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THE
Canadian Medical Review.

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No. 3

Original Communications.

Intubation.

(The nature of the disease necessitating which, at the time of operation, being undetermined, the operator was inoculated, and suffered sensory paralysis.)

By ALFRED J. HORSEY, M.D., M.R.C.S. Eng., M.R.C.P. Edin.,
Ottawa, Ont.

AT two o'clock on Dominion Day I was urgently called to intubate a girl ten years old, because of impeded respiration which imminently threatened life, the cause of which at the time was not fully determined and which, owing to the extremity of the patient, there was no time for enquiry.

I was told by the medical attendant who had first seen her at nine o'clock the same morning that she had in a few hours become dyspnoëic and unconscious. Her breathing was difficult, noisy, rapid and shallow; the face pale and expressionless. My ear was hurriedly placed on the chest before and behind, and I found that air was imperfectly entering the lungs. There was also absence of dulness on percussion. Intubation was at once readily done, which relieved the breathing, so that in about

half an hour she had sufficiently recovered consciousness to know and name those about her. A quantity of bloody mucus and what looked like a little pus welled up in the pharynx at the base of the tongue, which embarrassed respiration so that it was thought necessary to swab it away, which being done, respiration became less sibilant and more free.

The ligature which was attached to the tube before its insertion was about to be removed, but out of deference to the suggestion of my confrere, was allowed to remain. Only for an instant, however, as the patient quickly caught it and withdrew the tube. It is my custom to remove the cord as soon as I am sure the tube is in the larynx, which is known by the character of the respiration, etc., which in the future will invariably be followed, as it is not the first time this untoward occurrence has happened. As breathing was fairly good without the tube, its reinsertion was delayed; but half an hour later, breathing becoming worse, it was decided to replace it. Two unsuccessful attempts were made to do so, owing mainly to the struggles and resistance of the patient.

The holder of the tube on its withdrawal the second time brought away entangled in it a thick piece of well organized false membrane the size of a ten cent piece, of a pale grey color. Bloody mucus quickly filled the pharynx, presumably from the surface, from which the membrane was removed. It was thought wisest to desist from further attempts at reinsertion because of the patient's exhaustion, and as respiration was improved, probably owing to the removal of the membrane. She had been prescribed for in the morning in an expectant way, and just before intubation had been given a hypodermic injection of strychnine and another an hour after. Alcoholic stimulants were given by the mouth. No antitoxin was given. She was left for two hours, and on my return was sleeping heavily, with respiration not seriously embarrassed, pulse firm and full.

I was to be sent for if intubation was thought necessary, but nothing more was heard of the case till 7 p.m., when I was told she had died. The history of the child's illness briefly is, that she on the previous Friday (Dominion Day being Wednesday) first complained of feeling unwell, but continued to go about. On Sunday she began to grow hoarse and had a croupy cough. On Monday and Tuesday she was much the same, but on Wednesday morning she was considered ill enough to call in a doctor at nine o'clock, who had not determined on the diagnosis. The fauces were examined, but no marked departure from health seen.

The consultant, who arrived at the house shortly before me, saw no

membrane but a streak of pus or mucus behind the left tonsil which was not thought significant. I did not examine the pharynx or larynx as the emergency did not allow of it.

Had it not been for the accidental bringing away of the membrane, the nature of the disease would not have been known, but the clinical evidence of diphtheria was sufficiently complete to put the diagnosis beyond doubt, even without the following sequel, whose phenomena might be followed with quite as much interest, though somewhat less concern, were they manifested by a subject other than myself.

On the Saturday following Wednesday, July 1st, an irritation was felt at the base of the left index finger over the knuckle, where there was a bright red papule, which was sucked and moistened with saliva to allay the itching. There was no wound there before the intubation, nor consciousness of one during the operation. On Sunday, July 5th, feeling in my usual good health, I set off on a twelve mile walk, being occasionally reminded of my finger by itching and irritation at the spot. The back of the hand over the metacarpal bone of the index finger was somewhat swollen and had an erythematous blush, and my suspicions as to its nature were aroused. On the following day a vesicle formed with extending border of lymph and areola. My confreres thought it of a specific nature, but what particular kind they could not say.

To be brief, the sore continued to enlarge and ran the cycle of phenomena usual to a point of vaccination till the twenty-first day, when it began to decline and fade, but took in all two months to fully heal. On the next Sunday, July 12th, a feeling of lassitude was felt with lumbar pain and stiffness. The weather was excessively warm, and I strove to flush my system through the kidneys by drinking copiously of cold water, which did so most effectually by free and frequent diuresis. On Thursday, July 16th, tenderness, for which I had been on the alert, was felt in the left axilla, the glands in which were somewhat enlarged and continued so for a week.

On the 16th, the throat became relaxed and congested. On the 17th it felt decidedly sore, with dysphagia and odynphagia, especially on the left side, which was examined by several of my confreres, who found a membranous patch on the post-pillar which remained till the 24th. Appetite, excepting for a day or two, continued fair throughout, when neither food or pipe could be enjoyed. At the same time there were malaise with insomnia at night.

This sequel is another point of interest in connection with the case, which fortunately is rare, the most frequent way of inoculation being caused by materies morbi being coughed into the operator's face. It

carries with it a warning which I am thankful to convey to my confreres, being more fortunate than some who have recently fallen victims of septic inoculation.

About the middle of August there was tenderness and pain in the heels, causing lameness for a couple of weeks, and then passed away, when numbness in the toes and the anterior half of the feet came on and grew so pronounced that equilibrium could not always be maintained, necessitating care especially in turning quickly. There was an inclination to fall forward owing, as it seemed, to want of properly regulated pressure on the toes. Though feet and toes were quite numb. Pinching them between the finger nails caused a peculiar cutting pain. The left index finger and a portion of the back of the hand were also numb, as well as a part of the right thumb, which had been scratched shortly after the left hand had become inoculated, and which took on the same inflammatory action, and became very sore. At present, February 12th, my health is excellent, though there is still slight numbness in the toes.

THE PHYSICIAN OF THE NEAR FUTURE.—Unwilling to combine in any manner with his fellow-workers for his own protection, giving the best of his early energy to work in institutions which take the very bread from his mouth by treating and caring for those who are not poor, his work competed with on every hand by an ever-increasing host of special fads and frauds, what will be the doctor's source of income in the near future unless a change is worked? A crusade, organized to reclaim the holy shrines in Palestine, incidentally booms the sale of Jerusalem drops and other remedies supposed to originate with the Franciscan friars. The Kneipp curists do not walk long in dewy grass before the discovery is made that Kneipp remedies for all known ills should be placed on sale in every city of the world. Park commissioners are asked to extend the courtesies of the grass to the early morning sockless perambulator with the sole object of advertising the Kneipp company's wares. Faith, hope and charity healers, mind, brain and thought curers, hypnotic, hydropathic, magnetic, eclectic, spiritualistic, human and divine workers of miraculous cures increase and flourish. The reputable physician walks to his dispensary class and treats many who should be going to his own or to his brother's office, and who will to-morrow run off to "a divine healer" and leave a bank bill on his table in return for the benefit they hope will come from the laying on of hands.—*Medical Record.*

Society Reports.

Toronto Medical Society.

REGULAR meeting, January 28, President, Dr. W. J. Wilson, in the chair.

Dr. Carveth presented a pin $1\frac{3}{8}$ in. in length passed by a child, $1\frac{1}{2}$ years of age. The pin had been swallowed forty-eight hours previously. No symptoms. Oil should not be given in these cases, as many books recommend.

Dr. Wilson reported a case in which a pin two inches long was a week in passing. It set up considerable irritation inside the rectum. The doctor introduced his hand and removed it.

Dr. G. B. Smith reported having been called to a patient in whom there was paralysis of the left lower extremity and considerable pain at times. Iodide of potassium was administered. Some pain in the rectum was followed by the expulsion of the pin and a complete and unaccountable disappearance of the paralysis.

Genu Valgus.—Dr. G. A. Peters reported a case of genu valgus in a boy who had not developed well, as the mother had thought, from her having been fed on exclusive vegetable diet while carrying him. By illustration the speaker showed the pathological anatomy of the condition. Owing to the slanting from without inward of the articulation of the knee the weight of the body was transmitted more through the outer condyle, allowing the inner one to develop and become prominent. Operation consisted in making an incision a little above the epiphysis below the medullary canal, introducing a chisel, first cutting the posterior part of the bone, then the anterior, and afterward fracturing the bone. A Hamilton splint was then applied. The case was progressing satisfactory. Where when the internal malleoli are brought together the feet are three inches apart, operation is indicated, according to the orthopedists.

Hysteria.—Dr. J. Hunter reported a case of hysteria occurring in a woman aged 54. There was a history of insanity in the family. Patient herself was bit by a dog during one of the pregnancies, had had two attacks of rheumatism, had met with one or two accidents which caused uterine hæmorrhages, had undergone trachelorrhaphy and wore a pessary for prolapse. Recent symptoms had been a constricting pain around the umbilicus, retention of urine so that a catheter

had to be used. She passed but two ounces of urine per day. It was of high specific gravity, and contained a trace of albuminuria. Periods of unconsciousness and convulsive movement were experienced. About four months ago she noticed a swelling near the left mammary gland. This was followed by some several others, and an infiltration of the cellular and muscular tissue of the abdomen and lower limbs. Stigmata appeared on various parts of the skin. The stomach was irritable, there being nausea and vomiting. Patient lived on but one meal a day. Suffered from insomnia. Patient under treatment by her tenth doctor on listerine and water was improving, the lump and stigmata having largely disappeared.

Toronto Clinical Society.

THE February meeting was held in St. George's Hall, President Allen Baines in the chair.

Amputation at the Hip-joint.—Dr. F. LeM. Grasett reported a case of amputation at the hip-joint. Patient, carpenter. Last spring first symptom, pain in the groin, was noticed, gradually extending to thigh, accompanied by swelling. In three weeks he was obliged to go to bed. Glands in groin were enlarged and hard. The swelling was most marked in the centre of the left thigh, especially on the outside. The bone was thick. Patient was kept in hospital some months, but did not improve. As fears of malignancy were entertained by the surgeons who examined patient, amputation was done at the hip by Fournier-Jordan's method. Wyeth's pins were used, and digital compression employed, making the operation bloodless. Recovery uneventful. Mortality in pre-antiseptic days was about 87 per cent.; now, 34.4 per cent.

Operation for Neglected Fistula was the title of a paper by Dr. G. A. Peters. The method employed had been in vogue formerly, and was used in cases where the internal opening was near the outlet, the fistula narrow and indurated, with its external opening some distance from the anus, and not causing more inconvenience perhaps than emitting a little moisture. It might be as deep as the glutæus maximus and extend out six inches. The history and treatment of three such cases were given by the essayist. The whole sinus is laid open, the whole tract of the sinus dissected out, and this large wound stitched up with deep sutures of silk-worm gut, approximating the surfaces throughout. A catheter placed in the rectum is of much

value, allowing flatus to escape. In these cases the wounds healed by first intention, although Allingham says it is almost impossible to prevent feces from getting into the wound.

Dr. A. Primrose stated that one reason fistulæ often did badly was because all their branches were not reached and scraped at the time of operation. He thought the method suggested in the paper might be applied in treating other fistulæ. He had treated a fistula in the perineum which extended in to the ischium in this way with success.

Spinal Caries—Laminectomy for Cord-pressure was the title of a paper by Drs. D. C. Meyers and A. Primrose.

Dr. Meyers said that in the three generations of patient's family a case of Pott's disease existed. The girdle pains, changes in the reflexes and sensory disturbances, were referred to. The appearance of kyphosis confirmed the diagnosis.

Dr. Primrose presented charts after Quain, showing the sensory areas and the relation of the exit of the nerves to the bodies and laminæ of the vertebra; also chart showing transverse and vertical sections of the body through the abscess. A detailed description of the operation was given. Patient did well for some weeks, when meningitis supervened, causing death. Material from the cavity showed the bacillus tuberculosis and a diplococcus. At post-mortem, examination was made of contents remaining. Cultures proved sterile.

Dr. Peters discussed the case.

Toronto Medical Society.

THE regular meeting was held February 18th, in the Council building.

Eye-strain.—A case showing in a peculiarly marked manner the effects of eye-strain. A paper thus entitled was read by G. H. Burnham. The patient was fifty-eight years old. Twenty-eight years before he suffered for a year from severe pain in the left eye, temple, side and back of head, which gradually subsided, accompanied with nearly complete loss of sight in the affected eye. Recently a similar attack, lasting four weeks, was experienced in the other eye. Both fundi were normal. In the left there was a good deal of hyperopic astigmatism; in the right a small amount. Suitable glasses were ordered, but no medicine, which completely relieved the pain in the one and the sight in the other eye. The essayist thought that the

agonizing pain in the early attack was due to the great efforts the eye made to overcome the error of refraction, and that with the cessation of these efforts, that is, with the total suppression of the image of this eye, the pain vanished. Owing to the fierce nerve-centre explosions years ago, the centres were more easily aroused. That the trouble in the right eye did not occur earlier was due to the fact that glasses worn in the interval had aided the right eye to cause a delay, but not to prevent a nerve-storm.

Dr. L. L. Palmer said that the narration of this case gave added evidence to the fact that multifiform sufferings may be due to various forms of metropia. Errors in refraction were the most common causes of eye-strain. The case furnished an example of chronic spasm of the ciliary muscle accompanied by severe pain.

Lupus.—Dr. F. N. G. Starr presented for Dr. J. E. Graham, a boy, whom he had shown last year to the Society with a lupus-like eruption on the face. The disease was slowly extending, although alterative and tonic treatment had been tried.

Dr. T. F. McMahan thought it would be a good case to try the tuberculin test upon.

Dr. Starr thought, judging from the disastrous effects arising from its use at the time of its introduction, such a procedure would be risky.

Deformity of Hand Following Rheumatism.—Dr. B. E. McKenzie presented a patient who had suffered from deformity of the right hand subsequent to an attack of rheumatism. The fingers are drawn toward the ulnar side and were somewhat flexed. They were partially dislocated from the metacarpal bones. He was not sure of the cause of the condition.

Dr. A. Primrose thought the lesion was in the cord.

Dr. G. Carveth advised the use of potassium iodide.

Dr. G. H. Burnham strongly opposed the slipshod manner in which the iodide was given in obscure cases. He would recommend iron, arsenic and strychnia.

The patient stated that he had tried the iodide and tonics for months with no benefit.

Dr. McKenzie said he intended to correct the position by operation. He would cut the abductor minimi digiti near its insertion, and the two interossei (which draw the three fingers to the ulnar side), and also some strands of the palmar fascia, forcing the fingers in an over-corrected position, and retain them there with a suture.

Croup or Diphtheria—Which ?—By Dr. Oakley. (To appear in next issue of REVIEW.)

Dr. Palmer recommended that medical men regard all these cases

as diphtheria whether they were or not. It would be much safer. In ninety-nine cases out of one hundred they would be correct. If such cases were closely examined some exudate would be found somewhere.

Dr. Price-Brown said he had had numerous cases like that reported by Dr. Oakley, and had, in his earlier practice, regarded them as croup. Under the light of recent experience he believed they were diphtheria.

Dr. T. F. McMahon considered all such cases diphtheria, and that there was a danger of their spreading. The remedy *par excellence* was antitoxin. He reported cases of laryngeal diphtheria where its use acted almost magically.

Dr. John Hunter remarked on the occurrence of these isolated cases, which were seen here and there through the country.

THE Western Ophthalmological, Otological, Laryngological and Rhinological Association will hold its second annual meeting at St. Louis, Missouri, April 8th and 9th, under the presidency of Dr. Adolf Alt. The following are some of the seventy papers promised: "The Value of Hypnotic Suggestion in Ophthalmic Practice," Dr. Jgnatz Mayer, Guthrie, O. Ty.; "The Aetiology, Treatment and Prognosis in Exophthalmic Goitre," Dr. J. Fred. Clark, Fairfield, Ia.; "Two Cases of Asthma, due to Intra nasal Growths," Dr. W. W. Bullette, Pueblo, Colo.; "Influence of Vaporized Medicaments on the Respiratory Passages," Dr. Homer M. Thomas, Chicago, Ill.; "Conservatism in Rhinological Practice," Dr. B. M. Berens, Minneapolis, Minn.; "Mental Depression and Prolonged Melancholia following Graduated Tenotomy and the Limitation of Prisms," Dr. W. H. Baker, Lynchburgh, Va.; "The Technique of Cataract Extraction," Dr. B. E. Fryer, Kansas City, Mo.; "Diseases of the Labyrinth," Dr. J. Holinger, Chicago, Ill.; "Syphilitic Amblyopia," Dr. Robert F. Lemond, Denver, Col.; "Objective Noises in the Ear," Dr. G. Sterling Ryerson, Toronto, Can.; "Function of the Stapedius and Tensor Tympani Muscles," Dr. THOS. F. Rumbold, St. Louis, Mo.; "Experiments on the Eustachian Tubes by Means of the Tongue Thrust Into the Naso-Pharynx," Dr. Hamilton Stillson, Seattle, Wash.; "Relative Value of the Various Treatments for Deafness due to Otitis Media," Dr. J. F. Oaks, Chicago, Ill.

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Selections.

IMPROVEMENT OF VISION BY TATTOOING THE CORNEA.—Neuburger (*Munchen Med. Wochenschr.*, vol. 43) tattooed an eye, not only for cosmetic reasons, but with the hope of improving the vision. The leukoma was large and thin and in the neighborhood of the pupil. Vision was improved about one-sixth by the operation.

RELIEF OF AFTER-PAINS.—In many cases a nice warm meal is better than any medicine, but where the pains are exhaustingly severe, turn to amyl nitre. This potent drug is a very efficient controller of after-pains, and used cautiously no harm need be apprehended from it. A neat way of using it is to saturate a small piece of tissue-paper with five or six drops, stuff this into a two-drachm vial, and direct the patient to draw the cork and inhale the odor when she feels the pain coming. It acts with magical celerity.—*American Journal of Obstetrics.*

FOR THE VOMITING OF GASTRIC CANCER.—Dr. A. Robin (*Gazette Heb. de Méd. et de Chir.*) recommends the following formula :

℞ Picrotoxin,	}	each.....	gr. 3.
Morphine hydrochloride,			
Neutral atropine sulphate			gr. $\frac{6}{100}$.
Cherry-laurel water			gr. 600.

M. Sig.: From five to eight drops five or ten minutes before the principal meals.—*N. Y. Medical Journal.*

BENZO-IODHYDRIN.—Chenal (*These de Paris*, No. 52, 1896-97,) suggests this ether of glycerine as a useful substitute for iodide of potassium. It is prepared by shaking a mixture of benzoyl-iodide and epichlorhydrin, at a heat not exceeding 158° F.; the resulting brown fatty mass, a benzo-chlorhydroiodhydrin, is soluble in ether, alcohol, and petroleum oils, but not in glycerine. Administered in doses of 0.13 g. (corresponding to 1 g. KI), he found that it caused no disagreeable symptoms of iodism; and from twelve observations he concludes that its immediate therapeutic effects are equal to those of the potash salt, while it is more slowly eliminated and a smaller dose is required. He attaches much weight to the antiseptic action of the considerable proportion of benzoic acid and chlorine contained in the drug, but admits that the question as to the permanence of the results requires more prolonged observation.—*British Med Journal.*

HYPERIDROSI.—*La Médecine Moderne* gives the following formula for sweating feet :

R	Alumnol,	
	Aristol	āā gr. xv.
	Starch	ḡss.

M. Sig. Use as a dusting-powder.—*Medical Bulletin*.

RHEUMATISM.—This is recommended as an agreeable salicylate mixture :

R	Pottass. acetatis	ḡ ij.
	Acid. salicylatis	ss.
	Syrup. limonis	ḡ ij.
	Aq. menth. pip.	ḡ viij.

M. Sig. : Tablespoonful every three hours.—*North American Practitioner*.

DELIRIUM TREMENS.—

R	Pottass. bromide,	
	Sodii bromide	āā gr. xv.
	Chloral. hydrat.	gr. x.
	Tinct. zingiberis	ḡ x.
	Tinct. capsici	ḡ v.
	Spirit. ammon. aromat.	ḡ i.
	Aquæ	ḡ ij.

M. Sig. : Dose, a tablespoonful.—*Vanderbilt Clinic*.

NEWSPAPER WIT.—An item is going the rounds of the press, both medical and general, to the effect that a man constantly in fear of becoming unconscious, of being carried to a hospital, and operated upon before diagnosis has been made, carries in a conspicuous place in his clothing the inscription : "My appendix has been cut out." This is undoubtedly the invention of some would-be newspaper wit. Nevertheless it carries with it a moral. It is notorious that operations for diagnosis are entirely too frequent, consequently it behooves every medical man to "go slow," and if of the younger rank to await the advice of counsel and the result of careful deliberation.—*Medical Age*.

CONGENITAL DISLOCATION OF THE HIP.—Paci (*Archiv. di Ortoped.*) contributes a final article on this subject. After referring to several cases successfully treated by his method, he reports fully the case of a child, aged seven, operated upon in May, 1892, for double

congenital dislocation by the same method. The results were satisfactory. The child died of dysentery in September, 1892, and the author was able to secure the pelvis and femora. Excellent photographs of the preparation illustrative of the results and confirming the author's views on the treatment of this disease accompany the paper. A full description of the anatomical and pathological condition is given. The author then enters into a polemical discussion as to his method and that of Lorenz, which is a modification thereof. A comparative table is given showing the chief differences in the two methods (both bloodless) of treating congenital dislocation.

THE TREATMENT OF THE DYING.—Munk, in the *Practitioner* for July, 1896, speaks eloquently of the use of opium in the last hours of life. He says that under its influence the feeling of exhaustion and sinking referred to the stomach disappears, some color returns to the face, and a placid expression replaces the look of anxiety, the sufferer passing into a gentle sleep from which he awakes refreshed and comforted. He quotes Hufeland in saying that the drug must be administered in such doses as will relieve the suffering, rarely less than a grain for an adult, repeated as often as once in eight hours. It is perfectly safe so long as there is no rigidity or obstruction to the air-passages. Care should be exercised, however, if the heart is feeble. A contracted pupil is also a contraindication, as it implies a state of the brain in which opium will not act well. In cases of gastric distention the hypodermic injection of morphine should be employed.

ANÆSTHETICS IN ADENOID OPERATIONS.—Dr. T. Helville Hardie (*Annals of Ophthalmology and Otology*), in the course of an interesting article on adenoid vegetation, gives the following reasons for using anæsthetics: 1. The fact that the operation is usually a painful one. 2. A thorough operation, which is by most men considered necessary, cannot, as a rule, be performed without general anæsthesia, except in adults. 3. A burned child dreads the fire, and a child that has a curette or forceps used once will ever afterward retain a decided objection to a second introduction of the instrument. Children, like elephants, have long memories of injuries. In the absence of disease of the heart or lungs, when the growth is not limited to one central mass merely, and when the child is old enough to know that it is being hurt and to remember it, anæsthesia should be introduced. Dr. Hardie concludes as follows: 1. Adenoid vegetations should be

removed under general anæsthesia in the great majority of young children. 2. The cold snare and cocaine anæsthesia are satisfactory in older children and adults, but cocaine should not be used in young children. 3. Nitrous-oxide anæsthesia is frequently of too brief duration for the proper performance of this operation. 4. Ethyl bromide, apart from the question of its safeness, which is still undecided, is a desirable anæsthetic in many cases. 5. Ethyl bromide is not well taken, as a rule, by very nervous or frightened children. 6. Ether should be substituted for bromide of ethyl when the operation is likely to be a lengthy one. 7. The Gottstein curette is, all things considered, the most satisfactory single instrument, and particularly in bromide-of-ethyl operations.

LAPAROTOMY AS A CURE OF TUBERCULAR PERITONITIS.—Dr. Girolamo Gatti (*Langenbeck Archiv*) gives an account of interesting experiments on the healing of tuberculosis of the peritoneum after simple laparotomy performed upon the experimental animals affected with peritoneal tuberculosis. An exudation of reddish watery fluid takes place, and is to be observed during the first six or seven days. The healing of the tuberculosis takes place as the result of the imbibition of this fluid by the epithelioid cells of the tubercles. At the same time, he believes, destruction or injury of the tubercle bacilli takes place. This retrograde process is responsible for the cure of the disease. In the earliest stage of the disease, before the tubercle has reached its typical form, the benefit derived is much less. The same is true if the laparotomy be neglected until large masses of caseating tubercles are to be found in the omentum. For this reason if a first laparotomy is not successful, a second operation may with propriety be attempted. The advantage of early operation is evident. Although not mentioned by the author, it would seem that such comparatively mild irritations as would be brought about by gently rubbing the peritoneum with a moist gauze sponge would add to the effect of abdominal incision.—*Medicine*.

COMMON SENSE ON THE ALCOHOL QUESTION.—However temperate a man's own views may be on any such question as that of the use of alcohol, he is tempted to lean in his public utterances toward the contention of fanatics. He may not go to the extremes that they contend for; indeed, he is almost sure not to. But he is apt to make statements by which they can strengthen their case with the public, and especially with the legislators. It is refreshing to notice a recent

exception in the case of Mr. Pellew, of the department of chemistry of Columbia University, who recently concluded a course of lectures in the Museum of Natural History on the subject of the good and bad effects of alcohol. Mr. Pellew stated without reserve, and backed up his statement by citing the most careful observations and experiments of well-known investigators, that "there was no doubt that, even in health, a small amount of alcohol, if given in divided doses, could be burned up in the blood and serve as food, without producing any injurious effects." We are quoting from the *Sun's* report of Mr. Pellew's last lecture. He went on to say that in diseased conditions, where nutrition was impaired, alcohol could be given in greatly increased amounts without any intoxicating effect, and was then of enormous value. An ounce of it, he said, gave as much heat as seven or eight ounces of beef, and that without having to undergo the processes of digestion and assimilation. In other words, it burned, "as in a lamp, without wasting the wick." On the other hand, the popular notion that alcohol will keep up the heat of the body under exposure to great cold was declared to be a mistake. Alcohol, said Mr. Pellew, actually reduced the temperature of the blood, but it was of service to restore equilibrium after the exposure was over. The lecturer was not backward in depicting the horrors of drunkenness, to which, of course, no reasonable man can shut his eyes. He spoke of the dram-drinking habit as a nervous disease rather than a vice. He properly insisted that, in health, the only good effects of alcohol, "except, indeed, its action as a 'scavenger of mankind,'" came from its moderate use.—*New York Medical Journal*.

INDICATIONS FOR AND AGAINST OPERATION IN CANCER OF THE UTERUS—Dr. Emory Lanphear (*Medical Era*), from an experience of nearly one hundred hysterectomies for cancer of the uterus, reaches the following conclusions: "Radical operation is indicated: 1. As soon as a diagnosis of carcinoma of the cervix is made—provided the disease is unquestionably not too far advanced for any possible benefit at the time of first examination. 2. Whenever there is a fungous growth upon the cervix (especially in a patient near the menopause), which persists in spite of treatment, even though there is no ulceration and but little tendency to spread. It is probably the papillary form of carcinoma cervicis (cauliflower cancer); and there is always involvement of the mucous membrane of the body, so that high amputation will not cure. 3. When there are one or more nodules in the mucous membrane of the cervix, which soon ulcerate and destroy the mucosa. Such trouble is almost invariably the

nodular variety of carcinoma of the cervix. 4. When there is an infiltrate in or beneath the cervical mucous membrane, just within the os, which soon breaks down and destroys the cervix by erosion. It constitutes the variety known as cancer of the cervical mucous membrane ('eating cancer'), and may have progressed far before the os shows any marked change when viewed through the speculum. 5. When there is evidence of the existence of cancer of the parenchyma of the uterus (usually fibro-sarcoma), even if the cervix seems to be perfectly normal. Such cases are not rare. 6. Whenever at the menopause a glandular endometritis becomes inveterate, showing a tendency to degenerate into a typical malignant adenoma—that is, adeno-carcinoma (glandular carcinoma or primary cancer of the mucous membrane of the uterine body)—as indicated by (a) the appearance of irregular hæmorrhages; (b) the presence of a serous, reddish, odorous discharge; and (c) paroxysmal pain. 7. In all cases in which there is even a strong suspicion of malignant disease! In early operation lies safety. I can quite agree with Pozzi that 'it may even happen that as a last resort against persistent hæmorrhage alone, we are obliged to perform vaginal hysterectomy with only the diagnosis of probable cancer.' Operation is not indicated: 1. Whenever the disease is so far advanced that the uterus is fixed in the pelvis. 2. Whenever it is certain there is extensive cancerous infiltrate in the broad ligament. 3. Whenever the cancer involves the bladder. Implication of the posterior vaginal wall or even of the anterior part of the rectum is not necessarily a positive contraindication to operation. 4. When the 'cancerous cachexia' has become pronounced. 5. When the patient is too weak from repeated exhausting hæmorrhages. 6. Whenever the diagnosis of sarcoma of the uterus is quite certain. In such cases there is always recurrence after removal, and the subjects die quickly. Palliative operation, such as curettage, burning with Paquelin cautery, etc., are indicated: 1. When there is marked sepsis, removal of the sloughing mass with the sharp curette, and the subsequent use of douches of solution of permanganate of potassium followed by insufflations of pyoktanin will greatly prolong life. 2. When there is excessive hæmorrhage. In such cases curettage followed by cauterization and the after-treatment just mentioned will be of much benefit. 3. When pain is very severe. Even hysterectomy as a mere palliative measure is sometimes advisable, the pain being much less marked in recurring carcinoma in the pelvis."—*Medical Record*.

Editorials.

The Medical Council's Petition to the Legislature.

IN our last issue we drew attention to the petition lately circulated by the Medical Council, which, we understand, was returned, signed by nearly three-fourths of the members of the College, but the position taken by the REVIEW was so reasonable that the petition was not presented to the Legislature. The large number of signatures obtained was doubtless due to a combination of circumstances. The Council or its Executive Committee does not appear even now to know what it was petitioning for. The resolution adopted last June, on which the petition is based, and as given on p. 83 of the official Report of Proceedings, asks "that the Government and Legislature shall not introduce or carry through any new medical legislation unless such legislation on new Medical Acts be asked for by the College of Physicians and Surgeons directly or through their Legislation Committee." To have granted this prayer would have been to muzzle the electorate completely. The resolution, as given in the circular of the Executive Committee which accompanied the petition sent out for signatures, substitutes in place of this demand the simple prayer that such legislation shall not be introduced or carried through unless "it be first submitted to the Council of Physicians and Surgeons of Ontario directly or through its Legislative Committee." In the petition itself the prayer takes a third form, simply that "your honorable body will extend to the medical profession of this Province the courtesy of placing any proposed change or amendment before the Council for consideration." As we are credibly informed that the Government has always extended to the Council the courtesy of acquainting it with any proposed legislation, the petition as submitted to the profession amounted in this respect to nothing whatever.

The clauses referring to the tariff and unqualified practitioners were in our opinion most ill-advised and calculated only to perpetuate and intensify the antagonism already existing on the part of the Legislature towards the medical profession. As we have already intimated, many practitioners make the mistake of supposing that a tariff would fix a legal rate of charges to which all must conform. Since a tariff is clearly out of the question, and neither the present or any other Legislature would consent to any legislation in that direction. The tariff

proposed is designed simply to serve as a guide to judges in courts of law as to what should be regarded as reasonable charges in any suit for the recovery of a debt. As doctors very seldom sue and judges very generally ignore such a tariff, even if we had it, the matter is of little moment to the profession. Still these two clauses, no doubt, induced many men to sign the petition who would have otherwise refused to endorse anything even as mild as the first clause.

The Executive Committee, we are informed, attempted to rush the matter through by having an Amended Medical Act prepared by the solicitor for introduction to the House. Every medical man in the Legislature expressed his disapproval of the attempt to amend the Act now, as the time, in their opinion, was inopportune. When the Legislative Committee was called to meet on the 3rd inst., objection was taken to the Executive Committee attempting to go beyond what the Council had authorized by introducing into the petition matters which had not even been discussed, or attempting to introduce any legislation in the Legislature without the Council having first an opportunity to consider it and pronounce upon it. And so after costing in all several hundred dollars (perhaps the Registrar of the College will tell us the exact amount) the petition results in a fiasco. This petition was endorsed by the Medical School journals. Why?

To Our Medical Professors.

THE time always comes, in the advance of human progress, when we must ask ourselves, What is the real position of affairs? We must look around and enquire whether we are going forward or receding; whether we are doing the very best thing that we can do for the good of others? This time, we think, has now come in the history of medicine.

First, we would ask the many professors of medicine in our too numerous Canadian medical colleges, if they are displaying the highest example of professional ideal for the students to copy. On this matter we think there is room for improvement. The medical practitioner should always be a gentleman, and we firmly believe in the efficacy of teaching by example. We have seen, and know, of actions that were not quite ethical, coming from those in connection with some of our colleges.

Then, we would ask our Canadian professors if a young man came to them and was in earnest search of advice, whether they would

advise such young man to study medicine. To the very best of our judgment, the medical profession in this country is overcrowded. We would like to know if our Canadian medical professors think with us? We are sure they do. Now, if they do agree with us on this very important point, why do they flood the country with school announcements, the intention being to gather in an abundant attendance of "freshies." This converts the science of medicine into commerce; and a medical school is pushed as a wholesale house is pushed, by advertising and catalogues. The schools may exist and the teachers take part in the work of medical education, but let the young men and women find their own way to a medical college without these "catchy" inducements.

Again, we think there are too many medical colleges in the country. Five medical colleges in Ontario would strike us as a pretty liberal supply. The plain truth is, they are not all needed; but they are all doing their very best to make them go, to make them pay, to get as large an attendance as possible, and secure directly and indirectly as much gain as possible. We wonder where this wholesale advertising of colleges is going to lead to, and what effect it is going ultimately to have on the medical profession.

In the solution of the over-crowded and under-paid condition of the medical profession to-day all over the world, we do not think that the general practitioner may expect much help from the medical colleges. We would offer as a partial remedy for these rapidly growing evils that the general practitioners tell the plain truth about the condition of the medical profession, to the effect that it is not an El Dorado. This would keep many a young man from entering a calling where his services are not required.

F.

ONTARIO MEDICAL ASSOCIATION.—President Coventry, of Windsor, has appointed the following Committee on Papers and Business for the coming meeting of the Ontario Medical Association, to be held June 2nd and 3rd, in Toronto: W. Britton, Chairman; J. A. Temple, A. H. Wright, F. Le M. Grasett, J. E. Graham, B. Spencer, of Toronto; A. Dalton Smith, Mitchell; D. S. Bowlby, jun., Berlin; John Dunfield, Petrolia; J. Dewar, Windsor; C. W. Hoare, Walkerville; R. W. Powell, Ottawa; James Third, Kingston; T. F. Holmes, Chatham; R. Raikes, Barrie. With these men at work throughout the Province, a good programme is sure to be secured. Their first meeting was held in the Council Buildings on the 12th inst.

SIR SPENCER WELLS, the well-known surgeon and ovariectomist, died at Cannes on February 1st, in his seventy-ninth year.

WE regret to announce the death of Dr. R. M. Stephen at Manitowaning, son of Dr. Stephen, of Collingwood; also, Dr. Mitchell, of London. The former succumbed to phthisis, the latter to an acute pneumonia. Both were young, able, prosperous, and greatly liked by their professional associates.

ANALYSIS of food is enlisting the services of Roentgen rays for the discovery of adulteration. In pictures so obtained of powdered materials thinly scattered on a sheet of glass, the presence of any of the mineral adulterants commonly used is plainly visible on account of the rays not being able to penetrate them.

A LARGE PER CENT.—In his interesting article on the treatment of dysmenorrhœa in the *Canada Medical Record*, Dr. A. Laphorn Smith says: "On looking over my records of 3,300 cases, of whom 1,030 were seen at my private office and 2,270 came to the Montreal dispensary, I find that dysmenorrhœa is a very common symptom, almost one-fourth of all patients complaining of it."

ACUTE GONORRHŒA.—Fred. C. Valentine recommends bi-daily irrigations, without the catheter, of weak mercuric bichloride or permanganate solutions in acute gonorrhœa. These are first anterior, and later intravesical. Daily examinations of the first and second urine and discharge macro- and microscopically should be carried out. No drugs are given internally or hand injections used. Alcohol or carbonated waters are the only restrictions. He has seen cures in eight days after this treatment.

IMMORALITY IN CANADA.—The *Medical Age* for January 11th undertakes in a four-column leader to attenuate the virulence of the "strong" editorial entitled "Female Cyclists" which appeared in the *Dominion Medical Monthly* in September last, which was so severely criticized by the *Medical Record* and other medical journals, and states that "it is a fact that so-called bicycle schools do tend to foster immorality and provoke sensations that in many instances were before unknown to individual members of the sex." . . . "An appropriate seat alone will not meet the demand, but a means of propelling is required that will do away with the reciprocating pedal. In fact, the tricycle is more nearly the machine adapted to womanhood, and very little ingenuity would be required to fit it with a lever whereby the inductive power could be given by the knees acting in the same direction spontaneously."

Deaths.

STEPHEN.—At Manitowaning, Algoma, on Wednesday, March 10th, Richard Milne Stephen, M.D., eldest son of Dr. Stephen, of Collingwood, in his forty-second year.

Personals.

DR. KALBFLEISCH has commenced practice in Brussels.

DR. WOODS has removed from King Street to 194 Spadina Avenue.

DR. STINSON, of Castleton, has left for a trip to Europe. London and Vienna are his objective points.

DR. W. GRAHAM, of Brussels, has retired from practice temporarily, and is now in New York. On his return he will probably locate in Toronto.

DR. VERNER has returned from Rossland, B.C. "The woods are full of them." There are now thirteen doctors in that thriving mining centre.

DR. A. T. WATT has assumed the duties of Dominion quarantine officer at Williams Head, Victoria, B.C., having been appointed to succeed Dr. J. W. Duncan.

RE LODGE PRACTICE.—The physicians of Santa Clara County, California, have made the following agreement: "Whereas rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we the undersigned physicians and surgeons of Santa Clara County, California, enter into the following agreement: (1) We mutually, jointly and individually pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization. (2) We will not render medical or surgical services to the members of the above-mentioned bodies for less compensation than we charge the general public for similar services. (3) This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above-mentioned bodies. (4) These pledges shall take effect and be in force for a term of three years from and after May 22nd, 1896. This agreement shall not apply to hospitals and purely public charitable institutions."

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Practice in Newark, N. J.

To the Editor of the CANADIAN MEDICAL REVIEW:

DEAR SIR,—Although we frequently find letters in the medical journals from New York, Paris and London, we seldom or never hear from such places as this. Newark, N.J., as you know, is only a few minutes' ride from New York City, and is somewhat larger than Toronto, even excluding the many beautiful and suburban towns in its neighborhood, and affords much more clinical material to the physician and surgeon. There are four or five hospitals, all supported by voluntary contribution, the chief of which are the City Hospital, St. Barnabas' and St. Michael's. From Dr. Bennett, of the City Hospital, I understand there is not at present any city isolation hospital for contagious diseases, and although the ground has been purchased, there have been serious objections to its being built in that locality. With reference to diphtheria, the onus of diagnosis rests with a public bacteriologist, who will examine the membrane and decide when there is the least doubt, and also supply antitoxin free to medical men applying for it. The State of New Jersey has no Medical Council to pass penal clauses on the profession. Here our friend Dr. Sangster's occupation would be gone, as far as Council reform is concerned. The only body controlling the profession is a State Board of Examiners consisting of five regular practitioners, one homœopathist and one eclectic, all appointed by the Governor of the State, this Board being the only portal through which candidates obtain a license to practice.

Through the kindness of Dr. Robertson, a Canadian from Hamilton, and former pupil of my own, I was made acquainted with Dr. Edward Ill, the foremost gynæcologist in this city. Dr. Ill is a graduate of the College of Physicians and Surgeons, New York, and spent about two years in Strassburg and Vienna. He is a kind and courteous gentleman, not yet at the prime of life; a rapid, careful operator, a firm believer in cleanliness and asepticism as differing from antisepticism, *i.e.*, he is particularly careful in having everything that touches the patient aseptic, as also the seat of operation. After the incision is made, no antiseptic touches the wound. He is also a good diagnostician, and successful as to results. He invited me to be present from time to time at his operations, and I accepted his kindness very gratefully and with much appreciation.

Last Saturday, at St. Michael's Hospital, he performed abdominal section for tubercular peritonitis. The diagnosis was a little obscure, owing to part of the ascitic fluid being confined in a separate sac (as was afterwards demonstrated), thereby somewhat simulating ovarian cyst. He opened the abdomen, broke all adhesions, then thoroughly irrigated the cavity with sterilized water only, and closed the wound in the following manner. He used silver sutures about an inch apart, passing through all the tissues, taking a small portion of peritoneum, a good hold of muscle and fascia, and very little integument. Before the silver sutures were twisted he brought the fascia alone together, by a double running suture of catgut. This is certainly a good idea and must assist in producing perfect coaptation, and preventing subsequent hernia. A glass drainage tube was inserted, the silver sutures tied, and a few surface skin sutures closed the cavity. The wound is now washed with alcohol and dredged with iodoform; the usual dressing of iodoform gauze and bandage completes the dressing. This is his usual method of closing the abdomen—silver suture is used by preference, but silkworm gut is sometimes put in, when saving time is an object to the patient. He uses napkins dry instead of sponges, which are carefully numbered, and, as usual, counted at the close of operation. I have seen gamgee tissue, or absorbent cotton enclosed in gauze, as a substitute; but this is the first time I have known the use of napkins for this purpose. It may be of interest to describe his method of preparing catgut. The gut is first soaked in corrosive sublimate solution, 1-500, until the white specks are gone, and begins to unwind, which may take from four to six hours. It is then placed in ether, with cotton at the bottom of the vessel to absorb the water which is displaced from the catgut and which keeps the gut up into the ether. This takes about ten or twelve days, when it is removed and kept in absolute alcohol for six months before using.

The next patient was one who had undergone the previous operation of supra-vaginal amputation of the uterus. Since that she has suffered a very great deal of pain in the stump, and it was decided to remove it per vaginam. This was to me a very interesting operation. The parts were thoroughly cleansed, as in every instance, the cervix curetted, and in doing so one or two sutures from the previous operation were brought away; an incision was made by curved scissors, about an inch or a little more around the os. The os was pulled down, the uterine arteries clamped on both sides; then the cervix was slit up to make room, and the stump cut away in parts. The peritoneum was then closed over the wound. The parts were thoroughly irrigated with sterilized water, and the vagina packed with iodoform gauze.

On the following Monday I had the pleasure of witnessing an abdominal section by Dr. Ill, upon a private patient at St. Barnabas' Hospital, for a fibro-myoma. He opened the abdomen, broke up some adhesions, brought out the tumor, passed two skewers through it, and ligated on each side the uterine arteries, passed around two rubber ligatures, and amputated the mass above the vagina; but before the excision was made the cavity was thoroughly irrigated with sterilized water, and the wound closed, leaving the stump in the wound. The stump surface was cauterized all over with Pacquelin's cautery, as an antiseptic more than a hæmostatic. In this case he would have preferred to drop the stump, after having closed it over with peritoneum, only the patient's condition was not very promising, and he felt justified in taking the quickest method to complete the operation.

On the following day at the same hospital, Dr. Ill performed two sections—one for a double ovarian abscess. It was a very bad case; there were a great many adhesions. The abscesses contained large quantities of pus of a decidedly objectionable odor. There was nothing unusual in the technique more than has been described, excepting after the pedicle was ligatured the mass was cut off by the cautery—his usual procedure in pus cases.

The other case was one which was brought to the hospital as an ovarian cyst; but before operating Dr. Ill pronounced it one of tubercular peritonitis, and so it proved. In this case, in addition to opening and washing out the cavity, a small portion of diseased ovary was excised and the fimbriated extremity of the Fallopian tube opened. In St. Barnabas, I examined a very good and useful portable gynæcological table, capable of every position necessary for such work—the invention of Dr. Charles Ill, brother of the gynæcologist. It is easily carried, and only weighs twenty-five pounds.

Last night, at a medical dinner, given by Dr. Robertson, already mentioned, I had the great pleasure of meeting eight or nine of the most prominent medical men of this city, among whom were three fellow students, who graduated the same time as myself, at Bellevue; also Dr. Washington, the county physician, who is a Canadian, and a graduate of Trinity. I found them a lot of genial gentlemen and enthusiastic workers in our noble profession, from whom I obtained much information on matters medical. I must now conclude. I fear I have already trespassed too much on your space.

Yours faithfully,

WM. GRAHAM.

12 Wakeman Ave., Newark, N.J.

Ontario Medical Council.—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—The January number of your journal has an editorial signed "F.," on the "Ontario Medical Council." With much that it contains we agree. The representation of the schools and universities is, as you say, not satisfactory. The Council has felt this for years, and has applied to the Legislature for amendments to the Medical Act in that line, but that body has declined to make the necessary change. It may fairly be argued that the interests of the profession are served by the teaching school and degree-granting university being represented. But here representation should cease. That those organizations which neither teach nor grant degrees should continue to have representation is neither necessary nor useful.

Changes on this line, however, would not be as far-reaching as *you* wish. Where the school and university are distinct incorporations, in affiliation only, they would not be affected. We are informed Queen's University and the Royal College of Physicians and Surgeons of Kingston are in this position, also the University of Trinity College and Trinity Medical School. Toronto University, and the Western University, each has its own medical faculty. In such cases, one man represents both teaching and degree-granting bodies. In the meantime, however, the representatives from the other organizations are there, as you say, by statute, and while that remains in the present form, have the same rights as other representatives.

Your paragraph dealing with the homœopathic representation is more open to question. Before the profession decide to seek changes here, they should fully understand how the present status was secured, and the probable results of disturbing it.

Before the medical profession of Ontario was incorporated under the name of "The College of Physicians and Surgeons of Ontario," there were three distinct branches, by any one of which the student could become a legalized practitioner—the regular, the homœopathic, and eclectic branches. This does not fully present the case, for there were six or more organizations of the regular profession that could grant degrees or certificates, by which license to practice could be obtained. There were, then, seven or eight doors to the profession. To induce all these organizations to shut their doors, and compel all students to come before the one examining body to obtain the right to practice, required much manipulation, with

concessions and compromises. After these had been made, the agreement took the form of a statute, and the Council became the sole examining and registering body. One concession allowed the homœopaths and eclecticists each to have five representatives in the Council, to twelve from the regular profession. This was thought a small concession for the advantage gained. At a subsequent period, the eclecticists were merged into the regular profession, and ceased to have special representatives in the Council, that body being reduced in numbers by the five eclecticists. It so remained until, by the agitation of three years since, their places were filled from the regular profession, again enlarging the Council to the original number.

Thus far the compromise has been fairly and honorably carried out by both parties (unless the election of five members of the regular profession in place of the five eclecticists was a breach). The representatives of the stronger body in the Council, in the matter of offices, considered it not simply their duty, but also a wise professional policy, to deal fairly, if not generously, with the representatives of the weaker branch. The proposition to change the representation is a proposition to break the compact. If broken by the allopaths, would it not liberate the homœopaths? Would they not then apply to the Legislature for the reestablishment of their licensing board? Could they not use with effect the argument that the stronger body had broken the compact, their status being thereby destroyed? Under these circumstances—the appeal of the weak against the unfairness of the strong—unquestionably the Legislature would hear their appeal and re-establish their board. Two examining and registration boards would then exist in place of one—a serious detriment to both the public and the profession. How long before a reorganization of the eclecticists would follow? On their success would there then spring up electricians, hydro-paths, faith-curers, etc.? Medical men do not control the Legislature. When enactments are asked from a body interspersed with more than the usual sprinkling of cranks and Patrons, who can guess the result? Can we hope the intelligent politicians who are left will be able to grant our requests in the form we wish? Before an agitation in this line is set on foot, the probable results and consequences should be fully weighed.

Yours, etc.,

Ingersoll, Feb. 19th, 1897.

J. ARTHUR WILLIAMS.

Medical Council—Dr. Sangster.

Preaching versus practice. Three elected members of Inner Circle a la "The Three Tailors of Tooley Street"—Peeps behind the scenes—Parties in the Medical Council—Dr. Williams' purely technical relations to honesty in debate—"Who's afraid?"—Disqualifying effect of Upholstered Chair—Where confirmatory evidence is to be sought for—Dr. Williams' notions of lexicography examined—Small trickery—Challenged to substantiate his slander as to the use of Billingsgate—His ideas of bacteriology reviewed—His lowliness of mind—His diatribe against the use of headlines discussed—Complimented on his pose as the Turveydrop of the Council—Effect which the schools exert on him—One of his urgent queries answered, and an answer to the other promised.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the January number of the REVIEW I find a letter from Dr. Williams, which, lacking as it does the finish and finesse of his finer work, scarcely does justice to his very great ability as a skilful and practised sophister. In almost every paragraph, however, it serves to illustrate the truism that it is much easier to preach than to practise courtesy towards an opponent—especially when one is so ill-advised as to reply while still quivering with the pain of a recently received castigation. I am sorry to see that my very moderate critique on his lecture "How to be successful as a Reformer in the Medical Council" has wounded the gifted lecturer much more deeply than was designed, and I hope that, in reviewing his letter and some of his contentions in the Council Chamber, I may be able to correct his misstatements, and expose his misrepresentations, and uncloak his sophistries without any further material hurt to his *amour propre*.

The doctor is to be congratulated on the production of a very "spicy" and "racy" grammatical *melange*. True, the promiscuous employment of the singular and plural forms renders it at times a little obscure, but it has a *bizarre* effect which adds greatly to the piquancy of the whole. I am inclined to regard the much reiterated "we" as being merely the bumptious "we" of the celebrated "Three Tailors of Tooley Street." That, however, and other purely comical aspects of the epistle may call for review when I may chance to find an hour less heavily freighted with serious duties than the present. Meanwhile, as the "we" and "our" and "us" are manifestly not here used editorially, the clear inference is that Dr. Williams desires to intimate that he is fortified with the endorsement, and that he writes with the assistance of one or more of his associates of the Inner Circle.

Your wily correspondent is naturally most anxious to keep your

readers in the dark, as to the hidden machinery by which the Council is run, and for years past has been run, to the great detriment of the profession. He knows that a spirit of inquiry is abroad, and that suspicions are rife, which, in the interests of himself and his friends, it would be well, if possible, to lull. He knows that the electorate is shaking itself free from the unmanly apathy of the past, and that hundreds of medical men now eagerly read and discuss everything that appears in the REVIEW pertaining to Council affairs and to questions of professional politics. He knows that I have made, that I am making, and that I intend to make—touching himself and his two recreant territorial associates of the Inner Circle—charges of subordinating the interests of the electorate to those of the schools, which, if sustained, must, or should, relegate all three of them to private life. And, notwithstanding his effort to whistle up enough courage to cry “who’s afraid?” he keenly realizes their common danger, and, so, seeks to break the force of my disclosures by attempting to discredit me as a witness. Hence the attack on my veracity which forms the key-note of his letter. Part of his concoction is strongly suggestive of the big manner and lofty tone of a well-caned school-boy, swelling with offended dignity and seeking relief in bluster, and part of it is simply an explosion of hysteria, calling, not so much for sober reply or further flagellation, as for 6 gr. doses of pot. brom., recumbency in bed, and, perhaps, an ice-bag to the occiput. And I could well afford to dismiss the whole epistle without comment, were it not for the aspersion referred to. He who ventures to charge another with deliberate and intentional falsehood should himself be a truthful man. I am prepared to vindicate every statement I have made when it is specifically attacked, and, in the case of those so challenged by Dr. Williams, I shall at once proceed to their justification; but, while doing this, I am driven, in self-defence, to institute an inquiry into his own present standing and past record in respect to honesty and veracity of statement in public debate. Believe me, sir, the task is an uncongenial one, and if I carry the war into Africa by showing that the doctor’s status or rather his want of status as to credibility was settled beyond dispute three or four years ago—and that his truthfulness is still quite as uncertain as his plausibility is sure, I do it in no paltry spirit of vindictiveness, but simply as a wise and a necessary precaution against future similar attacks from the same source. I shall presently devote a paragraph to the elucidation of this.

Dr. Williams avers that there is no governing party in the Medical Council—in fact no party whatever save the opposition. It would have been the safer and the more consistent plan to have also denied that there is any opposition, because everyone must realize the absurdity

involved in admitting that there is an opposition, while claiming that there is no other party for this to oppose. There certainly is a *mis-*governing party in the Council, and the doctor is a very prominent member of it. In point of fact there are three distinct parties in the Council. There are the six Stalwarts who form the opposition. There is the Ruling Alliance or Government of sixteen—embracing the eight school-men, the five homœopaths and the three territorials (including Dr. Williams) who have been moulded into shape to fill the President's chair. And there are the eight elected men who style themselves Independent Members and whose very cognomen, sir, explodes your correspondent's whole position in this matter, since there manifestly could not be an independent section of the Council without there being an extreme party on either hand, or, in other words, both a government and an opposition. Besides Dr. Williams has admitted, and he dares not now deny, that a Caucus—as he prefers to call it—is summoned each year antecedently to the Council meeting, or that he has himself been in the habit of attending it. Now if sixteen members or any other majority of the Council meet from year to year in secret session—to the exclusion of the Stalwarts and the Independents, and there and then settle the personnel of the Council officials and committees, and become mutually pledged to certain lines of policy, what is the use in indulging in baby talk about there being no government and no parties? Does the facile doctor fancy that he is writing for the edification of imbeciles, and that plausibilities, which might easily pass muster in the Inner Circle, are at all likely to satisfy intelligent men outside the Council Chamber, who are free from all taint of entanglement with that alliance?

I have no controversy with the school men or the homœopaths with regard to their control of the Council. I have more than once complimented them on their watchful and manly fidelity to the interests they are appointed to guard, and I have openly expressed my opinion that, if they can secure the assistance of two or three or any larger number of elected representatives, by tickling their vanity, so as to thereby retain control of the Council, they have a perfect right to do so. The loyalty of the Stalwarts and of the Independent Members has never been questioned. The words "ductile" and "subservient" and "recreant" have been applied exclusively to Dr. Williams and his two territorial associates of the Inner Circle. No one knows this better than Dr. Williams himself, yet with characteristic disingenuousness he strives, both in his lecture and in his letter, to make it appear that I have applied these terms "to *all* the other members of the Council" outside the opposition. This is his idea of honesty and of honorable

warfare! He revels in the fact that the Stalwarts of the Council number but six in all, or that I can count the number of those who act with me "on the fingers of one hand." Well, sir, this is an evil which we look to the electorate to remedy at the approaching elections, and I confidently expect that the next Council will contain more Stalwarts than can be numbered on the fingers of three hands. Meanwhile, Dr. Williams is welcome to all the satisfaction he can procure from the consciousness that it requires all the *thumbs of both hands* to number *his ELECTED* supporters in the Inner Circle.

Your correspondent terms me the leader of the opposition, and apparently fears that, by some hocus-pocus, he may find his sleeve pinned to my coat-tail, or, at all events, he somewhat too vehemently asseverates his unalterable resolve never to resign the Head Centreship of his *party of two* in order to fall into the ranks of any combination. He labors under a delusion, and is needlessly apprehensive. The Stalwarts, who are fighting the battles of the electorate in the Council, are all full privates. They have no leader, hold no caucus, recognize no party shibboleths. That they commonly see things eye to eye arises from the fact that they view them from the same standpoint—that of the well-being of their constituents and the profession at large. A common determination to look at affairs with an eye single to the vital interests of the electorate is their only, though sufficient, bond of union. And the only way in which Dr. Williams could attach himself to me or to the band of faithful men with whom I am proud to act, would be to separate himself from the schools and to similarly pin himself to the interests of his constituents. Of this, now, there is, I fear, but little hope. So far as Council matters are concerned, the doctor lives in an exploded past. It is his great misfortune that he is hobbled, shackled, hampered, bound hand and foot by the votes and contentions of past years and of former Councils. He cannot unpin himself from the skirts of the schools, and it would, apparently, require an experience quite as severe as a surgical operation to convince him that any action or stand taken by a Council which had the good taste and discernment to elect him as its chief officer, could be otherwise than right and wise and politic, or, was now open to review and improvement. Your readers, sir, can require no clearer proof of the correctness of this diagnosis and prognosis of his case, than they can find in his Council votes and contentions during the past two years—the official Report of which I again commend to their careful and critical study. It is, indeed, a noteworthy fact that, of the four territorial members of the last Council who secured re-election to this, the only one who has shown sufficient will-power and right

feeling to emancipate himself from the cramping influences of past association, and to assert his manliness by taking his stand as an advanced independent, more anxious to serve his constituents loyally, than zealous in a vain attempt to block the wheels of progress, is the only one of the four who was deemed, by the Inner Circle, insufficiently ductile to be placed in the President's chair. And those who have followed my exposition in Council debates and in this series of letters, of the "how" and the "wherefore" territorial men are elevated (?) to the dignity of being presiding officer of the Medical Council, can readily understand that, under existing circumstances, an elected man can have no higher certificate of perpetual incompetency for all future usefulness as a representative in the Council Chamber, than is furnished by his being able to write "President" or "Ex-president" before or after his name. And again I say that those who are still in doubt and desire to see this statement verified have only to watch the specious sophistries and the disloyal votes, on all questions of retrenchment and reform, woven and cast by the three elected men who are members of the "Inner Circle," and who have all been wire-drawn through the devious and constricted channels which, for territorial representatives, are, at present, the only avenues of approach to that questionable, though by some coveted, honor. No doubt my esteemed friend Dr. Rogers, himself, had in view this disqualifying effect of the upholstered chair, when, in his address to the medical men of No. 17 at the last election, he said, with reference to his opponent, the late Dr. Bergin—"Had he not secured in the past the position of President of the Council, there would be some excuse for the attempt to retain the honor for another term," *i.e.*, the honor of being again elected as a representative.

Dr. Williams' letter is very largely devoted to a labored yet somewhat flabby attempt to explain away his fatal admission that to convince the "Solid Phalanx"—which I may remind you, sir, though the ruling majority, is not the Council—a member has merely to present his contentions in a way "*calculated* to win confidence" quite irrespective of their intrinsic truthfulness or falsity. And he closes this part of his letter by making the remarkable declaration, "We rest on this," *i.e.*, on the definition "*calculated* to win confidence." "It conveys our meaning, and we stand by the word. And further, . . . we stand by the sentiments." This is altogether satisfactory to me, inasmuch as it explicitly defines his position beyond all future disclaimer.

He somewhat bitterly complains that, with the assistance of Locke, I make the "poor word" *plausible* to be nothing less than "*lying*." This is not quite true, as anyone can see by a reference to my letter.

Locke, as quoted by me, merely says that a liar may be a plausible man, but, if mundane controversies fall within his ken in the "Land o' the Leal" I can well believe that he must now regret that he had not, while here, transposed the terms of his proposition and changed the permissive "may" into the imperative "must." The insertion of the word "*lying*" within inverted commas, as though quoting from me is—well, serves to show the artistic skill of your accomplished correspondent, and his freedom from the vulgar restraints that hamper ordinary mortals in formal debate. But the doctor himself, by the aid of the Standard Dictionary, makes the "poor word" *plausible* mean something incomparably worse than ordinary lying, and he then rashly declares that he stands by it! Quite familiar with the second definition assigned to *plausible* in the Standard Dictionary, which is that credited by the learned doctor to "Funk & Wagnalls," I generously refrained from quoting it, because the very suggestive term, *calculated*, conveys, to any one familiar with the use and meaning of words, the idea of plot, of crafty design, of intentional, premeditated dishonesty. The Standard Dictionary makes the word *calculated* mean "studied out," "planned," "specially designed," while other works give as its synonyms, "preconcerted," "premeditated," "contrived craftily," "studiously predetermined." So that "calculated to win confidence" is equivalent to "cunningly planned," or "artfully contrived to win confidence." In this sense to deliberately pursue, in debate, a manner "*calculated* to win confidence," without explicitly limiting the means to be employed to such as are right and honest, is a course of procedure as much more odious and reprehensible than simple spontaneous lying, as the stealthy stab beneath the fifth rib, given with malice prepense, is more atrociously diabolical than the open blow, prompted by passion, and delivered by impulse. Society abhors the sordidness of the wretch who says to his son, "Get money, my boy, get money, honestly, if you can, but, get it." The gifted doctor, as interpreted by himself, goes altogether beyond this—expresses no predilection whatever for truth or honesty—divests himself of every shred of ethical scrupulosity, and, in effect, suggests that I should prevail over my opponents in debate by means—by any means "*calculated* to win confidence." An ordinary lie is aggressive, and commonly arouses resistance, or, at least, is received with hesitancy and suspicion. A well-built plausibility, on the other hand, is cunningly insinuating, and must be as fair, in guise, as Truth itself. It deceives the unwary, chiefly because it is presented in a manner *calculated* to win confidence, and it is, therefore, immensely more mischievous than any simple lie.

Hence, although in common with all persons of any refinement, I strongly condemn the coarseness of his mode of expression, I do, with the world at large, most heartily endorse the sentiment of the writer who first classified all untruths, in the order of their hideousness, into "Lies, d—d lies, and plausibilities." Surely your subtle correspondent must see that, by the aid of "Funk & Wagnalls," whom he quite eloquently terms the "moderns," he deliberately places himself, not merely where I had left him, but very much deeper in the mire!

There is one peculiarity about this portion of the doctor's letter which rather obtrusively challenges comment. The Standard Dictionary was compiled by an editorial staff of over two hundred persons, and was published by "Funk & Wagnalls." A very few persons, possibly, know that Dr. Funk was editor-in-chief, but probably, even among men of scholarly attainments, not one in ten thousand would know or suspect that the Standard Dictionary is referred to when "Funk & Wagnalls" is quoted. Now, unless it be with some special and questionable design in view, no one ever quotes a well-known work by the name of its publishers. A writer never takes a definition from Worcester's Dictionary and credits it to Lippincott, the publisher of Worcester. And if the publishing firm of "Funk & Wagnalls" ever issue an edition of the English Classics and of the "New Testament," who would ever dream of declaring that "Funk & Wagnalls" say this or say that in *their* "Ivanhoe," or in *their* "Idylls of the King," or in *their* "Book of Revelation"? Yet the doctor quotes a definition, or, rather, part of a definition, from the Standard Dictionary and credits this to its publishers! Is there any assignable reason for this curious substitution, for this pointed avoidance of the word "Standard"? Does it arise from ignorance or design? Scarcely the former, because the daily press has for months past been filled with flowing advertisements of the easy terms on which the *Standard Dictionary* can be secured. Your correspondent elsewhere in his letter indignantly claims that words must be used with their context, and be taken in their connections. Now, the second definition of the word "plausible," given in this work, reads thus:

2. "Calculated to win confidence; employing specious arts or arguments; as a plausible speaker."

So that the highly consistent doctor tears away from its connections and gives only the first clause of the definition—recognizing the fatal force of the context—but utterly failing to realize the still more damning effect of the part he isolates and gives, and rashly declares that he stands by. Can you wonder, sir, that there are

persons uncharitable enough to claim that the careful concealment of the word "Standard" was artfully designed, was *calculated* to preclude the possibility of your readers discovering this *suppressio veri* by a reference to the work quoted? For myself, I decline to believe that Dr. Williams is alone responsible for this contemptible piece of small trickery. I prefer to regard it as being largely the effort of one of his illustrious collaborators who is also well known to have proclivities which lie in that direction.

The gifted representative of No. 2 becomes excruciatingly funny and characteristically plausible over my remark that the three Head Centres, assured of the support behind them, are, ordinarily, merely specious and inane in Council debate, and tries hard to show that at least one of them can, on occasion, exchange the flatness of dialectic dishwater for the nastiness of literary bilgewater. And "willing to wound, but afraid to strike," he resorts to cowardly inuendo where he dares not openly affirm, and so insinuates that my raciness in debate is the language of Billingsgate. Now, any ten year old Ingersoll school boy can tell him that, however unpleasant and rasping—owing to the amount of truth they incase, the words *ductile*, *subservient* and *recreant* may be to him personally, and to his two elected associates of the Inner Circle, they do not belong to or approximate to the vocabulary of Billingsgate, and also that "racy" is a word of good and not of evil import, and that it means "rich, flavorful, spirited, forcible, pungent." His Standard Dictionary gives its antonyms or opposites as "cold, dull, flat, flavorless, vapid, stale, stupid," and says that "as applied to literary products *racy* refers to that which has a striking, vigorous, pleasing originality," and as an example of its use quotes De Quincey's "Opium Eater." "Pure mother English—racy, and fresh with idiomatic graces." Yet your elegant correspondent, purely on his own authority, ventures to assure you that "few members of the Council have a desire to be trained to this raciness of expression." Well! if such be the case, so much the worse for the Council. As to his vile inuendo touching myself and my friends, I challenge Dr. Williams to instance a single word or expression used in Council debates or in our letters to the press, either by myself or by any one of the members who act with me, that can be fairly characterized as coarse or vulgar or as approaching to coarseness or vulgarity. Will Dr. Williams accept this challenge, or, by his silence, confess that he has basely insinuated an untruth and suggested a charge which he cannot substantiate? Your many readers, sir, will watch with keen interest and curiosity, on which horn of this dilemma my honorable friend is prepared to sit impaled. Meanwhile his dishonesty in attempting to

extend the application of the terms "specious" and "inane"—by me explicitly limited to the three Head Centres—to the entire Council is so manifestly a high class "plausibility" that it may be dismissed with the contempt it deserves.

The microzymes of the bacteriologist, heretofore isolated and described, are, I believe, sir, all strictly homogenetic in kind, and possessed of but limited penetrative power, and it would therefore seem as if the phenomenon of microbial xenogenesis was a discovery reserved for our distinguished fellow countryman, Dr. Williams. His very modest remarks in this connection are, I confess, a little obscure. They cannot, however, mean that the microbes causing flatness in his June dishwater produced an outbreak of *flatness* in December, because the whole gravamen of my offence, and the very pith of his complaint, is that the December outbreak was not pleasantly and agreeably flat, but only too pungently *racy*. Ergo, the Williams bacillus of dishwater, in flagrant disregard of God's injunction that each created existence shall bring forth after his kind, is heterogenetic and procreates, not identity, but contrariety of type, the flatness in the parent microbe becoming raciness in its progeny! Further, the whole science and art of aseptic surgery is based practically upon the assumption that the living human skin is impervious to even the most virulent and insinuating bacteria. Dr. Williams rudely explodes this mistaken notion, and fills the Faculty with dismay, by citing an instance in which the Williams bacillus has passed through the toughest hide—has penetrated the integument of even the pachydermatous Dr. Sangster, and, such being the case, all other poor mortals are of course entirely at its mercy. Grand discovery! Wonderful man! What does it really amount to, sir? Does it mean that Canada is, at last, to be congratulated on having produced a truly great scientist? Or does it simply mean that Dr. Williams is as loose and inexact in his knowledge of bacteriology, as he has been shown to be hazy in his notions of lexicography, and lax in his ideas of official duty, and technical in his relations to truthfulness and honesty, and unrestricted in his selection of means *calculated* to win confidence in Council debates and in public discussions?

Dr. Williams' hysterically pathetic quotation from Cowper, "I would not number in (*sic*) my list of friends . . . the man who needlessly sets foot upon a worm," is, in this connection, almost too recondite for an ordinary intellect to grasp. If, as is presumably the case, it is intended to intimate that I have forfeited his friendship *because*, in his opinion, I have *needlessly* set my foot upon a *worm*, my loss, which I honestly deplore, is a melancholy illustration of the frailty of such ties,

while the cause assigned, or rather the phraseology in which it is expressed is a notable example of that almost heroic personal humility and self abasement—which many can admire but so few attain to. If in my great anxiety to strangle or at least to scotch the snake “plausibility” in Council debates, I have indeed inadvertently set my foot upon a worm, I am very sorry. I will not say the worm ought not to have been there. I simply plead my ignorance that there was any worm—even Shakespeare’s “worm of conscience”—hidden in the Apple of Discord. I will, in future, try to pick my way more circumspectly. And yet, sir, I have a goal before me which I am bound to reach—to wit, the complete emancipation of the profession in Ontario from the control of the schools. Walking to this end, in a straight and narrow path, and wearing No. 8’s, if a worm—if even three worms do get in my way, they may expect to have to squirm occasionally.

The second letter of your plausible correspondent has just reached me. It and a few reserved points in his first communication shall receive my best attention in the April REVIEW. I have already more than filled my allotted space in this number, and yet I must ask your further indulgence while I unravel two or three of his more recent tangles.

He is moved to bitter reproach at the iniquity of italicized head-lines. He *professes* not to know, with the world at large, that they are a bill-of-fare prefixed to a chapter, or a lecture, or a letter, as an introduction or table of contents, and are designed to catch the attention of the passing reader and to challenge his critical perusal of the context. He sees only evil in their use, characterizes them as dishonest and in every way reprehensible, and condemns their employment unequivocally, rather offensively, and without any reservation whatever. And yet, sir, I am credibly informed, and to his very great honor I record it, that in his earlier years Dr. Williams entered the sacred desk to expound the Word of God. And although in these later days of artistic plausibilities and official tergiversation and Council tortuosities, my beloved brother has, possibly, lapsed from his high estate, and is now much less familiar, than then, with both the substance and the form, the spirit and the letter of Holy Writ, he may still, with some effort, recall to mind the fact that every chapter of the Good Book is introduced, and freely and fully introduced, by italicized head-lines. When he remembers this, my dear Local Brother will, I am sure, moderate his strictures and no longer insist that, because of my italicized head-lines, I shall be classed with quacks and rogues, and thieves and murderers *et hoc genus omne*. He may even feel constrained to reluctantly admit that with these same head-lines I am in good, rather than in bad company.

Then you are told that I call the medical journals of Ontario "School Journals;" and yet, in common with the whole body of your readers, he knows that he is deliberately misrepresenting me; that throughout my whole correspondence, I have never failed to clearly discriminate between independent medical journals like the REVIEW, and the three medical journals published in the special interests of the three leading medical schools, and that it is only the latter that I call, or ever have called, school journals. Perhaps the plausible doctor will now tell the profession what he calls these.

How great a bounty and a blessing it is that the Medical Council has, among its members, a real live Turveydrop of its own, ever condescendingly ready to pose as a Model of Department, and to do his best to "polish, polish, polish" the rude material that comes unshaped into his hands. Why, sir, it is a liberal education to come in casual contact with such a fountain of Courtesy and Gentility! Observe how euphemistically he converts the vulgar expression "shaking a red rag in a bull's face" into "a red rag shaken before some of the bovine species." "Red rag shaken" is, however, clearly and indubitably the clumsy blunder of some plebian and unpolished type-setter. It is offensive to that good taste and Department of which the doctor is the distinguished exponent. To attach the truly elegant euphemism "some of the bovine species" to so low an expression as "a red rag," violates one's sense of the eternal fitness of things, and is just as absurdly ridiculous as it would be to attach the state coach of the Lord Mayor of London—with all its armorial bearings and heraldic blazonry and gilded body and silk lining and bullion fringe, to the tail of an ungroomed and half-starved costermonger's donkey, clad only in his ample ears and a rope bridle. I have, therefore, no doubt, if you consult the printer's copy, you will find that the entire phrase, as it flowed from the polished pen of your brilliant correspondent, reads like this: "When a lacerated fragment of ensanguined drapery is rapidly oscillated to and fro with a vibratory movement in the countenance of some of the bovine species." It is, I think, clear that the compositor, after setting it up thus, dropped his "stick in amazement, knocking all but the last few words into "pi," and in despair of ever being able to do it again, substituted "red rag shaken before" for the part destroyed. How overwhelmed with a humiliating sense of Boestian want of polish, one becomes in the presence of such Department, of such Refinement! Talk of calling a bull, a *bull* in the Medical Council chamber, "where alone," to use the words of the doctor's immortal prototype, "what is left among us of DEPARTMENT still lingers," and where, since the late elections, "there are not many

gentlemen left. We are few. I see nothing to succeed us but a race of weavers" and penny-a-liners and nothing-a-milers! Perish the thought! Alas! sir, the schools exert no exciting effect on the distinguished representative of No. 2. Their influence on him is eminently soothing and enervating and emasculatory. Indeed, they hypnotize him so completely that, in the Medical Council chamber, it is difficult, nay, it is impossible, to realize the fact that he was sent there to guard the interests of the profession, and not to help the school men and the homeopaths to control the Council to the detriment of the electorate.

Your correspondent is very curious as to why importance has been thrust upon his "little effort," and why I am not content to rest my case, with the electorate, on the official Report of the Council Proceedings. The latter question I will answer in due course, somewhat to his confusion, I fancy. In reply to the first, allow me to say, sir, it was necessary to unload the doctor in order to clear the field for future action. I have now drawn his fire, and no one has been hurt thereby save, perhaps, himself by the recoil of his own gun. Having shown that he can be stung into some semblance of an attempt to explain away his dialectic peculiarities and his ethical eccentricities, the profession will now naturally expect him to say what he can in justification of his far more serious disloyal votes and official blunders.

In my next letter I propose to give my promised paragraph elucidating my averment that Dr. Williams' want of status in regard to truthfulness and honesty in public discussion was decided more than three years ago. I hope also to then conclude my review of his two letters, and of his contentions in Council in regard to the composition of the Executive Committee.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, February 16th.

MEDICAL MEETINGS.—It appears to us that physicians could employ their time more profitably than attending many of the medical meetings which occur. No worthy object is gained by reading or discussing papers which contain nothing new, and which in general may be found more succinctly stated in standard text-books. How much wider our knowledge, how much broader our culture, how much better doctors we would be, if instead of forever hobnobbing together on time-worn themes, we should devote these hours to literary kings and queens, or to little journeys into the territory of neighboring science.—*American Medico-Surgical Bulletin.*

Miscellaneous.

DRUGS MADE IN GERMANY.—The *German Pharmaceutical Journal* estimates that 117 new drugs have been brought on the market during the second half year of 1896.

THE NEW YORK POLYCLINIC.—The trustees have decided to rebuild on the site of their former building, Nos. 214, 216 and 218 East Thirty-fourth Street. The work will be begun immediately.

AN anatomical anomaly not noticed in the late volume issued by George M. Gould. At a recent meeting of the Chicago Gynæcological Society, the paper of the evening was upon the "Treatment of Hæmorrhoids." In the course of the discussion, an eminent member of the Society prefaced his remarks with these words: "Gentlemen, the rectum is coming to the front."—*Medical Standard*.

THE BRITISH MEDICAL ASSOCIATION.—Dr. William Osler, of Baltimore, will deliver the address on medicine before the British Medical Association at the Montreal meeting in August next. Dr. Stephen Mackenzie will be chairman of the section on medicine, Mr. Christopher Heath of the section on surgery, and Mr. Watson Cheyne of the section on pathology. Lord Lister has announced his intention to be present.

THE MEDICAL LIAR.—Plagiarism is a personal sin, and he who thus sins does but little harm to his fellows. But quite different is the medical liar. He sins not only against himself, but against his fellows. It makes little difference whether he lies with the direct and deliberate intention of deceiving, or from criminal negligence in ascertaining the truth. In either case he is a public nuisance and an enemy to the profession.—*Archives of Pediatrics*.

PHYSICIANS AND DRUGGISTS.—A Prussian law forbids physicians to direct their patients to any special pharmacist in order to have their prescriptions compounded. A medical man has recently been fined three hundred marks, under this statute, for displaying in his waiting-room a notice requesting his patients to have their prescriptions dispensed by a neighboring druggist. In the course of the trial another law was cited which debarb pharmacists from giving Christmas presents to physicians.—*Medical Record*.

INCREASE OF MEDICAL STUDENTS IN TEN YEARS.—In 1883-84 the number of regular schools of medicine in the United States was 88; in 1893-94 it was 109. Homœopathic schools in 1883-84, 13; in 1893-94, 19; and eclectic, 9 in 1883-84, and 9 in 1893-94. The number of students increased in this period from 10,600 to 17,601.—*Medical Record*.

KEEP in, to the most pronounced degree, the procession of the medical profession; keep in the front of the procession, in the band waggon if you can, if not, somewhere along the line, even at the tail end; don't drop out—the doctor who drops out of the procession, or hesitates, is lost—in other words, make up your mind to keep ahead of the times, rather than behind them.—*Love's Lance*.

THE CACHET S. CHAPIREAU.—For solid medicines the Cachet S. Chapireau is in all respects the most expeditious, efficacious and practical form of medium. It can be readily taken by anyone, even by children, whereas there are thousands who are unable to swallow a pill. The composition of this cachet dissolves as soon as it reaches the stomach, and consequently the medicine takes immediate effect. Being made of the thinnest possible wafer, it cannot interfere with digestion or create disturbance in the most delicate stomach. For fuller explanation we would refer to the advertisement of the Canadian Specialty Company, 38 Front Street East, Toronto, Ont., who are the Canadian agents, and have placed a great many machines and cachets all through the Dominion, and who will mail samples of the cachets on application.

FOUND DRUNK.—When the police in Denmark find anyone in the streets drunk and incapable, they take him in a cab to the station, where he gets sober under a surgeon's care. On recovering sobriety the police take him home. A bill for the services of the cabman, the surgeon, and the police agents for special duty is then presented to the host of the establishment where the patient took his last drink. In Turkey, if a Turk falls down in the street while intoxicated and is arrested, he is sentenced to the bastinado, which punishment is repeated as far as the third offence. After the third bastinado he is considered to be incorrigible, and is called "Imperial," or "privileged" drunkard. If arrested after that he has only to give his name and address, and state that he is a "privileged" drunkard, when he is released and conducted home, the bill for these kindnesses being rendered to him for payment next day.—*British Medical Journal*.

AGE AND VOLUPTY IN WOMEN.—A widow, seventy years of age and twenty years past the climacteric, who had experienced two apoplectic seizures, recently married, and, having been advised to avoid any excitement for fear of return of the "strokes," wished to know whether sexual indulgence was contra-indicated. She declared her sexual sense, her passion and her gratification were as great, if not greater, than before the menopause.

"MILITARY Cycling in the Rocky Mountains," by Lieutenant James A. Moss, Commander of the Twenty-fifth United States Bicycle Corps, is the title of No. 62 of Spalding's Athletic Library. It contains an interesting account of the trips of the first bicycle corps organized in the army, and besides a handsome portrait of General Miles, is illustrated with views taken in Yellowstone Park and along the line of march. The book will be sent post-paid to any address in the United States or Canada, on receipt of 10 cents by the American Sports Publishing Company, 241 Broadway, New York.

LARYNGEAL OR WINTER COUGHS.—Walter M. Fleming, A.M., M.D., Examiner in Lunacy, Superior Court, City of New York; Physician to Actors' Fund of America, etc., in giving his experience in the treatment of the above and allied disturbances, in *The Journal of Nervous and Mental Disease*, submits the following: "In acute attacks of laryngeal or winter cough, tickling and irritability of larynx, faith in antikamnia and codeine tablets will be well founded. If the irritation or spasm prevails at night, the patient should take a five-grain tablet an hour before retiring, and repeat hourly until allayed. This will be found almost invariably a sovereign remedy. After taking the second or third tablet, the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail morning or mid-day, the same course of administration should be observed until subdued. In neuroses, neurasthenia, hemicrania, hysteria, neuralgia, and in short, the multitude of nervous ailments, I doubt if there is another remedial agent in therapeutics as reliable, serviceable and satisfactory; and this, without establishing an exaction, requirement, or habit in the system like morphine. Finally, in indigestion, gastritis, pyrosis, nausea, vomiting, intestinal and mesenteric disorders and the various diarrhoeas, the therapeutic value of antikamnia and codeine is not debatable. The antipyretic, analgesic and antiseptic properties are incontrovertible, and therefore eminently qualified to correct the obstinate disorders of the alimentary canal."