can say, that as Canadians we may be proud of our representative. In Canada, Dr. Hingston has long been looked upon as an authority in the subject of Surgery, and from the manner in which he was received, and from the comments of the British medical journals, we may congratulate ourselves upon the choice having fallen upon so worthy and capable a man. He took advantage of the occasion to assure the meeting of the firm attachment of Canada to the parent state. "She glories," he said, "in your past, she is deeply interested in your future; your glory is her glory, your future is her future; and she is grateful for any thought of her in your councils, especially where science is concerned, and where the common good of mankind is the purpose." This is a loyal and beautiful sentiment, and it would be a "glorious" thing for Canada if a similar interest in our welfare could be aroused in the breast of the average Briton.

### Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In an editorial of the August No. of the CANADA LANCET mention is made of the good which has been accomplished by the Medical Council of Ontario, in elevating the standard of medical education; an assertion which, I think, no

one conversant with the facts will attempt to deny or dispute. Reference is also made to the irritation and annoyance felt by some, respecting the penal clause, for non-payment of the annual assessment, and it is of the latter that I wish to make a few remarks. Having attained my membership in the College of Physicians and Surgeons by passing all the examination established under its curriculum—I believe it cannot be said that I am inimical to that institution. The special point which I wish to bring out is this, that non-resident members, under pain of having their names stricken off the register, are compelled to pay the annual assessment of \$2, the same as those residing in Ontario. Being residents of another country we partake of none of the benefits. When in August of last year I became aware of the penal clause, in the Amended Act, I wrote my friend Dr. John L. Bray, of Chatham, and under date of August 12th, he said: "It (the penal clause) may prove unfortunate in some cases, but it became a necessity to make some change in the law, as some \$6000, due the Council, in the shape of assessments, could not be collected. One thing, if a man should be struck off for this cause, he can easily be put on again by *paying up*, so that there is no hardship committed by it that can not be easily remedied."

Now, while this may be true, there is another phase of the question which seriously presents itself to my mind. Suppose my name be struck off the register for the non-payment of assessment; afterwards a change or amendment be made in the Medical Act of Ontario, enacting that only the names of such as are *then* on the register, shall be legally qualified practitioners, and subsequently I return to Ontario, and wish to resume practice, I would find myself legislated out of my profession, and unable to gain redress; I can conceive of such a condition being possible and working a great hardship. I would suggest as a preventative remedy that the Act be amended so that the names of all non-resident members of the College who neglect or refuse to pay the annual assessment be placed in a separate part of the register, so that should any change be made in the Medical Act, they will not be left out in the cold, and should they return to Ontario, not find themselves, like Othello, with their "occupation gone." It may be said that the

annual assessment is but a small matter of \$2; but why should non-residents, who are not benefited, be compelled to pay? There is a principle involved. "Taxation without representation is tyranny," and its attempted enforcement changed the political map of this continent. Thanking you for the space,

I am, yours truly,  
JAMES NEWELL.

Detroit, Mich., Sept. 16, 1892.

GOLDEN RULES OF SURGICAL PRACTICE.—*Continued*—(Times and Reg.):

HEAD.—Do not forget that an injury to the head is never too slight to be despised, and never too severe to be despaired of.

Never be precipitate in opening a hæmatoma of the scalp.

Never close a scalp wound until or unless all dirt is or can be removed.

Never hesitate to suture contused and lacerated wounds, but in doing so do not forget the drainage.

Never put stitches in deeply; there is no reason to wound the tendon.

Beware of cellulitis of the scalp when the dangerous layer of the scalp has been opened. In such cases do not be afraid of incisions, only let them be run from before backwards, be 2 inches in length, and down to the bone. In these cases beware of depletion or deprivation, because they occur in the broken down.

Never forget to examine the sub-occipital glands as an index to:

1. Erysipelas of scalp.
2. Pediculosis.
3. Syphilis.

Do not hesitate to trephine if the skull cap is exposed—if there are definite signs of localized paralysis, and if there is no suspicion of general pyæmic infection.

Never forget that a blow on one side of the skull often produces its main effects on the opposite side of the skull.

Do not mistake the depressed center of an extravasated blood-clot or congenital malformation, or atrophy, for depressed fracture, or the sutures for a linear fracture.

Remember that the more a fracture approaches the punctured form the greater the need for the trephine. Do not forget the rule:

If the depression is slight,  
If the extent is considerable,  
If no symptoms are present,

leave it, or *vice versa*, operate.

Remember that the operation for the removal of fragments, which have been pressing on the brain is rarely complete, spiculæ being often left behind.

Remember in trephining the skull that you are to consider the bone under your instrument to be the *thinnest* you have encountered.

Never undervalue the use of calomel and opium in head injuries.

INCONTINENCE OF URINE TREATED BY COLLODION.—Dr. J. E. Powers (*Mass. Med. Jour.*), says.

The mechanical treatment to which attention is called, is the treatment by collodion. It is most easy of application, occupies scarcely a minute, and can be carried out at school, college, or elsewhere, in perfect privacy. All that is necessary is, while the prepuce, slightly curved up, is held with the left hand, to smear over the little cup thus formed by the extremity of the prepuce with collodion by means of a small camel's hair pencil or blunt end of a penholder. Almost as fast as applied the collodion solidifies. In contracting it draws closely together the edges of the prepuce, and thus the exit for the escaping urine is closed.

A boy of eleven years of age has, after one lesson, been able to use the collodion, and has used it every night carefully and diligently, so anxious has he been to cure himself of what he considered a disgrace. A fortnight's use is sometimes sufficient for the cure. A relapse is easily dealt with. A solution of gutta-percha in chloroform would seem at first sight to be equally applicable, but it is not. The solution of gutta-percha is much longer in hardening, and it possesses no contractile powers. When the child desires to pass water, the little wedge or cap of collodion is easily removed with the finger-nail.

When I first used this collodion application, my expectation was that the bladder would act so forcibly against it as to cause sudden pain, and oblige the patient to jump at once out of bed and quickly remove the collodion, and that he should then repeat the application before returning to sleep. I was greatly disappointed. There was no pain; no awakening; but on rising in the morning the prepuce was found slightly distended

with urine, and the collodion was removed without difficulty.

**LEUKÆMIA.**—Weber (*St. Petersburger Med. Woch.—Brit. Med. Jour.*) gives an analysis of some twenty-eight cases of this disease. He divides them after Virchow, into (1) the lienal form, where the white cells are large, the nuclei being small; (2) the lymphatic form, where the white cells are small and the nuclei large; and (3) the mixed form. Twelve of these 28 cases belonged to the first group, four to the second, and twelve to the third. The spleen was enlarged in all the cases. The splenic tumor was smooth, and where the increase in size had been rapid there was evidence of local peritonitis. In ten cases there was considerable enlargement of the liver, but this was not uniform, as is readily explained by the morbid anatomy. In ten cases there was polyadenitis, whereas in four cases the mesenteric glands were alone enlarged, in four the cervical and thymus, in two the mammary glands, and in two the axillary glands. In these last four cases there was suppuration in the glands. In the case of the mammary glands the suppuration began in small foci in the periphery. When the glands were involved, the lymphatic form of the disease predominated. The author's table would show that the disease may occur at all ages. Four of his cases occurred in the first year of life, and three in the seventh decade. It was most frequent between the ages of 15 and 25. The author lays stress on psychical influences as a cause. He then relates in detail two cases, one of which is remarkable, as the patient seems to have recovered. In this case the spleen and many of the glands were involved.

**INEQUALITY OF PUPILS IN EPILEPTICS.**—Unequal size of the pupils (anisocoria) has long been recognized as occurring in some cases of epilepsy, and has been supposed to have some diagnostic value when the nocturnal form of epilepsy is suspected to exist. Browning (*Jour. of Nerv. and Ment. Dis.—Brit. Med. Jour.*) found unequal pupils in 16 out of 150 cases of epilepsy. He distinguishes three types of the affection: (1) cases in which the inequality is great; (2) slight but fairly constant difference in size; (3) latent anisocoria—that is, inequality only distinct on faint illumination. Three of his

cases were of the first type; two of these were syphilitic; the third was traumatic epilepsy, hence the anisocoria was regarded as being a local symptom. In the ten cases belonging to class 2, the constancy of the condition is opposed to the supposition that it was a parietic symptom due to post-discharge exhaustion. Browning observed latent anisocoria first and more frequently in non-epileptics; he suggests that it indicates disproportionate innervation of the iris by the sympathetic, which only becomes manifested when the action of the oculo-motor is relatively or wholly suspended.

**TREATMENT OF THE TYMPANITES IN TYPHOID FEVER.**—E. T. Nealey M.D., in the *University Med. Mag.*, says: I have always considered tympanites as a dangerous element in typhoid fever; for I have seen several patients die apparently from the distention due to the accumulated gases, a condition which I was unable to relieve satisfactorily. The bowels often fill up with alarming rapidity, this being probably the cause of perforation in many cases.

I saw a case in consultation last year, which was undoubtedly intelligently treated. The distention was in the extreme. So far as I was able to determine the case was uncomplicated with perforation, and it seemed as though the man would live if relieved of the accumulation of gas. All of the usual methods had been applied—injections, aspiration and rectal intubation—but with negative results.

A similar case occurred in my own practice during the last year. A boy, nine years of age, during the third week of fever, suddenly developed an alarming tympanites. The abdomen was fearfully distended, lower part of chest wall was widely forced out, stomach collapsed and unable to retain drugs, food or stimulants. Respiration was labored and rapid. This was a case that I had been holding up under heroic doses of stimulants, and without them he began to sink rapidly. I considered the end certain and close, unless relieved of this condition. I tried all of the usual methods without giving the needed relief. I then used the injection which I commonly use in abdominal section: one ounce of salts, two ounces of glycerin, three ounces of warm water and thirty drops of turpentine. In thirty minutes the child began

passing liquid stools, accompanied with an immense quantity of gas, with very decided relief of alarming symptoms. The injection was repeated in a few hours for another rapid accumulation of gas, and with the same results. The child made a perfect recovery, although it was one of the worst cases I have ever seen. I have repeatedly used this injection since in milder cases for constipation and accumulation of fæces and gas, and it has seemed to be all that one could desire in its effects.

DR. LINGRAND, (*Le Concours Med.—Med. Brief.*) gives the following table, which will be found very convenient for making calculations, especially as it can be very readily learned :

January.....	3	July.....	4
February.....	3	August.....	3
March.....	5	September.....	3
April.....	5	October.....	3
May.....	6	November.....	3
June.....	3	December.....	4

To arrive at the two hundred and seventy days, start at the day which marks the end of menstruation and count backwards three months, then subtract the number of days indicated in the table opposite the month in which the catamenia ceased. For example, the 24th of July being the day indicated above, we begin by counting backwards: June 24, May 24, April 24—April 24 less four days (the number opposite the month of July in the table) = April 20 = two hundred and seventy days. To this may be added seven days, or better, from seven to seventeen days according as the fetal movements first perceived by the mother indicate a period more or less near the last day of menstruation. When February has twenty-nine days' as in the present year, and is included in the calculation, one day more should be subtracted.

TREATMENT OF HÆMORRHOIDS.—Dr. J. Brindley James writes to the *Br. Med. Jour.*, that he has for some years been in the habit of treating hæmorrhoids by the simple process of applying calomel to them with the finger alone, and without a single exception he has done so with marked success, especially when inflammatory action was obvious in the hæmorrhoidal mass, characterized by mucus discharge and hæmorrhage, accompanied by most painful sensation of weight in the rectal region. All these symptoms under this simple

influence were speedily relieved, with the still more important subsequent advantage of the patients' restoration to ease. "Only a few days ago," he writes, "a patient came to me suffering so acutely that he could neither sit nor walk freely, each movement of the body entailing exquisite pain. I have now seen him thoroughly enabled to pursue his usual occupations in happy immunity from these distressing symptoms."

HEREDITARY TRANSMISSION OF MUTILATIONS.

—Dr. C. G. Lockwood, of New York, (*Bos. Med. and Surg. Jour.*) has recently published some interesting results of his experiments on the hereditary transmission of mutilations. White mice were selected on account of their rapid breeding, as they begin to breed when they are thirty days old and breed every thirty days. He bred them in and in for ninety-six generations, destroying all the sickly and defective ones, and in this way obtained a larger and finer animal than the original pair. His experiments in breeding their tails off were done by selecting a pair and putting them in a cage by themselves and clipping the tails of all of the young. When these were old enough to breed he selected a pair, and when they had young, clipped their tails. By continuing this breeding, in the seventh generation he got some young without tails and finally got a perfect breed of tailless mice. By taking one with a tail and one without a tail and alternating the sexes in each generation, he finally again got a breed of all-tailed mice.—

FOR RHUS AND IVY POISONING.—Says Dr. S. B. Stanley in *Times and Reg.*:—A. H., aged sixty years, a laborer, came to my office with an inflammation of the skin of the hands and fore-arms, extending to the middle of the arm. Beginning with lotions of lead-water I tried the most effective remedies for rhus poisoning, which careful inquiry into the patient's habits proved this to be, and was much chagrined to find that nothing gave relief to the itching and burning, or held in check the inflammation. As a *dernier ressort* a strong decoction of chestnut leaves (*Castanea Fagus*) was used, bathing the inflamed part every three or four hours. In twenty-four hours all the distressing symptoms had subsided, and the patient was discharged cured. Since using the above, which

was in August, 1888, I have prescribed the castanea treatment for all cases of rhus and ivy poisoning, and in all stages of the inflammation, with the single result in every case of perfect relief, from all symptoms in from twenty-four to seventy-two hours. I do not find this treatment in books on diseases of skin which I have read, and therefore offer it to the profession.

**LACTIC ACID AS A PROPHYLACTIC IN GOUT.**—Berenger-Feraud (*Jour. de Méd. de Paris*), recommends the employment of lactic acid to prevent the gouty attack. To six hundred grains of the acid is added sufficient water to make a solution of twenty teaspoonfuls, each teaspoonful will thus contain thirty grains. Every morning a teaspoonful of the solution is added to two or three glasses of sweetened water and drunk in the course of the day. At the end of twenty days the medication is suspended for ten or twelve days, and then resumed. The treatment should be continued for several years. The remedy is inoffensive, and does not interfere with the digestion or the nutrition.

**FOR LARYNGEAL PHTHISIS.**—In the treatment of this affection, Cozzolino (*Revista de Ciencias Médicas de Barcelona*) employs the following:

R—Pulv. iodoform . . . . . 5.00 grammes.  
Powd. phosph. calcium . . . . . 10.00 grammes.  
Boric acid powd. . . . . 5.00 grammes.  
Menthol. from 40 to 80 centigrammes. M.

Sig.—To be insufflated into the larynx, night and morning.

**STRONTIUM LACTATE IN TÆNIA.**—Laborde, (*Jour. de Méd. de Paris*), has had excellent results in tænia with the usual dietary care from the following:

R—Strontii Lact., . . . . . ʒ j.  
Aquæ, . . . . . ʒ viij.  
Glycerini, . . . . . q. s.—M.

Sig.—Two teaspoonfuls every morning for five days.

**A MEANS OF RESUSCITATION OF THE APPARENTLY DROWNED.**—Laborde says (*La France Méd.*) this means is to be used in conjunction with the ordinary methods. It consists in seizing the tongue, and making energetic, backward and forward movements, causing powerful action and

excitation of the base of the tongue, and producing reflex respiratory action. This simple expedient has succeeded even after immersion of twenty-five minutes duration, and after the usual methods had failed.

### Books and Pamphlets.

**TRANSACTIONS OF THE AMERICAN CLIMATOLOGICAL ASSOCIATION**, Vol. 8, 1891. Philadelphia: W. B. Saunders & Co., 913 Walnut St. Price \$1.50 net. Toronto: Carveth & Co.

The above work has been received, and is fully up to the standard of the former volumes. Among the most noteworthy papers read at the 8th annual meeting of the Society, being "The Treatment of Catarrhal Inflammations," by Beverley Robinson, the well-known New York specialist, who treats of the subject in a most thorough and practical manner, and "The Pretubercular Condition," by Dr. Hilgard Tyndale. We can thoroughly recommend the work to those interested in climatology.

**MATERIA MEDICA AND THERAPETUTICS.**—By L. F. Warner, M.D., Attending Physician, St. Bartholomew's Dispensary, New York. Being volume 5 of the Students' Quiz Series. Pocket size, 224 pages, \$1.00. Philadelphia: Lea Brothers & Co. 1892.

This will be found a useful little work for students. It is a compend based upon the works of some of the best know writers on the subject, as Brunton, Bartholow, Wood, Bruce, etc.

**GENITO-URINARY AND VENEREAL DISEASES; a Manual for Students and Practitioners.** By Charles H. Chetwood, M.D. Philadelphia: Lea Brothers & Co. 178 pages, \$1.00.

This is another of the "Quiz Compend." The compiler has drawn his material from the works of Drs. Edward L. Keys, Ultzman, Sir Henry Thompson, and Ashurst.

**OBSTETRICS, a Manual for Students and Practitioners.** By Charles W. Hayt, M.D. Philadelphia: Lea Brothers & Co. 186 pages, \$1.00.

This compend contains the most important matter on the subject in as condensed a form as possible. It is based upon Charpentier, Hirst, Playfair, Winckel and Lusk.