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Original Communications.

**THE PREVENTION AND DISPOSAL OF
GASES INJURIOUS TO HEALTH.**

BY WM. OLDRIGHT, A.M., M.D.

Curator of Museum and Lecturer on Sanitary Science in the
Toronto School of Medicine.

(Read before the Ontario Medical Association.)

MR. PRESIDENT AND GENTLEMEN,— I will ask your permission to change to the above caption the title of my paper, thereby extending it so as to embrace the consideration, not only of sewer gases, but also of some sources of disease independent of sewers.

Some injurious gases reveal themselves unpleasantly to the nose, whilst others do not. These last are so insidious in their nature as to be doubly dangerous. As examples, I may refer to the baneful results which ensue from living in houses under which water lodges and becomes stagnant. There are, I believe, few of us who have not witnessed these results. The miasmatic poison of ague is similarly inodorous, or has no necessarily unpleasant odor. Sewers, also, have sometimes very little unpleasant smell. Sometimes we have a faint smell similar to that produced by those burning fluids into the composition of which fusel oil enters. People living in a house become so accustomed to these faint odors as to take little notice of them; and with some people the sense of smell is not very acute. Hence we must be very careful how we accept negative evidence as to the presence of noxious gases. And hence, too, we must be all the more careful to avoid their existence and presence, and to devise means to this end.

It is plain that to prevent the constant accumulation of noxious gases, we must get rid, as far as possible, of decomposable material before it begins to decompose; and must see that the noxious gases from any decomposing material do not reach us. How simple these two propositions are! And yet, in practice, how difficult of execution; but as the difficulty arises from the ignorance, and partly consequent carelessness, of others, we may accomplish much by constant vigilance and hammering away.

The principal decomposable materials are the waste and refuse of foods, the water for cooking and cleansing purposes, and our excreta.

1. The refuse of food should be disposed of in one of three ways:—

a. If we have domestic animals about us, they may eat most of it (and prepare it to come under the next heading, in diminished form.)

b. If we have no domestic animals, it may be removed to some more isolated region—into the country—for manurial or other purposes.

c. If this cannot conveniently be done, most of it may be burned at such time as our fires are not needed to be at their best.

2. Slop water should not be thrown out to saturate the soil of a semi-circle extending fifteen feet from the back door. This process is often persisted in year after year, under the pleasing delusion that "it all soaks away."

It may be better disposed of:—

a. By turning it into melons, grapes, and pumpkins. Gardens will thankfully receive, and render innocuous, a vast quantity of slop.

b. If the garden, or the gardener, be not at hand, it may be turned into a sewer.

c. Or conveyed by pipes or otherwise into a cesspool, covered and ventilated, and at some distance from the house.

d. Bedroom slops may either be disposed of in one of these latter methods, or may be absorbed into the manure heap, if the premises be extensive enough to admit of one without danger.

In coming to the disposal of fœcal excreta, let me at the outset protest against that reeking abomination, the privy pit, that disgrace to the progressive civilization of the nineteenth century. Some of these are cemented, exerting their poisonous influence only, or mainly, on the air, others are holes in the earth, poisoning both earth, air, and water. I wish every owner of such a nuisance could have pasted over his well, and if he still persists, then I would that he could have constantly impressed on his vision also, Teale's graphic picture of a section of a house, well, and privy vault, with a man standing by the pump, quaffing, with evident gusto, what he innocently believes to be pure water.

If we have a good system of sewerage, with proper outfall, we will find that the plan of having water-closets connected with the sewer system is the most practicable one, and even where there is not any more suitable outfall than our delightful Toronto Bay, the convenience of the water-closet system will cause those who can afford it to introduce it.

In other cases the dry system should be carried out, and it is very simple if people will only have more common sense and less disgusting sentimentalism. A small house is made without any pit, and with a seat resembling the one in common use only that its upper part is hinged so as to be raised up; underneath the hole a pail or box is placed; and in the corner a box of ashes and small shovel. The inmates soon get into the way of attending to the covering with ashes. When the box is full it is lifted by the handles and emptied into a barrel or ashpit, or if practicable removal takes place with sufficient frequency to render this storage unnecessary.

And now, to return again to our sewers: now that we have handed over to them many decomposing substances, how dispose of the

gases generated thereby. In the first place the materials of which drains and sewers are constructed, their course, their slope, the construction of their joints, the course of their junctions, the facilities for flushing them, all these points must be carefully considered with a view to carrying away the decomposing and decomposable material; but these points I shall not have time now to consider.

The main subject of this paper is how to dispose of the gases necessarily generated in the sewers.

Sewer gases are now disposed of in three principal ways:—

1. In a very large number of cases they are allowed to escape into the inside of dwellings. To such an extent is this the case that some sanitarians are disposed to banish the sewer system *in toto*.

2. In some instances they are supposed to discharge through gratings in the centre of the road bed.

But in many cases they discharge at the side of the sidewalk through the traps of gullies emptied by evaporation. Examples of this may be seen at many of our corners (*e.g.*, corner of Duke and Frederick) in winter time.

The ventilating gratings of sewers are so often clogged with dirt that they are of little value in disposing of the total amount of sewer gas.

3. In a few cases the sewer gas is discharged above the house-tops. I think very little consideration will suffice to show that this is the proper method and we must use our exertions to make it general.

By referring to the diagram which I show you, you will see that this can be accomplished by extending the soil pipe up to the roof.

It would be almost satirical to say that we ought to use all endeavours to prevent the first method of disposal; and yet the vast majority of people, professional and otherwise, act as if it did not matter much.

Let us then consider how sewer gases obtain entrance into houses.

1. In some cases there is no "trap," interposed between a drain or sewer, and the air respired by the inmates of the building served by that drain or sewer, no attempt at any

mechanical impediment to the return of sewer gas. This, of course, should not be the case. Some form of trap should be placed as near as possible to the proximal end of every waste-pipe. (*Here a variety of wet-traps were shown.*)

I have also a "dry trap" with flap-valve and ingeniously contrived hinge; but as it cannot compare with the wet trap, properly vented, in point of usefulness and effectiveness for house purposes, for many reasons which I have not now time to point out, I will not take up your time with it, or other forms of dry-traps.

2. Where there are traps they are liable to be forced. Some think that if they have a trap all is right, but let me say that a trap without a vent outside of it is of hardly any practical value. A trap with a protecting depth of water (commonly called the "seal") of three inches (a three-inch seal) only resists a pressure of some two ounces to the square inch.

Now I hold in my hand a two-inch trap with a good seal, which I have filled with coloured fluid; the bottom of it being of glass, you will see the fluid displaced by my blowing, even with a slight force, into one end of the tube. If I now uncork the opening on the distal side of the trap (replacing the cork by a vent-tube), I can blow my hardest without displacing the fluid.

Now what influences are at work to force gas back through traps?

a. The expansive force caused by pouring water into a drain. Two bodies cannot occupy the same space at the same time. If the lower part of the drain be full, or its mouth closed by water in the sewer into which it empties, then the sudden pouring in of water will cause the confined air to burst its way back through the trap.

b. Storm water suddenly filling the sewers has the same action.

c. The expansive force of hot water entering and increasing the temperature and consequently the bulk of the air. If raised suddenly from 50° to 150° the result would be a pressure equal to nearly seven feet head of water.

d. Direct afflation through the sewer. The wind blowing up the sewers, e.g., a south wind in Toronto. Some engineers have proposed flap gates at the mouth. But don't have this,

let the fresh air blow up, but make vents for it to sweep through and purify the sewers.

e. Partial choking of the drain gives rise to confined air constantly increasing and expanding and being displaced. A vent allows the escape of all gas which would otherwise force the trap.

3. Again sewer gas may be admitted by the trap being emptied by syphoning, the water being syphoned out. If I add this tube to the distal end of the trap, it forms the long leg of a syphon, this portion of the trap being the short leg; being closed and a full stream poured through the trap, the water will syphon out of it, leaving the seal broken, as I have often proved by actual experiment with this trap. An opening at the arch of the syphon will, of course, prevent this.

I remember your once asking me, Mr. President, if a waste basin trap could be syphoned in this way, the pipe below being generally larger than the exit from the basin. Since that time I have seen at least two cases: one of a kitchen sink, which had to be remedied by inserting a vent tube; the other, a wash basin, which may be still experimented upon at the Grand Central Hotel.

4. A large body of water rushing full bore down a pipe into which a trapped tube empties, will suck the water out of the said trap. I now show you a vertical 4-inch pipe with a junction, into which I fit my glass trap. I have often sucked the water out of the trap by this apparatus.

The vent will, of course, prevent this.

5. Alterations may leave some pipe open or unsealed.

6. Disuse of trap for a long time will allow evaporation and emptying of trap, giving room for free passage backwards of gas.

7. Corrosion of pipes and traps, or bad workmanship in joints, will often allow escape of gas.

8. Absorption through contents of traps. Gas absorbed and given through. Forbes experimented with ammonia, and found it transmitted in about twenty minutes.

This may be obviated by having a second vent-tube, and these two will form a circula-

tion of air, preventing foul air from accumulating—stagnant—at the trap.

In a system of house drainage, one of these two tubes may be secured by running a 3 or 4-inch pipe from the sewer, just outside the house wall, up to the roof, clear of cornices and windows; whilst the other will be obtained by continuing the soil-pipe up through the roof. A difference in temperature in the pipes will cause the air to circulate through them. This latter pipe will save the traps opening into it from being forced by gas from the sewer and drain. The traps of the baths and lower closet—all traps in fact below the uppermost one—must be saved from suction by their own little vents. These minor vents may open into the extended soil-pipe above the highest trap.

In the diagram, pipes will also be seen arising from a point below the hopper of the closet, a little above the water in the trap. These pipes may serve a double purpose. By branches from the water closet tanks they may act as flushers to the water closet traps, and they may also ventilate the water closets. They may lead to the outer air, or the chimney flue of an isolated kitchen in constant use; but never into a bedroom chimney, or any other not used *constantly*, in the strictest sense of the word. This permission I would not grant in the case of any tubes which have direct connection with the drain; and yet I know this to have been done.

As for the trap shewn in dotted lines between the house wall and the street sewer, I would leave it out of this system, were the system to become generally adopted (as it should be by by-law); for a point away up thirty feet or so above our heads is surely the best place to discharge the gas from our sewers, and not at our feet. But if it were not general, then I would yield to a very pithy remark made by my friend, Dr. Joseph Workman, "not to ventilate the whole street on the house top of one" enterprising individual; although if I were the individual, and the street ventilator in front of my house, I think I would then be still worse off than by having it on the roof of my house.

I have made a large diagram, showing how some of the principles of drain ventilation have been nullified in the Asylum of one of the neigh-

boring States, by placing both the tubes in the same furnace shaft, thereby keeping the air in both at the same temperature, and hence stagnant; whilst a trap between the two makes the "assurance (of no circulation) doubly sure."

Before closing, let me enter a protest (in which I know you, Mr. President, will join,) against the "pan" closet—the closet in most common use. Every time the handle is raised, the "pan" discharges its contents into the "receiver," and displaces, in an upward gush, the foul air contained in it, doubly foul from the repeated coatings of fecal matter adhering to its wall as it is dropped into it from the pan.

There are good forms of patent closets; but the simple hopper, with a good swirl of water to keep its walls washed clear of feces whilst in use, and with an occasional flush, is quite as good as any, and better than many.

Its trap should be placed above the floor, so as not to leave a long tube between the bottom of the hopper and the surface of the water in the trap. This lessens to a minimum the surface for filth accumulation. The trap is also more accessible, if broken tumblers or other impediments should get into it.

No space should be left between the seat and top of hopper, for urine or other water to slop over. This often gives rise to unpleasant accumulation. If such space exist, it should be stuffed with papers, frequently changed.

In concluding, Mr. President and Gentlemen, I must say that I am aware that this paper is somewhat confused in arrangement. This has arisen from the fact of my having departed from my original intention, and having endeavoured to say something about the disposal of all decomposable material, in country as well as in town; by which departure I have brought together parts of my subject dealing with the "dry system" of removal, and parts dealing with the "wet," or "sewer" system.

For any such confusion that may exist, I apologize, and ask your indulgence.

Out of 144 candidates who presented themselves on the 21st of May for the Primary or Anatomical and Physiological Examination for the M.R.C.S. Eng., 69 failed to acquit themselves to the satisfaction of the examiners.

ON THE TREATMENT OF ASTHMA.

BY G. L. MACKELCAN, M.D., HAMILTON.

(Read before the Ontario Medical Association, held at Toronto, on June 1st, 1881.)

MR. PRESIDENT AND GENTLEMEN,—This paper is written with the object of showing the beneficial effect of chloral hydrate in the treatment of asthma. Asthma being a disease marked always by a certain amount of periodicity in the attacks of dyspnoea, and being divided into the three varieties of cardiac, dyspeptic, and bronchitic, the latter form being the most common.

Taking for a theoretical basis the idea that the attacks originate from some peripheral disturbance of some branch or branches of the pneumogastric nerve, which is communicated to the nerve centre, and that the attack could be arrested by paralyzing the nerve centre, as it were, the paroxysm could be cut short, and if cut short, the habit would ultimately be broken up, I thought that chloral hydrate would have the desired effect. The first case that came under treatment was an old standing one of thirty years, of the cardiac variety. This old gentleman had been subject in the first years of the disease to the violent periodical paroxysms, but latterly it had become almost continuous, so much so indeed, that he had not lain down in bed for some months. The remedy was given in ʒi doses at first, as I presume, it was by most of us when it came into use. The dose was then gradually decreased until five grains, three times a day, were taken. The effect of the treatment was such, that in a very short time, he was greatly relieved of his asthma, and at the end of six months he was entirely free from it. He lived for ten years afterwards and never was troubled with it again, although living in the same neighbourhood. He told me that he gave my prescription to others suffering from the same disease in his locality, and that it entirely relieved them.

The next cases treated were four members of the same family. I had treated the father for some time on the old plan that I had been accustomed to, but with only temporary relief. As soon as he began the new treatment with chloral hydrate he began to improve, and after three months he had no return of the disease.

Sometime afterwards the mother came for treatment for the same disease and in her case I believe she never had a subsequent attack. About two years after, the son and daughter came to be treated for the disease and were well enough to discontinue the remedy, one in three and the other in six months.

The next case was that of a lady whom I had treated for asthma for twelve years with very unsatisfactory results. On commencing the treatment by the then new remedy, she obtained six or eight hours sleep, during which the breathing was tranquil; but as soon as she waked, the difficulty returned in full force. She continued the treatment for some years with the above-named effects, but ultimately died from the disease.

The next case was that of a middle-aged woman whose asthma was evidently due to dyspepsia. She was always relieved at once of the attack, but some error in diet would bring on an attack at any time; as I lost sight of her I presume she was not cured.

Next comes the case of an elderly lady whom I saw in consultation. The same treatment relieved her entirely from the spasmodic attacks, but she never regained her normal breathing on account of extensive emphysema. In this case and subsequently the dose of the medicine was reduced to one scruple or ʒss, and repeated if necessary.

Then comes the case of a young man, aged twenty-two, with his first attack which was fully established before treatment was commenced. In his next attack about three months after, it was broken up at once and he never had another, and that is two years ago.

Still another young man of twenty-three who had suffered from chronic bronchitis for a year, had a violent attack of asthma, which gave way to the treatment at once, and for a year he was free from both bronchitis and asthma. At the expiration of the year he had another paroxysm which was soon broken up and he has not had another since.

Again, with regard to the disease in young children, when the diagnosis is made out, which is not always easy, the effect of the treatment has been very remarkable. Four cases from three to ten years of age, treated by from six

to twelve grains have been completely relieved from any further attacks.

Asthma having been considered quite incurable from my own former experience and that of others, and all the known remedies appearing to give only partial and temporary relief, I was pleased at finding a majority of cases (11 in 14) cured, and the others relieved to a certain extent.

DISCUSSION.—Dr. Geo. Wright, Toronto, introduced his remarks by saying that he did not know whether or not the experience of the members of the Association, with reference to the use of chloral, and the precautions necessary in its administration, was the same as his own; but he had become satisfied, from what he had seen in this city himself, and what had occurred in the hands of other practitioners, that the drug was a very formidable one, and required extreme caution in its use. There might be some forms of asthma in which it would be useful, but in long-standing cases, where there was invariably some form of impaired heart action, he thought it very questionable practice to give chloral in doses as large as were recommended by the reader of the paper. He then referred to several cases in the city, in which comparatively small doses had produced fatal consequences, and expressed his belief that more than 15 grain doses were rarely safe, and said that, in many cases, he would not venture to give even so much. In reply to a question by Dr. Workman, as to the danger of acquiring the chloral habit he said he had no experience.

Dr. Oldright, Toronto, said that we had not been so heroic in Toronto as they had been in Hamilton, as we only gave 20 to 30 grains at first, so far as his observation had extended. He had found benefit from Belladonna, Ether, and Ammonia, and possibly also from Grindelia Robusta, in asthma.

Dr. Madill, Alliston, thought that the remedy was a dangerous one, owing to the uncertainty of the strength of different preparations. He himself had been almost a victim to that uncertainty, and in country practice he would almost discard the use of the drug. He recognized its utility and power in certain cases, but thought that others would not meet with the same success that Dr. MacKelcan had done.

He himself had found no difficulty in leaving off the drug.

Dr. Bowlby, Berlin, had followed this treatment with satisfaction and success.

Dr. Geikie, Toronto, approved of the treatment in certain cases. He had had some experience of the formation of the chloral habit, but thought the danger was not great.

Dr. Sloan, Blyth, remarked that a distinction ought to be made as to cases which were complicated with valvular insufficiency. Chloral was not likely to prove curative in those cases, although of great value as a palliative. For himself, there was no other drug in which he had the same confidence in asthmatic cases. As respects the chloral habit, he had seen cases using it one, two, and three years, and had no difficulty in discontinuing its use. With reference to Dr. Madill's remarks he would say, that he would as soon discontinue morphia, because some untoward results had followed its use, and that the physician who discards chloral, neglects a valuable remedy, for which in some clinical conditions it will be difficult to find a substitute.

A CASE OF RECURRENT HERPES PROGENITALIS.

BY J. E. GRAHAM, M.D.,

Lecturer on Dermatology and Clinical Medicine, Toronto School of Medicine.

The following case came under my observation about a year ago, having been sent to me by Dr. Dunfield, of Petrolia, to whom I am partly indebted for the notes given:—

A. B., æt. 26, came to my office for consultation April 27th, 1880. Patient is a strong, healthy-looking man. He has always enjoyed good health with the exception of the local trouble about to be described. He had gonorrhœa, for the first time, about ten years ago. He has had repeated attacks of that disease since. There is no evidence of his ever having had any other form of venereal disease, except perhaps chancroid. About nine years ago he noticed a small ulcer behind the glans penis, which did not heal up for some weeks. The ulcer returned singly two or three times. Three or four of them then made their appearance, healed up, and after a few weeks re-appeared.

The number of vesicles increased so that during the last few years eight, ten, or a dozen

appeared each time. The history of a single outbreak is as follows:—He notices an itching and burning of the skin about the glans near the frenum, on examination he finds a group of little vesicles, sunken as it were, in the integument so that they appear like pearls imbedded in the skin, with their upper surfaces very slightly raised. In a day or two the vesicles rupture leaving round, sharply cut ulcers. The ulcers regularly become covered by scabs and heal up, sometimes rapidly, sometimes slowly. The part remains healed for a variable time, from one to six or seven weeks and then there is a return of the vesicles, as already described.

Patient has received constitutional and local treatment, principally of an anti-syphilitic character. Neither the constitutional nor local treatment given appear to have had any effect.

A curious feature about the case was, that he never suffered from the herpes when an attack of gonorrhœa was present. I advised pot. bromid., and a soothing external treatment.

About two months after I saw the patient, I received a letter from Dr. Dunfield, stating that my line of treatment was carried out without any effect whatever. Patient has passed from observation, having gone to Ceylon.

Remarks.—This is the second case of recurrent herpes progenitalis which I have met with. The first case had lasted about two years before I saw it. No treatment was of any avail. The last I heard of the patient was that there was danger of insanity, the result of constant mental worry about his almost incurable condition.

M. Doyon, of Lyons, in an exhaustive article on the subject of recurrent herpes progenitalis, says, "Recurrent herpes is often mistaken for chancreoid. It is the fourth in order of frequency amongst venereal affections, gonorrhœa occupying the first place, then chancreoid, and then syphilis. It uniformly follows some primary venereal affection, dies away and then re-appears for many years together, about every two months." He considers that the origin of the affection can be traced to a primary or inherited dartsous diathesis.

Dr. Greenough, of Boston, in an excellent paper read before the American Dermatological Association on "Herpes Progenitalis," refers to this recurrent variety. The subject does not seem to have received that attention in medical literature which it deserves. As to the therapeutics, the remedy which will cure or even limit its duration has yet to be discovered.

THE TREATMENT OF GONORRHŒA.

BY JOHN FERGUSON, B.A., M.B., L.F.P.S., GLASGOW.

Few diseases have claimed more attention, and been subjected to a more varied system of treatment than gonorrhœa. In the face of all the plans, which have been, or are in vogue for its treatment, I shall venture to suggest one, which has yielded more satisfactory results than any other I am acquainted with. Its application is easy and free from pain, and is equally well suited to all the stages of the complaint.

The local application of a medicated substance, or fluid, is a favourite mode of treating local disorders; and, even where the local disease is the result of some constitutional taint, topical agents are often among our most useful means of affording relief. It is with the view of effecting the local treatment of gonorrhœa in as short a time, and with as little suffering and bad after effects as possible, that I propose the following:

About six feet of quarter-inch soft rubber tubing is attached at one end to a small lead pipe, which admits of being bent so as to hang over the edge of a bowl, or other suitable vessel, and dip down to the bottom of any fluid it may contain. To the other end of the rubber tube is attached a soft rubber catheter, No. 6, in the end of which are made about eight small openings instead of one large eye. The patient is directed to sit near the edge of his chair, so as to leave the urethra and perineum in a relaxed condition. In the bowl is put a weak solution of Condyl's fluid, and then placed on an elevated stand as a shelf or sideboard. The temperature should be that of the body. The syphon action of tube and catheter is established, and then compressed by the finger and thumb. The catheter, after being anointed with vaseline, which suits better than any other lubricant, is gently passed up the urethra to near the prostate gland. The fluid is now allowed to flow. It escapes through the small openings in the end of the catheter, and washes out the urethra from behind forwards, the soft catheter slightly dilating the canal, and yet not obstructing the flow in any way. The medicated fluid must in this way come into even contact with every part of the mucous membrane; and, whilst accomplishing the object of thorough local ap-

plication, also removes all irritating discharges. This can be done twice daily, and is attended with no other than a grateful sensation to the patient. The curative results are equally good—theseverest and most protracted cases yielding in a comparatively few days. The patient can use it himself.

[This is essentially the procedure of Mr. Reginald Harrison, of Liverpool, and is strongly recommended by him. Dr. W. Thornton Parker, of Plymouth, Mass., has brought before the profession for this purpose a soft rubber nozzle, 2½ inches long, with eyes directed backwards; but except in the very early stages, this length appears to us insufficient.—Ed.]

A BRIEF REPORT OF A CASE OF ABSCESS OF THE MASTOID CELLS FROM THE USE OF THE NASAL DOUCHE.

BY A. M. ROSEBRUGH, M.D.,

Surgeon to the Toronto Eye and Ear Dispensary.

(Read before the Ontario Medical Association.)

(This patient was introduced, and an opening in the left mastoid bone was seen to communicate with the mastoid cells. Inflation of the eustachian tube caused a suppurative discharge to make its appearance at the opening.)

The history of this case is briefly as follows: Edward K., aged 19, has had chronic nasopharyngeal catarrh for four years. Two years ago he was advised by his physician to use the nasal douche. Since then he has used it occasionally—using about a teaspoonful of table salt to a pint of warm water. On the 21st of May last, while using the douche, he felt the solution enter his left ear. On the 22nd he felt very weak, but he had no pain. On the 23rd pain commenced in the left ear, and on the 25th spontaneous perforation of the drum membrane occurred, with copious discharge of a dark sticky fluid from the middle ear. The pain continued, however, notwithstanding a copious discharge, and extended over that side of the head, and which was not relieved by leeching and hot fomentations. There was also vertigo and pain down the back and lower limbs. On the 28th there was some œdema of the lining of the external auditory canal, and on the 30th, slight tenderness over the mastoid

bone. An operation was then decided upon, and on the evening of the same day, or nine days after the accident, he was placed under chloroform, a free vertical incision made about half-an-inch behind the auditory canal, and an opening about ¼ of an inch in diameter was made through the bone into the antrum by means of a drill. This gave exit to a large quantity of purulent fluid, and gave the patient immediate relief. This is the tenth day after the operation and the case, as you see, is now doing well.

The nasal douche, as you are aware, is very extensively used in the treatment of nasal catarrh, and I introduce this case for the purpose of calling attention to the need of greater care in its use. It is true that very few cases of abscess of the mastoid cells from the use of the nasal douche have been reported, but cases of suppurative inflammation of the middle ear from this cause are not uncommon. When a fluid under pressure enters one nostril, the soft palate is elevated by reflex action, and if there is no obstruction the fluid passes out of the opposite nostril. If the pressure is slight, there is very little danger to be apprehended; but if the hydrostatic pressure is considerable, as is the case when the reservoir containing the solution is higher than the head, and if there is also some obstruction to the free exit of the fluid there is great danger of the solution passing up the eustachian tube into the, and perhaps also, as in this case, through the antrum into the mastoid cells.

Let me emphasize the precaution, that when the nasal douche is used, first, the forehead should not be inclined forward; second, the bottom of the reservoir should not be higher than the eyebrows; third, the orifice of the nose-piece should not be large, and fourth, special care should be taken to see that no obstruction exists in either nostril.

ERRATA.

In the paper by Dr. R. L. MacDonnell, in our last issue, there are some typographical errors: Page 168—For *Zen Ryne*, read Ten Ryne; for *Acupunctureax*, read *Acupuncture*, &c.; for *Wallis*, read Tralles. Page 69—For *preventative*, read preventive; for *gout*, read gleet; for *Sculletus*, read Scultetus. Page 171—For *ingenius*, read ingenious.

A CASE OF MICROCEPHALY.

BY C. K. CLARKE, M.D.,

Allyum for the Insane, Hamilton.

J. W. T—, æt. 41, height 4 ft. 11½ inches, weight 103½ lbs.

Measurement of head:—Greatest circumference, 18½ inches; right side of head, 9 inches; left side, 9¼ inches.

Inter-mastoid arches:—Anterior arch over supra-orbital ridges, 12 inches; frontal arch over frontal eminences, 12 inches; middle arch nearly over coronal suture, 11 inches; superior arch nearly over vertex, 10¾ inches; posterior arch over occipital protuberance, 7¾ inches.

Diameters:—A base line from one mastoid to the other, 4¼ inches; greatest transverse, 4½ inches; greatest antero-posterior, 5¼ inches.

Distance from root of nose to occipital protuberance, 11 inches.

The idiot is very clean and careful in his habits. Is able to make himself understood, although his knowledge of the English language is very limited, has more intelligence than you would expect from the small size of head. It is probable that some attempts have been made to educate him, as he frequently goes over a "jumble" which sounds something like one of the arithmetical tables.

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

TEACHING OF ANATOMY.

Sir,—The recent examinations of the Ontario Medical Council, where the Assyrian seems to have come down like a wolf on the fold, have proved a severe lesson for those teachers who have sent up students badly prepared for that most important trial, the examination in general and in surgical anatomy. I hope that they will take it to heart, and that for the future we shall hear more of dissecting and dissecting-room demonstrations, and less of lectures and of written description work.

Mr. Editor, my experiences are by no means peculiar and every young Canadian graduate who has been abroad will, I think, agree with me when I say that when I was in England, so utterly ignorant was I of anatomy, that I was actually ashamed to let it be known that I was

a graduate, a qualified man in my own country.

In the spring of 187— I graduated in medicine at a first-class Canadian University and was also one of the prize-men in my year. In the previous year at the Primary Examination my paper on Anatomy took full marks, and few could recite the intricate meanderings of the fifth nerve, with greater accuracy than the writer. Grim rumours, it is true, had reached my ears, as to the severity of Anatomy Examinations abroad, but I thought myself above listening to such childish prattle. Had I not sat on a hard bench, often asleep, it is true, often day-dreaming, while three hundred hours were spent in anatomical recitations, while a lecturer repeated to me the very text of Wilson or Gray, and tried to teach me things which a good demonstrator could have taught me in a few minutes. All these things had been done, and I thought it would have been very foolish of me to get into a fright about cock and bull stories of dissections. Wonderful tales I had been told, too, of my fellow-countrymen. Canadians always got through, to the envious disgust of the students of the Mother Country.

I landed then at a London hospital, hungry and thirsty for knowledge. I met an old friend there, who after a little conversation volunteered to see how much anatomy I knew. He had just passed his first college. "You had better take a grinder," he said, "and go up in three months." I did so. In a few days I found myself in a grinder's class. Here were three Canadian graduates like myself, of these, two were honour-men of their college. Some four or five members of the class were English "chronics" of the worst sort. A "chronic" is a student who has repeatedly failed, either from stupidity, idleness, or both combined, in getting his "first or second college." These men had been up three or four times already, and had been advised to "try it next shot" for, as the grinder said, they would be as well up then as it was possible for them ever to be, even if they studied one hundred years. The remainder of the class were boys fresh from school, whose juvenile prattle at times made me fancy that it was *pons asinorum* no the *pons Varolii* we had under our consideration

We worked very hard, until at the end of three months, and weary ones they were, we were thought fit to go up. Yes! we, graduates of different Canadian Universities, after three months' hard work were thought fit to go up for an examination, one whose standard is the the lowest in England, the diploma gained at which is of the least value amongst all the surgical distinctions to be won in that country. I hope in the future to see no more Canadian M.R.C.S.'s and L.S.A.'s or Edinburgh "double qual." men; but that our young men will return to practice with something worth having, Fellows of the College of Surgeons or Members of the College of Physicians.

Students in Canada are over-lectured and under-taught.

Now in Anatomy the professor or lecturer is looked upon as being responsible for the teaching in that branch. Lecturers on Anatomy should be abolished universally. The demonstrator should have control of the entire department. There should be no lectures in anatomy, but occasionally, say twice a week, the senior demonstrator should take up particular regions in turn and give demonstrations upon them. For a school with more than one hundred students there should be at least four junior or assistant demonstrators. Their hours of attendance should be so arranged that the room should never be left without a teacher in charge. Their duties should be to constantly watch, teach, and examine the students in the course of their dissections. A senior demonstrator should have rank as a professor, and he should be well paid—well enough to prevent his allowing the demands of private practice taking him away from his work. At the regular hours laid down by the Faculty for dissecting, the senior demonstrator and all his assistants, should be present at the same time.

The junior appointments should be honorary or they might have a very slight salary attached to them. They would serve as a training-school for other chairs.

Anatomy should be taught by regions entirely. A student should learn the arm, the leg, the abdomen, &c., and not take up all the nerves at once, all the muscles, &c. Why, it's like earning the geography of Europe by taking all

the rivers at once, all the towns, or all the mountains. The books in a student's hands should be Heath's Anatomy, or Ellis', or Holdens', the osteology of Holden, and his work on Landmarks. Forever banish Gray, Wilson, &c.

At the end of the session, there should be an examination for first, second, and third year students. Its *sine quâ non*, should be an oral, practical examination on the dissected subject itself, followed by a written paper with questions of a good practical nature, such as "The dissection, to expose such and such an artery;" questions calling out a candidate's knowledge gained by dissection, not that which he has learnt by heart the night before. Such as this which I select at random from a number in my possession, "enumerate the muscles attached to the os innominatum."

Anatomy examinations are different from those in any other subject. All mistakes, for example in Surgical Anatomy are not the same mistakes. There are trivial ones and fatal ones. A student who after having been given plenty of time cannot tell, for instance, what the external abdominal ring is, when it is pointed out to him, or one who cannot point out the valves of an opened heart, should be plucked, no matter how well he has answered in everything else.

The Ontario Board should appoint several examiners in anatomy, and arrange that no student should be examined by his own teacher. Moreover, while one examiner asks the questions the others should mark. Altogether as things are at present the lot of an examiner of the Ontario Medical Council "is not a happy one." When he conscientiously does his duty, as I have not a doubt Dr. Sullivan did, he must be prepared for slanders and calumnies of the vilest sort. And I undertake to say that any real anatomist, and by that term I mean a practical anatomist, not a book anatomist would act, in fact could act in no other way, than did Dr. Sullivan, that is to say, if he had the manly courage to do it.

With many apologies for trespassing to such an extent upon your columns,

I remain, Sir, your obedient servant,

A MERE ANATOMY.

THE CANADIAN
Journal of Medical Science,

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

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1881.

ONTARIO MEDICAL COUNCIL.

The recent Session of the Council was upon the whole a very satisfactory one. Dr. Bergin was, as a matter of course, elected President, and the able manner in which he performed his duties as chairman assisted much in carrying on both the ordinary and the rather extraordinary business of the meeting. Dr. Bray, of Chatham, a representative from the west, was elected Vice-President.

The burning question of the day was soon introduced by the presentation of the rejected candidates' petition by Dr. Bray, and a long debate followed, which, all things considered, was exceedingly creditable to the Council. While taking exception to some minor points, we recognize that many of the speeches were able, eloquent, and argumentative—especially those of Drs. Bergin, MacDonald, Lavell, McCammon, Burritt and Williams.

They appeared to realize that the honour not only of the examiners, but also of the Council and whole Profession, was called in question by the ill-advised petition, and in connection therewith, the abusive and foolish letters which had been published in the daily newspapers of Toronto, and they were determined to uphold it. The unfortunate action of the plucked men had created in the minds of some a feeling of resentment, which made them rather harsh. The petitioners, most of whom were present by the courtesy of the Council, must have felt a bitter disappointment when they found that not a single member of the Council had a word to say in defence of their conduct, although, as all know, they had

previously been strongly encouraged in their course of petitioning and letter-writing. Under the circumstances they thought it better to withdraw their petition on Wednesday evening, and throw themselves on the mercy of the Council. Here again they were disappointed, as, when the subject was finally disposed of on Friday evening, the members of the Council refused to grant them any grace whatever. They seemed to be reserving all their sympathy for the case of Dr. Jno. B. Hall, which came up for consideration a few minutes after the rejected were disposed of, and was treated with distinguished marks of favour. It looked as if they were trying to atone for their harshness in the first case by exceptional good nature in the second. We direct attention to the vote quoted in the report of the proceedings.

A good deal of work was done by the various Committees, and we must refer especially to the labours of the Education committee. The result is, that many matters in connection with the examinations, which were before in an unsatisfactory position have been adjusted. The intermediate examination with Latin; *i.e.*, including the compulsory subjects and Latin among the optional, is to be, accepted for matriculation. In the professional examinations, a pass and honour list will be given, and a definite standard has been fixed for both. The required percentage will be 45 for pass, and 75 for honours, in the following subjects: Surgery, Medicine, Pathology, Midwifery, Descriptive Anatomy, Physiology and Materia Medica; 40 pass, and 70 honours in Medical Jurisprudence; 33 pass, and 66 honours in Sanitary Science and Surgical Anatomy; 30 pass, and 50 honours in Chemistry and Toxicology; 25 and 50 in Botany. Arrangements have also been made to have the final partly oral and partly written.

The motion of Dr. Day, that a committee be appointed to endeavour to procure certain changes in the Medical Act, was carried unanimously. The effects of the Changes suggested would be to do away with the representation of Ottawa and Albert Universities and prevent the representation of any University which does not grant degrees in medicine.

THE NEGLECT OF GYNÆCOLOGY AT THE TORONTO GENERAL HOSPITAL.

We question the wisdom of the course pursued by the Trustees of this Institution in making the appointments of its staff annually, as we think it impairs very much its usefulness. We believe the members of the staff would feel more interest in their work and we know their usefulness would be much increased by a certainty of a longer term of office.

The Hospital was established to relieve the sick and afflicted, but its benefits are by no means confined to those who seek relief within its walls. In fact if properly conducted it may be a blessing to a very wide constituency. As an educator of the men who go out every year to care for the health of the people, it is capable of extending its benign influence to every hamlet and town in the Dominion, and just in proportion as the hospital fails to provide these young men with every facility for the acquisition of professional knowledge, does it fail in its high mission.

Hence we regret exceedingly that while the Trustees were rearranging the appointments for the coming year, and went so far as to appoint specialists in midwifery, they did not see their way clear to the establishment of the department of gynæcology when it could have been done without any additional expense. About three hundred young men seek their medical education in Toronto every year and the majority of these take out hospital tickets at some period of their probation and are entitled to all the advantages the hospital is capable of affording, and yet the hospital authorities provide no facilities for their practical instruction in one of the most important departments of the whole curriculum.

We know that while an abundance of material presents at the hospital for the illustration of the subject, yet it is not utilized for the benefit of the medical classes and chiefly for the reason that the general practitioner cannot spare the requisite time.

Some of the Trustees have expressed a desire for the establishment of such a department and yet because one or two members of the staff wish to retain their right to such cases (a privi-

lege which we think need not be interfered with), the matter is postponed, the hospital fails to perform its duty, the young men are sent out imperfectly prepared to grapple with a class of diseases which constitutes a very large proportion of the sufferings of humanity, or they are driven to seek elsewhere that instruction which it is our duty to provide for them at home, and which could be readily furnished in an institution so largely supported by the people's money.

We know that many members of the staff would gladly turn over these cases to the specialists as they require so much time for their proper elucidation, but the dog in the manger spirit of one or two, prevents the arrangement being carried out. It is a matter of frequent occurrence for young men in remote parts of the country to write to us for instructions in regard to the simplest operations and examinations of gynæcology, as during the whole four years of their study, many of them have never seen a speculum, or a sound used, or a pessary introduced. A short time ago a gentleman wrote us that he would come a hundred miles if we would notify him when he could see us introduce a uterine sound.

We, therefore, think it a great pity that the Trustees should allow the selfishness or jealousy of one or two men to prevent them doing what they feel would be to the advantage of the hospital, and what we know would be simply an act of justice to the large class of medical students who pay for instruction at the hospital which they do not get, and which would be of vast benefit to the community at large, through the young men thus more perfectly instructed.

THE CASE OF DR. JOHN B. HALL.

The profession of Ontario would probably like to hear some reasons for the extraordinary action of the Council with reference to this case. The doctor referred to is a homœopathic physician, practising in this city as assistant to his father, Dr. John Hall, but has no license. He has, we understand, a degree obtained nearly 20 years ago from some Homœopathic College in the United States, and he now wishes to be registered by the Council. In

the report of the Registration Committee we find the following :

Dr. Bray moved that Dr. Hall be examined by the Homœopathic members of the Council, as an inexpensive method of testing his attainments, as this is a special case, and if found qualified that his name be put on the Register.

Amendment moved by Dr. H. H. Wright, seconded by Dr. Lavell :—

That the Council go back into Committee of the Whole to amend the report by inserting the following words :

That Dr. John B. Hall shall be admitted to Registration in the usual way—by undergoing the usual examinations and in the usual way. *Lost.*

YEAS—Drs. Burns, Lavell, Williams, and Wright.

NAYS—Drs. Bray, Burritt, Cranston, Douglas, Edwards, Henderson, Husband, Logan, Morden, McCammon, McCargow.

As the Council is at present constituted, a Homœopathist is entitled to the same consideration as a member (or a would-be member) of the Regular Profession, and not any more. What are the special reasons which induced a large majority of both Homœopaths and Regulars in the Council to grant such an unusual concession to this gentleman? The resolution speaks of it as "an inexpensive method." What does this mean? Why is it inexpensive? Has some Homœopathic friend agreed to examine him for little or nothing? If a *cheap* method has been found, will the members who voted for the resolution maintain that such a consideration justifies in the slightest degree such an irregularity? What necessity was there for any hasty action? This gentleman has been living in Canada for a number of years and knows our laws. Why has he not passed in the regular way?

We will leave the question to the consideration of the Profession, while we simply express our wonder that only four men among those present felt it their duty to vote for his "admission in the usual way." A few such irregularities as this sanctioned, sometimes from pure good nature, sometimes from pure carelessness, have done a great deal to make the Council unpopular with a certain section of the Profession in Ontario.

CONVOCATION OF TORONTO UNIVERSITY.

At the Convocation on Wednesday, June 8th, the following received the degree of M.D. :

Spencer, B.; Gardiner, T. H.; Murray, S. S.; Burton, W. H.

DEGREE OF M.B.

Aikins, H. W.; Aikins, W. H.; Bingham, G. S.; Bosanko, S. A.; Burt, J. C.; Cotton, J. M.; Cotton, R.; Elliott, H. R.; Edmondson, W. C.; Gunn, W.; Howitt, F. W.; Jones, A. C.; Machell, A. G.; McBride, J.; McCracken, C. L.; Montgomery, W. A. D.; Nicholson, M. A.; Sweetnam, L. W.; Tracey, W. J.; Wallace, M., from the Toronto School of Medicine.

Beck, G. S.; Bentley, L.; Ferguson, A. H.; Kerr, H. K.; May, P.; Mearns, W. A.; Meldrum, P. G.; McTavish, D. A.; Vandervort, E. D.; Witherspoon, W. L., from the Trinity Medical School.

The following passed the Primary :

Coulter, R.; Cuthbertson, W.; Frost, R. S.; Freel, A. I.; Jackson, H. P.; Lepper, W. J.; Nasmith, A. D.; Walmsley, P. C.; Wilmot, J. W., from Toronto School.

Harrison, B. D.; Ray, J. W.; Shore, J. E., from Trinity School.

Third Year.—Knill, E. J.; McMahon, T. F.; Fletcher, W.; Cleland, G. S.; Montgomery, D. W.; Duncan, J. T.; Bell, J. F.; Eastwood, W. F.; Fisher, R. W.; Lafferty, J.; Kent, F. D.; Johnson, W. H., from Toronto School.

Panton, A. C.; Hanbridge, W.; Ferrier, J.; Wallace, R. R.; Woolverton, S. S.; McMurrich, J. P.; Milroy, T. N., from Trinity School.

MEDICINE.

Class I.—Panton.

Class II.—1, Knill; 2, McMahon; 3, Hanbridge; 4, Fletcher; 5, Ferrier; 6, Cleland; 7, Wallace; 8, Montgomery; 9, Duncan; 10, Bell; 11, Eastwood; 12, Fisher.

Class III.—1, Lafferty; 2, Woolverton; 3, McMurrich; 4, Milroy; 5, Kent; 6, Johnson.

CLINICAL MEDICINE.

Class II.—1, Milroy; 2, McMurrich; 3, Lafferty; 4, Duncan; 5, Cleland; 6, Wallace; 7, Panton.

Class III.—1, Fisher; 2, Montgomery; 3,

Knill; 4, Ferrier; 5, Bell; 6, Fletcher; 7, Johnson; 8, McMahon; 9, Eastwood, 10, Kent; 11, Hanbridge; 12, Woolverton.

SURGERY.

Class I.—1, Duncan; 2, Wallace; 3, Fletcher; 4, McMahon; 5, Hanbridge; 6, Panton; 7, Eastwood.

Class II.—1, Ferrier; 2, Montgomery; 3, Bell; 4, Fisher; 5, Knill; 6, Johnson; 7, Lafferty; 8, Cleland.

Class III.—1, McMurrich; 2, Milroy; 3, Woolverton; 4, Kent.

CLINICAL SURGERY.

Class I.—Wallace.

Class II.—1, Panton; 2, Ferrier; 3, Lafferty; 4, McMurrich; 5, Cleland; 6, Duncan; 7, Montgomery; 8, McMahon; 9, Eastwood; 10, Hanbridge.

Class III.—1, Fisher; 2, Knill; 3, Johnson; 4, Milroy; 5, Fletcher; 6, Bell; 7, Kent; 8, Woolverton.

SURGICAL ANATOMY.

Class I.—1, Wallace; 2, Bell; 3, Duncan.

Class II.—1, Fletcher; 2, McMahon; 3, Cleland; 4, Panton; 5, Johnson; 6, Ferrier; 7, Montgomery; 8, Eastwood; 9, Hanbridge; 10, Fisher; 11, Lafferty; 12, Knill.

Class III.—1, McMurrich, 2, Woolverton; 3, Milroy; 4, Kent.

OBSTETRICS.

Class I.—1, Fletcher; 2, Wallace; 3, Duncan; 4, Ferrier; 5, McMahon; 6, Bell; 7, Fisher; 8, Panton; 9, Knill; 10, Hanbridge.

Class II.—1, Lafferty; 2, Cleland; 3, Johnson; 4, Eastwood; 5, Montgomery.

Class III.—1, Milroy; 2, Woolverton; 3, McMurrich; 4, Kent.

PATHOLOGY.

Class I.—1, Duncan; 2, Wallace; 3, Panton; 4, McMahon.

Class II.—1, Knill; 2, Fletcher; 3, Ferrier.

Class III.—1, Eastwood; 2, Lafferty; 3, Woolverton; 4, Hanbridge; 5, McMurrich; 6, Montgomery; 7, Milroy; 8, Kent; 9, Bell; 10, Johnson; 11, Fisher; 12, Cleland.

Second Year.—All from Toronto School.

ANATOMY.

Class I.—Robinson, W. J.

Class II.—1, Doelsen, F. J.; 2, Meldrum, J. A.

Class III.—1, Clerke, H. S.; 2, Fletcher, W.; 3, Hansler, J. E.

PHYSIOLOGY.

Class I.—1, Doelsen; 2, Robinson.

Class III.—1, Fletcher; 2, Meldrum; 3, Hansler; 4, Clerke.

MATERIA MEDICA AND THERAPEUTICS.

Class I.—1, Robinson.

Class II.—1, Doelsen; 2, Fletcher; 3, Meldrum.

Class III.—1, Hansler; 2, Clerke.

CHEMISTRY, ORGANIC, AND PHYSIOLOGICAL.

Class I.—1, Doelsen; 2, Robinson; 3, Clerke.

Class II.—1, Hansler; 2, Meldrum.

Class III.—Organic only—1, Fletcher.

HISTOLOGY.

Class I.—1, Doelsen; 2, Robinson.

Class II.—1, Clerke; 2, Fletcher.

Class III.—1, Meldrum; 2, Hansler.

First Year.—McKenzie, A. F.; Spence, S.; Clerke, J. W.; Johnson, J. L.; Bray, J.; Richardson, W. A.; Draper, J. S.; Jacques, W. P., from the Toronto School.

Meikle, T. D.; Stewart, R. L.; Thompson, A. S., from Trinity School.

ANATOMY.

Class I.—1, Meikle; 2, Mackenzie; 3, Spence; 4, Clerk.

Class II.—1, Johnston; 2, Bray.

Class III.—1, Richardson; 2, Draper; 3, Jacques; 4, Stewart; 5, Thompson.

CHEMISTRY.

Class I.—1, Clerke; 2, Spence; 3, Johnston.

Class II.—1, Mackenzie; 2, Meikle.

Class III.—1, Bray; 2, Stewart; 3, Jacques; 4, Richardson; 5, Thompson; 6, Draper.

BIOLOGY.

Class II.—1, Meikle; 2, Johnston; 3, Spence; 4, Clerke.

Class III.—1, Stewart; 2, Thompson; 3, Mackenzie; 4, Draper; 5, Jacques; 6, Richardson; 7, Bray.

MEDALS AND SCHOLARSHIPS.

Gold Medal—Duncan, J. H.; Toronto School of Medicine.

Starr Gold Medal—Duncan, J. H., Toronto School.

Third Year.—1st Scholarship, Wallace, R. R., Trinity School; 2nd, Duncan, J. T., Toronto School.

Second Year.—1st Scholarship, Robinson, Toronto School; 2nd, Doerksen, Toronto School.

First Year.—1st Scholarship, Spence; Toronto School; 2nd, Clerke, Toronto School.

First Scholarship, \$120; 2nd, \$80.

THE LATE REJECTED.

We must protest against some of the remarks by certain members of the Council concerning the rejected candidates. The President, in his able speech on the notorious, if not celebrated, "Students' Petition," made a severe attack upon all who had signed this petition, and ascribed their position to their "gross ignorance," arising from "thorough idleness." Dr. McCammon went so far as to insinuate that their rejection was due to their "waste of time in saloons and theatres." These gentlemen, as members of the Council, should have remembered that they were called upon to act in a judicial capacity, and not as advocates for a suspected criminal, where they might obtain some advantage for the defendant by abusing the plaintiffs. These attacks were made in the presence of the rejected candidates, who, of course, had no chance to reply, and, under the circumstances, the language alluded to was neither just, manly, nor dignified, and was certainly not calculated to add any strength to Dr. Sullivan's position. While we have always disapproved of the conduct of the petitioners, we must do them simple justice, and say from positive knowledge, that many of the rejected were for years among the most earnest, faithful, and industrious students that we have had in Toronto during our recollection. Unfortunately, some of the best, with high aggregate marks, were plucked, while inferior men were passed, with a much smaller aggregate.

The case was, therefore, eminently an exceptional one, and we feel very sorry that the members of the Council were unable to grant them the favour of a supplemental examination. We must acknowledge that there were grave difficulties involved in such a course; but we adhere to the opinion expressed last month, that these difficulties might have been overcome.

DR. SULLIVAN.

It looked at one time as if Dr. Sullivan was going to be put on trial. Such an action, even though that gentleman himself requested it, would have been the grossest injustice, because a trial implies at least some suspicion of guilt. It would have been a disgrace to the Council, and to the profession represented by the Council, if one of the most able, conscientious, and honourable practitioners in this country had been subjected to the indignity of a trial for a contemptible and criminal act, with members of the Council as a jury, and three or four or more rejected candidates as his accusers, without any shadow of positive proof to bring forward in support of their charges. Although in this controversy there has been much that is unpleasant to Dr. Sullivan, he may well feel proud of the fact that without exception those who have had the best opportunities of knowing him consider him in all respects above suspicion, and no single member of the Council had the hardihood to breathe a word to the contrary. As a mark of their confidence in him they have again appointed him examiner in descriptive anatomy. We are glad the difficulty alluded to by Drs. Burritt and Williams, with respect to his examining in surgical anatomy while engaged in teaching surgery, and therefore surgical anatomy, to a certain extent at least, has been removed. We are in favour of long terms of office for examiners, and would like to see them retained when thoroughly fair and efficient for ten years or as long as acceptable. If all questions of sectionalism, or personal friendships, or personal indebtedness were cast aside, and only the best available men were appointed and retained for a number of years, it would add more stability, the Council would command more respect, and the students would lose many of the doubts and perplexities which are necessarily connected with continuous and indiscriminate changes of the examiners. Although Dr. Sullivan has been an examiner for some years, we are glad that he has been appointed again, and hope he may be induced to act for many years to come, as he is admitted on all sides to be a thorough anatomist. This is a very important consideration for the

Council, because they are prohibited from appointing men as examiners in any subjects which they teach (an absurd rule by the way); and in a subject like anatomy very few, excepting teachers, are thoroughly competent to give a practical examination on the dead subject.

The students may learn from their various discussions and actions, that the members of the Council are determined that they shall learn their anatomy, and at the same time show proper respect to their examiners; and we hope that, in compliance with the plain logic of stern facts, they will during next session pay more attention to dissecting and less to petitioning.

CREMATION.

Dr. C. W. Purdy, a Canadian from Kingston, Ont., who has been practising in Chicago for the last twelve years, read an interesting paper on the subject of Cremation before the Cook County Medical Society in Chicago on Monday evening, June 20th. He first gave a history of the different methods of disposing of dead bodies in the past, and showed that the process of incineration was at one time common among the Egyptians, Greeks, and Romans, but was discontinued about the end of the fourth century, on account of the growing power of Christianity, which was strongly opposed to it.

In bringing forward arguments in favour of cremation, the chief were derived from a sanitary standpoint. He contended that many serious epidemics had originated from burials in temples and churches, and asserted that the earth covering the dead bodies could not intercept the transmission of the deleterious gases into the atmosphere in the neighbourhood of the graveyards. This is a matter of serious import in large and crowded cities. Another evil of the present system was the possibility of living burial. During the last few years a tide of opinion has been setting in in favour of the old custom of incineration, which, in addition to the sanitary reasons adduced, was preferable on the grounds of economy.

Prof. Rolleston, M.D., F.R.S., of Oxford University, is dead.

EXECUTIVE COMMITTEE, MEDICAL COUNCIL.

The executive committee is practically dead. Its proceedings last year were generally unsatisfactory, a fact conceded by its own members. Dr. McCammon in proposing the names of the President, Vice-President, and Dr. Vernon as the Executive committee for the coming year, requested the chairman not to call a meeting before the next session of the council. It was thought advisable not to put on record any motion to this effect, although all evidently concurred. This will throw more work and responsibility on the registrar whose duties were already very arduous, and we are very glad that the council unanimously voted for Dr. Burns' motion to raise his salary from \$750 to \$1000.

We are also much pleased to notice that a sum of \$100 has been appropriated for a testimonial to the late registrar, Dr. Pyne, Sr. as a mark of appreciation of his long and faithful services to the council.

Dr. Barnard Davis, the most indefatigable of British anthropologists is dead. His collection of crania and skeletons has passed into the hands of the Royal College of Surgeons. He was a member or Fellow of over twenty-five learned societies, British and Foreign.

LACTOPEPTINE IN THE SUMMER DIARRHŒA OF CHILDREN.—Having in the out-patient department of our Children's Hospital, as well as elsewhere, considerable experience of the utility of this preparation in the summer complaints of children, so frequently arising from imperfect digestion of fermentescible alimentary matters, we desire to remind our readers, as the summer solstice approaches, of the efficacy of this remedy in helping, in conjunction with a discretionary diet, to procure that ounce of prevention which is said to be worth a pound of cure.

DOCTOR-MAKING.—The *Medical Record* thinks it might locate in New York, were it not for the Latin, the following incident, taken from a French journal:—Q. Quid est creare? A. E nihilo facere. Q. Bene; te doctorem creavimus?

THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF ASYLUMS FOR THE INSANE held its 35th annual meeting at the Rossin House, in this city, on the 14th, 15th, 16th, and 17th, ultimo. There was a fair attendance of members from all parts; and the Vice-President, Dr. Callender, of Nashville, Tenn., occupied the chair with great satisfaction to all, adding to the many excellencies which justified his election to that high eminence the rarer gift of innate eloquence. We hope in our next issue to present our readers with a reasonably complete account of the proceedings of the Association, contenting ourselves in the meantime with expressing the high satisfaction we experienced in welcoming within our borders so many able and distinguished men, and especially our gratification in observing the eminent position attained amongst them by two of our fellow-countrymen, Dr. Macdonald, of Ward's Island, and Dr. Gundry, of Maryland. One of the pleasant features embodied in the valedictory resolutions we record below, reiterating on behalf of the Profession of this Province the good wishes for our Nestor therein expressed:—*Resolved*, • That not the least among the pleasures attendant upon this meeting has been that of renewing personal intercourse with one of the oldest members of the Association, and one than whom none is more highly honoured and esteemed both within and without—Dr. Joseph Workman—and that it is the earnest hope of his colleagues that he may long be spared to aid them with his counsels and the public with his recognized skill and wisdom.

CANADIANS ABROAD.—DR. ALBERT E. SENKLER.—We are exceedingly pleased to record the fact that Dr. Albert E. Senkler, who left this city some 18 months ago to practice in St. Paul, Minn., has been elected third Vice-President of the Minnesota State Medical Society, and President of the Board of Censors. We congratulate our old friend and fellow-countryman upon the rapid recognition which his merits have received in his new sphere of labor, and also upon the success which his surgical skill has met with, rumours of which have reached us.

THE CONVENIENCE OF THE TELEPHONE TO THE SURGEON.

One of the Toronto dailies recently gave an account of an accident, and in accordance with an ordinary practice in the same paper, prominence was given to some points by the use of large type, which on first glance, made it appear as follows:—

“Accident on Grand Trunk”—“Collision”—“Confusion”—“Sixty Killed”—“Blood”—“Mangled Bodies,” etc.

A well-known surgeon of Toronto on seeing this went at once to his telephone, and called up the Grank Trunk, when the following conversation ensued.

Dr.—Halloo.

G. T. R.—Well!

Dr.—What about the accident?

G. T. R.—Well! what about it?

Dr.—I can go down at once if you want me.

G. T. R.—What for?

Dr.—Why, the paper says there were sixty killed and many injured.

G. T. R.—Yes, but they were pigs.

HOLMES' SYSTEM OF SURGERY AMERICANIZED'—This very valuable compendium of Surgical Theory and Practice which has been long so well-known to both English and American surgeons is, it appears, about to be re-issued in America in three volumes as a Companion to “Reynolds' System of Medicine,” by Messrs. Henry C. Lea's, Son & Co., under the editorship of Dr. John H. Packard, of Philadelphia. From the prospectus we learn that each article is to be revised and brought up to date by an American of note and reputation in that department; and that the price will be about one-half that of the original.

The International Encyclopædia of Surgery, is another valuable contribution to the literature of surgery. Messrs. Wm. Wood & Co., are about to publish a six volume Encyclopædia of Surgery, edited by Dr. John Ashurst, jr., of Philadelphia. The articles composing which are to be contributed by distinguished English, American, French, German, and Spanish surgeons, and can be had in the English, French, or German language, at the rate for the first named of \$6, \$7, or \$8 per volume, according to binding in muslin, leather, or half-morocco.

DOMINION MEDICAL ASSOCIATION.

We have reason to hope that there will be a good representation of the Profession of Ontario and Quebec at the meeting of the Canada Medical Association, which is to be held this year at Halifax, on Wednesday, August 3rd. It has been our pleasure to hear much of the courtesy which our brethren of the Lower Provinces have always shown to visitors from distant parts of the Dominion; and we are, therefore, glad to learn that a fair number will probably avail themselves of the opportunity afforded this year of accepting such generous hospitality. It is fortunate that those who attend the meeting will, in addition to the direct profit which they will reap from the assembly of medical men who form the Association, receive all the incidental advantages of a delightful summer trip. We shall not stop to discuss the question from this point of view, but proceed at once to give some information about the different routes available.

1st. All rail, from Toronto to Halifax and return, by Grand Trunk and Intercolonial: leave Toronto Monday morning at 7 o'clock, reach Halifax on Wednesday at 10 a.m.; leave Halifax on Thursday at 6 p.m., reach Toronto, Saturday, at 11 p.m.: fare, about \$33.00; extras, for meals, berths, &c., will make it amount to \$45.00 or \$50.00.

2nd. Part rail, part water: Toronto to Quebec, *via* G. T. R.; thence to Pictou *via* Q. and G. P. Steamer, leave Toronto Monday morning, July 25th, take steamer at Quebec Tuesday, reach Pictou Saturday, July 30th, thence to Halifax Saturday or Monday by Intercolonial; return by Intercolonial to St. John, from St. John to Portland by steamer Monday, G. T. R. to Toronto, reach Toronto Wednesday, August 9th. Fare \$39.00, including neither meals nor berths. Whole cost of trip \$55.00 to \$60.00.

3rd. Nearly all water. Leave Toronto Saturday, July 23rd, boat to Montreal, reach Montreal Sunday evening, boat Montreal Monday at 5 p. m., reach Pictou Saturday, Intercolonial to Halifax: return to Annapolis by W. & A. Railway, to St. John by steamer, to Portland by steamer, to Montreal by G.T.R., to Toronto by steamer, reach Toronto August 11th. Fare \$51.75, including everything ex-

cept berths on Gulf steamer and extras from St. John to Portland. Total cost \$55 to \$61.

4th. Mostly water. Leave Toronto Thursday, July 28th, at 11 a. m., by steamer to Ogdensburg, rail to Boston, leave Boston Saturday by steamer to Halifax, reach Halifax by Monday or Tuesday: return same way, leaving Halifax Saturday, reach Toronto Wednesday, August 10th. Fare about \$35 to \$38, including everything,

5th. As the Minister of Railways, Sir Chas. Tupper, has kindly offered still better rates by Intercolonial, *i. e.*, return tickets for one fare, another route is suggested: Steamer from Toronto Saturday July 30th, reach Montreal Sunday evening, take steamer Monday evening for Quebec, thence to Halifax by Intercolonial. Return same route. Fare about \$31; total cost about \$40.

In each trip total cost means actual travelling expenses, and, of course, does not include living at Halifax. No. 3 will make a very pleasant trip to those who can spare the required time. We understand that several expect to take either it or some modification of it. All the trips mentioned will answer the Montreal men by simply cutting off portions west of that city, except trip 4, in which they might choose their own route to Boston. In this trip (4) the Kingston men can take steamer at Kingston on Friday morning at 6:30. Further information and certificates, &c., may be obtained from the Local Secretaries, Dr. Lawson, Halifax; Dr. P. Inches, St. John; Dr. G. A. Belleau, Quebec; and from Dr. A. H. Wright, Toronto, who, on account of the illness of Dr. David, is acting as General Secretary, by request of the President, Dr. Canniff.

We regret that want of space compels us to hold over part of our Society's reports. We hope to publish the papers read at the Ontario Medical Association from time to time.

PRACTITIONER, ARNPRIOR.—The following is the formula for Mist. Rhei. c. Gentian: Rhubarb, Gentian and Orange Peel, of each, 3 drms.; boiling-water, 2½ pints; macerate for an hour and strain; then add Bicarbonate of Soda, 1 oz.; Aromatic Spirit of Ammonia, 1 oz.; Spirit of Caraway, ½ oz.

ONTARIO MEDICAL ASSOCIATION.—The Committee on "Public Health, Medical and Vital Statistics and Climatology," consisting of Dr. Douglas, Port Elgin; Dr. Allison, Bowmanville; Drs. Playter, and Oldright, Toronto, met at the Council Hall, June 14th, and 15th. Drs. Covernton and White, the President and Secretary, were also present. It was decided that the best means of fulfilling the functions of the Committee was to issue a circular letter of questions on the above subject to the Profession throughout the Province. The compiling of the letter was left in the hands of Drs. Oldright and Playter. They divided the Province into sections, and are to be assisted by the Vice-Presidents and Local Secretaries of each division in their labours.

EXAMINATION EXTRAORDINARY.—In accordance with a resolution of the Ontario Medical Council, passed at its last meeting, Dr. John B. Hall, of this city, has been *inexpensively* examined by the Homœopathic members of that body, and pronounced *pre-eminently qualified* to practice medicine (*homœopathically*) in this province.

CANADIANS ABROAD.—Jas. Arnott Hunter, of Newcastle, Ont., and Edmund James Armstrong Rogers, of Grafton, Ont., were admitted to L. R. C. P. and L. R. C. S., Edinburgh, at the April sittings; W. H. Burton, M. B., Toronto, took the M. R. C. S., on 16th May.

SIC ITUR AD ASTRA. The American Medical Bi-weekly says:—"Dr. Quain, who consulted with Kidd the Homœopathist, is about to receive from Her Majesty Queen Victoria the title of Baronet, in grateful acknowledgement of his obliging Her Majesty in making the consultation mentioned. *Sic itur ad astra!*"

INTERNATIONAL MEDICAL CONGRESS.—Dr. Grant, of Ottawa; Dr. Osler, of Montreal; Dr. Rosebrugh, of Hamilton; Drs. Geikie, Reeve, and Johnson, of Toronto, will represent the Canada Medical Association, at the International Medical Congress, to be held in London, England, early in August.

MALPRACTICE SUIT IN NEW YORK.—The *Medical Record* gives particulars of an action for damages fixed at twenty-five thousand dollars, which was recently brought against Dr. Lewis H. Sayre, for prescribing an overdose of nux vomica to a woman, from which she had suffered permanent impairment of health. The Dr. gave her for obstinate constipation some pills containing three grains of socotrine aloes, one grain of extract hyoscyamia, and one grain of extract of nux vomica, with directions to take one pill and repeat if necessary in four hours. The patient, however, took four pills at once, after which she was seized, as she supposed, with symptoms of poisoning; but the physician who was called in failed to recognize anything more serious than an hysterical attack. The case was an exceedingly weak one, because even if alarming symptoms and effects followed the ingestion of the medicine, the patient acknowledged that she did not follow the directions given with the prescription. It shows, however, the serious annoyance and expense to which the physician may be subjected on the most flimsy pretexts. The jury brought in a verdict for the defendant, Dr. Sayre, with an allowance to him of twelve hundred and fifty dollars.

APPOINTMENTS.

ELGIN BATTALION.—To be Assistant Surgeon Dr. Robert Kains, *vice* Dr. Newton, resigned.

Dr. Joseph Carbert, of Orangeville, has been appointed Jail Surgeon for the new County of Dufferin.

TORONTO GENERAL HOSPITAL.—Drs. McFarlane and Cameron have been placed on the Active Staff, Drs. H. H. Wright, and Aikins on the Consulting Staff; Drs. Ogden, and Temple have been appointed Specialists in Midwifery.

"LINCOLN" BATTALION OF INFANTRY.—To be Surgeon: Assistant Surgeon William Dougan, *vice* Augustus Jukes, who is hereby permitted to retire retaining rank. To be Assistant Surgeon: Dr. Frederick Stowell Greenwood, *vice* Dr. Dougan, promoted.

Book Notices.

Prize List of the Third Annual Dominion Exhibition, to be held at the City of Halifax, N.S., from the 21st to 30th Sept., 1881.

McGill University, Montreal 49th Annual Announcement of the Faculty of Medicine—Session 1881-1882.

Simple Methods to Staunch Accidental Hemorrhage. By EDWARD BÖRCK, M.D., St. Louis, Mo. (Reprint from *Indiana Medical Reporter*.)

The Differential Diagnosis of Fractures and Dislocations of the Femur at the Hip-joint. Tabulated by H. AUGUSTUS WILSON, M.D., of Philadelphia. (Reprint from *Annals of Anatomy and Surgery*, Brooklyn.)

Clinical Illustrations of Favus and its Treatment by a New Method of Depilation. By L. DUNCAN BULKLEY, A.M., M.D., New York. (Reprinted from the Archives of Dermatology.)

The Principles of Myodynamics. By JARVIS S. WIGHT, M.D., Professor of Surgery and Lecturer on Physical Science, at the Long Island College Hospital. New York: Bermingham & Co., 1881.

This is a very useful little exposition of the application of mechanical laws to the bones and muscles of the human frame. The mechanical principles are first enunciated, and afterwards their application demonstrated in connection with the Hand and the Wrist-joint, the Radius and the Radio-Ulnar joint, the Forearm and the Elbow-joint, the Humerus and the Shoulder-joint, the Foot and the Ankle-joint, the Leg and the Knee-joint, the Femur and the Hip-joint, and the Skull and the Craniovertebral-joint, concluding with an account of the myometer, and of the resisting power of the cancellous structure of bone.

This subject is too much neglected in our schools, and yet is one with which every surgeon should be practically and thoroughly familiar. The book before us is written in a clear and comprehensible manner, is abundantly illustrated, printed in large and distinct type and substantially bound. We cordially commend it to all students of Anatomy and Practitioners of Surgery.

Meetings of Medical Societies.

COLLEGE OF PHYSICIANS AND SURGEONS—ANNUAL MEETING OF THE COUNCIL.

The annual meeting of the Council of the College of Physicians and Surgeons of Ontario commenced Tuesday, June 15th in the Council Hall, corner of Bay and Richmond streets. There were present:—Drs. Allison, Bowmanville; Bergin, Cornwall; Bray, Chatham; Brouse, Prescott; Buchan, Toronto; Burns, Toronto; Burritt, Peterboro'; Cranston, Arnprior; Day, Trenton; Douglas, Port Elgin; Geikie, Toronto; Grant, M.P., Ottawa; Henderson, Strathroy; Husband, Hamilton; Lavell, Kingston; Logan, Ottawa; Macdonald, Hamilton; Morden, London; McCammon, Kingston; McCargow, Caledonia; Spragge, Toronto; Vernon, Hamilton; Williams, Ingersoll; H. H. Wright, Toronto.

ELECTION OF OFFICERS.

The first business of the Council was the election of officers, which resulted as follows:—Dr. Bergin, Cornwall, President; Dr. G. Bray, Chatham, Vice-president.

Dr. H. H. Wright, seconded by Dr. Brouse, moved a vote of thanks to the retiring president, Dr. Allison, which was carried and recorded.

ADMISSION OF NEW MEMBERS.

The Secretary having reported upon elections, a committee reported that Drs. Cranston, Day, Buchan, and Wright had been duly elected members of the Council, and they were invited to take their seats.

Dr. McCargow, Caledonia, presented the petition of Dr. Book to be allowed to register without paying the fees. The petition was referred.

CONDOLENCE.

Dr. Grant said—In looking around this Council we observe that during the past year several changes in its membership have taken place. Some have been elevated to University chairs, some, for private reasons, are not with us to-day, but the absent one to whom I wish more particularly to draw attention at present is the lamented Dr. Mostyn, whose death you are aware resulted from accidental drowning.

During the many years he was a member of this Council we one and all enjoyed his genial disposition, his manly and upright character, and in his profession the ripe experience he possessed was of much service in the important deliberations of this body. His genuine worth was not, however, confined to this Council. For some years he took an active part in the Local House of Ontario, and advocated several measures of importance to the State. As president of the Lanark Agricultural Society, and as an active and energetic man in the growth and development of the manufacturing interests of Almonte, his genuine worth was fully appreciated. By his untimely death we have lost a warm friend and advocate of the progressive professional interests of this Council, and I am satisfied the resolution I am now about to propose is not alone the feeling of this Council, but alike the sympathetic expression of his many warm admirers in Eastern Ontario. I will move, therefore, seconded by Dr. Cranston, "That it is with feelings of the deepest regret this Council has learned of the accidental death by drowning of the late representative of the Bathurst and Rideau districts, Dr. Mostyn, and that the sympathy of this body be extended to the relatives of the deceased under the trying circumstances to which they, as well as the profession of Ontario, have thus been subjected, and that a copy of the same be engrossed and forwarded by the registrar to the relatives of the deceased."

Drs. Lavell, McCammon, Macdonald, Day, and the President eulogized deceased, and the motion was carried with a standing vote in his memory.

NOTICES OF MOTION.

Dr. Geikie gave notice that he would move to the effect that Council entirely disapprove of the course of Wm. Smith, a detective, having brought before the courts certain humble women in this city who have acted among the people as monthly nurses, and occasionally as midwives.

Dr. Day gave notice that he would move that application be made to the Legislature to amend the Medical Act in certain particulars. The Council rose for fifteen minutes to allow

the committee appointed to strike Standing Committees to prepare a report.

STANDING COMMITTEES.

The Striking Committee reported as follows:—

Registration Committee.—Drs. Geikie (chairman), Lavell, Spragge, Buchan, H. H. Wright, Husband, Edwards.

Rules and Regulations.—Drs. Brouse (chairman), H. H. Wright, Logan, Spragge, Grant, Husband.

Finance.—Drs. Allison (chairman), Irwin, McCargow, Burns, Henderson, Douglas, Edwards, Cranston.

Printing.—Drs. McCammon (chairman), Vernon, Burritt, Morden.

Education.—Drs. Lavell (chairman), Grant, Geikie, McCammon, Bray, Wright, Macdonald, Burritt, Logan, Morden, Edwards, Cranston, Brouse, Williams, Burns.

Dr. Wright presented the report of the special committee appointed to revise the rules and regulations of council, which was referred to a committee.

The Council then rose.

EVENING SESSION.

The Council re-assembled at 7.30, the president in the chair.

THE CHARGES AGAINST THE EXAMINERS.

Dr. Bray presented a petition signed by a number of medical students, complaining of the conduct of certain examiners at the recent medical examinations.

Some discussion took place as to whether the petition should be received before the examiners' report, and it was finally decided to receive the petition, and it was read.

Dr. Bray moved that the petition be referred to a select committee, as follows:—Drs. Lavell, Spragge, H. H. Wright, Grant, and Bergin.

Considerable discussion took place on the motion and it was withdrawn, the Council deciding to consider it in Committee of the Whole on the following day.

PETITIONS.

A number of petitions were referred to the Registration and Educational Committees.

Dr. Burns moved, seconded by Dr. Edwards, that the registrar be instructed to prepare a return showing the amount of fees received by him during last year, also showing the amount paid to himself, and the amount paid to the solicitors. Carried.

On motion, the Minutes of the Executive Committee for the year were read.

During the reading a number of the delegates from the convention of the Association of Medical Superintendents visited the hall, and were invited by the President to seats on the platform.

The Council adjourned to meet in the morning, when the students' petition was to be considered.

WEDNESDAY MORNING.

The Council met, the President in the chair.

The Minutes of the previous day's proceedings were read and confirmed.

A petition from Mrs. Elizabeth Jacobs, of London, asking for registration, was referred to the Registration Committee.

Dr. Allison moved that the registrar be instructed to furnish a return of the percentages of aggregate marks obtained by the unsuccessful candidates at the last final examinations. Carried.

Dr. H. H. Wright moved that a special committee consisting of Drs. Cranston, Burns, and Douglas be appointed to examine into and report upon the services rendered by, and the amounts paid to, Mr. Wm. Smith, the public prosecutor of the Council.

The motion was carried.

The annual report of the Board of Examiners, giving the result of the professional, final, and primary examinations held at Toronto and Kingston, and the proceedings of the Board, were read. It stated that at the final examinations there were 83 candidates, of whom 38 passed and 45 were plucked. At the primary examination 88 candidates presented themselves, of whom 41 passed and 47 were rejected. The examination was as careful as circumstances permitted.

The Council were recommended to continue the oral system of examination. The Board,

after examination, confirmed the registrar's schedules of marks obtained by the candidates. Several cases of peculiar resemblance in the answers of candidates on certain subjects were referred to the consideration of the Council.

The report was received and referred to the Committee of the Whole.

NOTICES OF MOTION.

Dr. Allison—That in future no examiner, after having been appointed for one or two years, shall be eligible for another term immediately succeeding, but that an interval of two years must elapse before he can again officiate as examiner.

Also—That the examination papers for the final and primary examination must in future be submitted and approved by a committee of three of the executive committee.

Dr. Macdonald—Motion expressing disapproval of the prosecution of women for non-registration, etc., until the medical status of women is recognized by the Council and the Act.

THE CHARGES AGAINST DR. SULLIVAN.

The Council went into Committee of the Whole on the petition from certain unsuccessful students at the recent examinations, Dr. Allison in the chair.

Dr. Brouse said that in the absence of Dr. Bray, who had presented the petition, he would make a few remarks on the document. There were certain grave allegations put forth in it which required investigation. The matter had an interest not only for the students and the Board of Examiners, but for the community at large. He regretted exceedingly that Dr. Bray was not present to say how he wished the council to deal with the matter. It was one that must be dealt with, having gained notoriety through the columns of the city newspapers. The conclusion they arrived at, if the prayer of the petitioners was granted, might be used as a precedent for reopening the question of examinations whenever the results were unsatisfactory to the candidates. It was desirable to have all the facts brought out, so that they would be able to ascertain whether the charges made against one of the most efficient examiners whom the Council had

secured were true or not. The petitioners alleged that the examiner had failed to do his duty towards them and the Council, and they asked for redress. He knew not the names of the petitioners, but was aware that some of them stood apparently very high in all the branches of study, save one. It was, doubtless, very peculiar that so many of the candidates should have failed in this particular branch. It might be that the colleges had failed to educate their students in anatomy, or there might be some other cause for the unsatisfactory result. Whatever the causes they should be investigated. It was for the schools to show how they had discharged their duty, and for the examiner in anatomy to show how he had conducted his examination.

Dr. Macdonald said that a large amount of dissatisfaction existed among the students, and no doubt such a feeling would always arise when the failures to pass the examination were numerous. But allegations were made in regard to matters of fact. It was stated that the examiner gave the pupils no time either to examine the "subject" or to think of the answers they should give to the questions put to them, and that when the candidates hesitated in answering a question, the examiner used profane language. These things required to be investigated. He thought it would be desirable to have a personal examination of some of the individuals who could testify on these points. Would it be necessary to examine the young men who made the charges?

Dr. Lavell said that if the suggestion was pressed he should move that the petitioners should be examined face to face, not only with one examiner, but with the whole Board of Examiners.

Dr. H. H. Wright said that the Council had no precedent for action in a case like this. If they knew what course was taken by the universities and colleges when dissatisfaction was expressed by students with their examinations there would be something to serve as a guide.

Dr. Williams said that one of the features of the present case was that charges were directly made against Dr. Sullivan which, if true, showed very improper conduct on his

part. He did not think that it was necessary at that time to investigate these charges. The proper time would be when Dr. Sullivan came up for re-appointment. He would suggest that the case of the students be alone considered. The law said that the examinations might be held at Toronto or Kingston in such manner and at such time as the Council might direct. No authority was however given to hold an examination at both places, and in this matter the Council had, perhaps, stepped beyond their rights, and thus laid the foundation for grievances. It was said that a different quality of paper was used at Toronto from that used in Kingston, and this, if true, put the examiners to the risk of being reflected upon. He knew of no good reason why the examinations should not have been held at one place only. Dr. Sullivan was advertised as teaching surgical anatomy, and this in direct defiance of the rule which provided that no teacher in any school in Ontario could hold the position of examiner in the subject on which he lectured. It was no wonder that the students should be dissatisfied on finding that the Council had violated its own rules, enacted for their protection. Then the rule laid down in the annual announcement of the College was that students would be required to get 60 per cent. in the aggregate of the marks possible, and those who had obtained this average had a right to their licenses. Many of the unsuccessful students on this occasion had obtained an average of 75 per cent.

Dr. Macdonald said that this was not the first time that charges had been made against their examiners. It was possible that Dr. Sullivan might have got out of patience with some of the candidates, and had expressed himself rather warmly. The question as to what college certain students belonged, if put at all, might have been prompted by the same cause. Dr. Sullivan was advertised as the lecturer on surgery, and it was hardly possible for a man to lecture on surgery without touching upon surgical anatomy. As to the claim that those who obtained an aggregate of 60 per cent. of marks were entitled to a pass, he could only say that the intention of the Council was, that if a candidate failed in one subject he should

be rejected. As to Gray's anatomy, a student might know it by heart, and yet not be a practical anatomist. Dr. Sullivan was a practical anatomist, and would express his impatience of mere theoretical knowledge.

Dr. McCammon inquired if all the parties who had signed the petition were at the recent examinations.

The registrar said that seven of them were not examined at all.

Dr. McCammon remarked that in that case one quarter of the number of petitioners were not interested in the examinations at all.

Dr. Burritt thought if only three of the candidates had signed the petition, it should be investigated. He agreed in the view taken that the Act declared that no lecturer should examine in the subject on which he lectured. No man was more competent to examine in surgical anatomy than Dr. Sullivan, but still his appointment was a violation of the law. The other allegations, he thought, should be considered in Dr. Sullivan's presence. It was, no doubt, a singular coincidence that the papers used at Toronto were of a different colour from those used at Kingston, and that of the candidates plucked in the particular branch referred to none of them were Kingston students.

Dr. Williams moved a resolution declaring that the rule in reference to the percentage of marks to be obtained implied 60 per cent. on the aggregate, and that all candidates having obtained that percentage at the late examination be registered as having passed.

Dr. Bergin said that in the course of the discussion such a cloud of dust had been thrown up, and so many queer statements been made, that he felt it his duty to say a few words. He regretted that any such discussion had been necessary at all at their meetings. It was not in the interests of the students, as he thought would be shown very plainly before long. It was not in the interests of the men who prompted the students to make these charges, and not in the interest of the profession at large, or in the interests of the public. The Council were asked to treat the examiner in surgical anatomy, whom they had chosen for his eminent attainments and fitness

for the post, with gross indignity. They were asked to bring him face to face with students who wanted to get rid of the consequences of their ignorance, to bandy words with them on the floor of that chamber. Would they be consulting their own dignity by consenting to such a proceeding? He protested against anything of the kind. It was true the gentleman assailed—and he had been violently assailed in the public press—asked to be brought face to face with his accusers in order to show that the charges made had been provoked by men who should have scorned to associate themselves with such a transaction. The charge of profane language was the last which should have been made by the students. He could easily understand that an examiner, provoked at the exhibition of gross ignorance by those who presented themselves for a practical examination, might use some strong language. Dr. Sullivan was appointed because it was the desire of the Council that there should be an end to the sham examination on the subject, and that henceforth every successful student should possess a thoroughly practical knowledge of anatomy. They knew that in times past students had only that parrot-knowledge gained from books and plates, and needed that practical business knowledge gained from a proper study of the "subject." Dr. Williams asserted that the Council intended that a 60 per cent. aggregate of marks should pass a candidate. The Council had never any such intention. The announcement stated that the candidate must pass at a future examination in the branches in which he failed. He did not believe that the man who made the charge against Dr. Sullivan about the colour of the paper ever thought that it was true. Dr. Sullivan had told him that the first intimation he had got of the difference in the colour was after the examinations were over, and when he had left the city. The fact that the petition purported to be signed by unsuccessful candidates, when it was found that many of the petitioners were not candidates at all, was very damaging. Persons who commenced by asserting a falsehood ought not to complain if their petition was treated with contempt. They were giving the petition a consideration which it did not

deserve. It should not have been discussed in this public way, but have been referred to a special committee. (Hear, hear.) After having considered the allegations, he thought the committee would have recommended that no action be taken. It was not true that none of the pupils in Dr. Sullivan's school were rejected. Men were rejected in that school. Men were rejected too in other branches, and their rejection was due to their ignorance, and not to any undue severity on the part of the examiners. They had been told by these fledglings who wanted to dictate to the examiners that the questions were not of a practical character. Were the candidates to be the judges as to the character of the questions to be put to them? Were the positions of examiners and the examined to be reversed? He had thought the Council had been established for the purpose of advancing the interests of the profession by excluding half-educated men; but it seems he had been mistaken. Judging by the petition, the sole object of the Council was to pass students who paid so much money at the end of their little term, whether they were qualified or not. If the Council would not pass them, they rushed to the public press and slandered and vilified the gentlemen who discovered their ignorance. It would be better that the Council should be dissolved; better that they should die with honour than submit to degradation of this kind. If they entertained the proposition to bring the examiner and the students face to face, did they think they would ever get a man of character to accept an appointment as examiner in the future? One of the gentlemen who professed to be so horrified at the profanity of the examiner, once asked him (Dr. Bergin) "What in hell do you know about anatomy?" Well, he had an opportunity of examining that man orally on the subject, and he found out what he knew about anatomy. (Laughter.) He, however, did not know at the time of the examination that the candidate was the person who had used this choice language. But subsequently the man acknowledged he had acted a coward's part, and said he had been driven to it by a teacher in the school. He (Dr. Bergin) wished he knew the name of the teacher, for

he would have published the name of the coward from one end of the country to the other. He fancied he recognized the same language in one of the paragraphs of the petition as that used against him. Dr. Sullivan, he might say, had adopted a rule at the examination which prevented him and the Board of Examiners from knowing the names of the candidates. Dr. Sullivan had plucked his own pro-sector, so impartial and thorough was the test he applied. In conclusion, he proposed that the discussion be removed from the open Council to a private meeting, and he hoped some member of the Council would move to that effect.

Dr. Williams advocated further discussion. He would not allow the principle that the conduct of examiners was to pass unchallenged.

Dr. Lavell also advocated further discussion.

Dr. Geikie held the same view. He could not help thinking that a good deal of froth had been blown up that morning. He fancied they could come to a decision without assailing any one.

Dr. Lavell said that charges had been made which did assail character, and they must be met.

Dr. Logan moved that the Committee rise and ask leave to sit again in the afternoon. Carried.

The Committee rose accordingly.

The Council adjourned till the afternoon.

AFTERNOON SESSION.

The Council re-assembled at two o'clock.

The discussion in Committee of the Whole on the students' petition was resumed.

Dr. Macdonald called attention to section 1, paragraph 7, of the announcement, which explained that candidates who failed to pass in any subject should be compelled to pass in it at a future examination. He contended, therefore, that the sixty per cent. of the marks required did not refer to the aggregate.

Dr. Geikie disclaimed entertaining any personal feeling on the one side or the other. He viewed the matter from a Council stand-point, and the well-being of the Council depended upon their action in the matter under discussion. He thought it was bad policy to abuse either

the examiners as a body or the medical students as a body. He found on page 16 of the announcement the following regulation:—"No teacher in any school of medicine in Ontario can hold the position of examiner in the subjects upon which he lectures, or upon which he may have lectured within one year prior to the date of the examinations." The question was, had this rule been contravened? He thought that it had, because the announcement appeared in Kingston that Dr. Sullivan would lecture on surgery, including surgical anatomy. He quite believed that Dr. Sullivan conducted the examination with perfect fairness, but still it would be said that the pupils of Dr. Sullivan, who had the advantage of his oral teaching, would have in being examined by him an advantage over their fellow-students. They had to remove even the shadow of a doubt as to the perfect equality of all students when under examination. The students would not complain of the severity of the examination if they believed they were all placed on the same level.

Dr. H. H. Wright moved that a special examination be given those students who were rejected this spring in certain subjects, at which they may present themselves for final examination.

Dr. Grant said it was all very well to say that because Dr. Sullivan examined, the unsuccessful students did not pass. It mattered not who examined, the students who had no practical knowledge of the subject of anatomy would have been plucked.

Dr. Geikie—Do you think it of no importance that the printed rules should be observed?

Dr. Grant—Most assuredly.

Dr. Geikie—Well, that is my point.

Dr. Lavell thought that when medical students complained of profanity, there must be some sarcasm in the complaint. He proceeded to say that at the final examination only four out of the thirty-eight candidates who passed gained 60 per cent. on each subject; six were below 60 per cent. in anatomy, and gave further analysis to show that the standard was low. Dr. Sullivan's standard in surgical anatomy was 40 per cent., and surely a student should come up to that low standard. He enumerated the

questions put by Dr. Sullivan, and put it to the Council to say whether they were reasonable and moderate. He would, however, cut out half the questions, and then he would contend that a student who could not make 40 per cent. out of the remaining four questions deserved to be plucked. It was no fault of the schools that the students were so ignorant of practical anatomy, but of the students themselves in not applying themselves to dissection. The grumbling at the anatomy examination was no new thing; their previous examiners had been insulted by students who had not passed. Out of the forty-three rejections, it turned out that Dr. Sullivan had only rejected twelve in surgical anatomy, and every one of these was under 38 per cent. of the total number of marks. Then the responsibility of the rejection was not confined to Dr. Sullivan, as the whole board had the power of revising the verdict if they perceived anything unfair. They, however, adopted Dr. Sullivan's report. Twelve gentlemen were rejected in subjects independent of anatomy, and nineteen on other subjects with anatomy, so that out of the forty-five rejected men thirty-four would have been rejected even if Dr. Sullivan had not been at the examination at all. This indicated that a dead set had been made at one man. Finally, Dr. Sullivan had not lectured on surgical anatomy for years, the printed announcement being a mistake. Therefore none of the students had the advantage of Dr. Sullivan's teaching in surgical anatomy. It had been said that Dr. Sullivan had favoured his own students, but no one who knew him would believe him guilty of such dishonesty, and the man who made such a charge was capable of anything. He thought the Council should refuse to entertain a petition containing such monstrous charges. It had been said that the malignant letters to the newspapers had been inspired, and that the students in the Toronto hospital had been harangued by one of the teachers in reference to Dr. Sullivan. Dr. Sullivan had been treated in a cruel way, and the foul aspersions made on his character could not fail to injure him. Dr. Sullivan was willing to submit the examination papers and their answers to any anatomical authority and abide by his decision. He was not, however, willing

to take more than his proper share of responsibility for the total number of rejections.

Dr. McCammon said that the allegation made in the petition that dissatisfaction existed among the students was a falsehood. Dr. Sullivan denied that he had denounced any student with profane language, or that he had not given the candidates sufficient time to answer the questions, or that he had asked the candidates to which college they belonged, except to compliment those who had passed. Finally, Dr. Sullivan did not lecture on the subject of surgical anatomy. He thought that the co-examiners of Dr. Sullivan should have come forward and said that they were as responsible as Dr. Sullivan. The young men who found fault with the examiners were those who failed to pass, and spent the time they should have been in college in saloons and theatres. It was the duty of the council to sustain the examiners, if they wished to elevate the standard of the profession. He wished to know from the Registrar who applied for the marks quoted in the petition?

The Registrar said he supplied only the marks of the rejected candidates. The marks of the pass-candidates could have been given by one of the examiners, as they took a copy of the schedules compiled by the Board of Examiners.

Dr. Allison thought that probably the examiners themselves were to blame for giving the information.

Dr. Geikie said he knew not who signed the petition, but if there happened to be a majority from any school, it was the result of accident.

Dr. Bergin said one insulting statement in the petition was that Dr. Sullivan had acted in the interest of a minor school. Now it appeared that the result of the examination had been to the credit of McGill College, and not of his school. If the same test were applied to the other examiners, it might appear that they acted in the interests of their schools, but no such despicable charge would be made against them. He gave an analysis of the result of the final examination, showing that Dr. Sullivan could not have favoured his own school.

Dr. Macdonald thought the use of Gray's Anatomy led to the unsatisfactory result of the

examination. He would advise the students to abandon Gray. Anatomy, should, in fact, be studied off the subject. He would ask the students present if they would withdraw the petition.

Dr. Geikie thought it would be a judicious thing to withdraw the petition, especially as there were names on it of persons who were not present at the examination.

Dr. Bergin thought that the students should ask leave to withdraw the petition. He did this because he believed the students had been ill-advised. He had been requested by several of the students who signed the petition to make the request.

Dr. McCammon said he had been informed by the students that they did not intend to withdraw their names.

Dr. McCargow, seconded by Dr. Day, moved that the petition under discussion, reflecting upon the character of Dr. Sullivan, be rejected.

Dr. H. H. Wright protested against this method of ignoring the rights of the students.

Dr. Bray moved, seconded by Dr. McCammon, that the petition be referred to a committee, consisting of Drs. McDonald, Bray, Burritt, Williams, Douglas, and the mover and seconder. Carried.

The Council adjourned.

EVENING SESSION.

On the re-assembling of the Council, the following petition was received:—

"The undersigned most respectfully beg, on behalf of the rejected students, permission to withdraw their petition relating to the late examinations, requesting you to take into consideration their position and deal with them as in your wisdom seems proper, and your petitioners, as in duty bound, will ever pray. A. H. Ferguson, W. F. Peters, W. A. D. Montgomery, J. F. Howitt, W. H. Aikins."

Dr. Lavell inquired from the President if this withdrawal was also a withdrawal of the charges against Dr. Sullivan.

The President replied that it was his opinion that the charges were thus withdrawn, and the students simply threw themselves on the consideration of the Council.

The petition was, therefore, received, and the Council adjourned and the Committee went into session.

THURSDAY MORNING.

The Council met, at ten o'clock, Dr. Bergin in the chair. After the reading of the Minutes, Dr. Allison moved that in future, after the present year, the examiners shall not hold office longer than for two years at a time. The mover said that he did not desire, by his motion to censure the present examiners, but he strongly believed that it would be in the interests of the profession to distribute the office of examiners as suggested by the motion. Dr. Wright moved, seconded by Dr. Lavell, that it be referred to the Education Committee. This was carried.

NOTICE OF MOTION.

Dr. Edwards—That in future the names of all students undergoing any of the examinations before the College of Physicians and Surgeons be withheld from any and all of the examiners, and that it shall be the duty of the Registrar to publish, so soon as practicable after the final adjudication by the examiners, a complete list of all the successful candidates, and that no percentage be given to any candidate except to a rejected one, and that only on the subject on which he is rejected.

FRIDAY MORNING.

The Council met, the President in the chair.

The Minutes of the previous day's proceedings were read and confirmed.

The Council adjourned till four o'clock to allow the committees to consider their reports.

At 12 o'clock the members of the Council went to the General Hospital, where Dr. Aikins shewed the working of the Galvano-Cautery, and Pacquelin's Thermo-Cautery, and an amputation of the arm performed under Lister's Carbolic Spray.

At the afternoon session Dr. Aikens was re-appointed treasurer, Dr. Pyne registrar, and Mr. Dalton McCarthy, Q.C., solicitor.

Dr. McCammon moved that Drs. Bergin, Bray, and Vernon be the Executive Committee for the year. The motion was carried.

The Education Committee submitted their report, recommending various alterations in the announcement of the college. Among them were the following:—The substitution of the High School intermediate examinations for the matriculation examination of the college, the making of the final professional examinations to correspond with written and oral examination, and a clause providing that half the fees should be returned to unsuccessful candidates, and that the full fees be paid for subsequent examinations. The report also recommended the appointment of the following examiners for 1881-2:—

Dr. M. Sullivan—Descriptive Anatomy.

Dr. F. R. Eccles—Medicine, General Pathology, and Sanitary Science.

Dr. Fulton—Midwifery.

Dr. G. A. Tye—Physiology and Histology.

Dr. W. P. Buckley—Surgery and Surgical Anatomy.

Dr. Barrett—Chemistry and Toxicology.

Dr. W. W. Dickson, Pembroke—Materia Medica, Therapeutics, and Botany.

Dr. Nichol, Brantford—Medical Jurisprudence.

Dr. J. Gilbert, Stratford—Homoeopathic Examiner.

The percentages to be gained in each subject were fixed by the Committee in proportion to their importance.

The report was adopted.

The Council adjourned till 7.30. p.m.

EVENING SESSION.

The Council resumed business at 7.30, Dr. Bergin taking the chair.

Dr. H. H. Wright moved, in pursuance of notice "That the registrar, as part of his duties, shall examine all credentials of candidates presenting themselves for examination, and accept or reject the same as they comply, or do not comply, with the by-laws, rules, and regulations of this Council; also do prepare a programme, and have it sanctioned by the President."

Dr. McCammon seconded the motion, which was put and carried.

THE PROFESSIONAL EXAMINATION.

Dr. Macdonald moved, seconded by Dr. Burns, "That all those students who in the late

professional examinations have made 50 per cent. of an average on the aggregate, not less than 40 per cent. as the minimum, on any two subjects, and not less than 30 on any subject, be granted the license of this college."

Dr. H. H. Wright moved in amendment, seconded by Dr. Bray, "That a special examination be ordered, to be held early in July of this year, at which all students who failed in their final examination in April of this year may present themselves for re-examination, and that such examination shall be oral, the written examinations already in possession of this Council forming part of the evidence of attainments of such candidates, and that the details of such special examination be determined by the executive."

The President said he was under the impression, although he was not prepared at present to rule, that both motion and amendment could not legally be carried into effect; that in fact it would be a violation of the Medical Act to do so.

A general discussion took place on the subject, several members appealing for a liberal treatment of the repentant students, who had withdrawn their petition, and consequently stood in the position in which they were before they petitioned. Other members, including the President, contended that the authority of the Council should be upheld.

After some explanation the President ruled that both the motion and amendment were in order. He, therefore, proceeded to call upon the Council to vote upon them.

Dr. Lavell asked to be excused from voting on the motions—the reason for which he felt satisfied the members of the Council would appreciate; and he was excused accordingly.

The amendment was then put and the vote declared yeas, 10; nays, 10.

The President gave his casting vote with the nays and declared the amendment lost.

The main motion was then put and declared lost, on a division of 9 yeas to 11 nays.

EXECUTIVE COMMITTEE'S REPORT.

Upon the motion being put for the adoption of the Report of the Executive Committee presented on Thursday, granting among other

things permission to thirty-five students to register who were rejected by the matriculation examiners, but who have since passed their professional examinations.

Dr. Lavell said he was most decidedly opposed to the proposition to sanction the action of the Executive Committee, because they had no right to act as they had done; but while he would be prepared to allow the students their time, still he would insist upon them passing a thorough examination. If this were not done the public would lose confidence in the Council. Look, for instance, at the papers of those young men who were originally rejected at their matriculation, but afterwards passed by the Executive Committee; they had only ten and twelve marks in some subjects out of the necessary forty-five required in order to entitle them to pass their examination, entitling them to enter upon the study of their profession.

Dr. McCammon moved an amendment in opposition to the adoption of the report, but he withdrew it after Dr. Macdonald had addressed the Council in support of the adoption of the Executive Committee's report.

The motion was then put and the report was adopted. Yeas, 13; nays, 7.

REGISTRATION.

Dr. Geikie, chairman of the Registration Committee, reported that Dr. J. B. Hall, homœopathic practitioner in this city, be allowed to register in this college, provided he pass the examination before the homœopathic members of the college, as an inexpensive method of testing his attainments.

Dr. H. H. Wright moved, seconded by Dr. Lavell, that the Council go back into Committee of the whole to amend the Report by inserting the following words:—

That Dr. John B. Hall shall be admitted to Registration in the usual way, viz. :—by undergoing the usual examinations, and in the usual way. *Lost.*

VOTE.—*Yes.* Dr. Burns, Lavell, Williams, and H. H. Wright.

No. Drs. Bray, Burrill, Cranston, Douglas, Edwards, Henderson, Husband, Logan, Morden, McCammon, and McCargow.

The report was adopted.

THE MEDICAL ACT.

A Committee was appointed to wait upon the Ontario Legislature, praying that body to so amend the Medical Act as to provide for the representation at the Council only of bodies actually engaged in teaching, and bodies granting degrees; also the homœopathic body and the territorial divisions.

The motion was passed, but the time for appearing before the Legislature was not named.

ANNUAL ASSESSMENT.

On motion, it was decided that the annual assessment should be one dollar.

REGISTRAR'S SALARY.

A by-law was introduced and passed providing to pay the registrar the sum of \$1,000 per annum.

TESTIMONIAL TO THE LATE REGISTRAR.

A resolution was unanimously carried appropriating the sum of \$100 for a testimonial to the late registrar, Dr. Pyne, sr., as a mark of the Council's appreciation of his long and faithful services, and a committee was appointed to present the said testimonial.

NOTICE OF MOTION.

Dr. H. H. Wright gave notice that he would move at the Council next year that the annual attendance of students at medical schools should be in future eight months, instead of six, as at present.

After transacting some routine business the Council was brought to a final close at 11.30, the usual hand-shaking was indulged in, and the members took their departure for their respective homes, evidently well pleased at the termination of the proceedings.

GONORRHOËAL RHEUMATISM. — A surgeon major A.M.D. writes to the *British Medical Journal* recommending the following prescription:—

R. Sodæ salicylatis ʒiʒss.
 Olei santali flavi ʒss.
 Tincturæ actææ racemose ... ʒiij.
 Tincturæ cardamomi comp... ʒi.
 Mucilaginis ad ʒviiij.

M. Half an ounce to be taken three times daily.

ONTARIO MEDICAL ASSOCIATION.

The inaugural meeting of this Association was held in the Hall of the College of Physicians and Surgeons, Toronto, on the 1st and 2nd ult. This initial Convention proved a decided success both in point of numbers and the harmonious and interesting character of the proceedings. A very gratifying enthusiasm prevailed at all the meetings, and all departed seemingly pleased and satisfied. Under the circumstances, therefore, we cordially felicitate the promoters of the enterprise upon the very gratifying success which has attended their efforts, and bespeak for the Association a vigorous existence, a wide-spread utility, and an enduring local renown.

The Meeting was called to order at 11 a.m., by the provisional chairman, Dr. Covernton, of Toronto, who made the following remarks:—

GENTLEMEN,—It may be enquired by some members of the profession "Why multiply associations?" We have already in successful operation County and Dominion organizations that have done good work. Whence the necessity for a Provincial one? The members of a Committee of the Toronto Medical Society, acting conjointly with a deputation from the Hamilton Medical Society, arrived at the conclusion that the answer was not far to seek. From a patriotic point of view we may rejoice with our American cousins that—

"No pent-up Utica confines our powers,
 A boundless continent is ours."

This immensity of space, however, has its disadvantages, even in this age of railroad travel and communication by telegraph and telephone. A Dominion Society necessarily is a peripatetic one; the meetings having been convened yearly at points intermediate between Halifax and London in the past. In the probably not distant future Victoria or New Westminster may be the Pacific limit. The long summer or early autumn holiday which attendance on these distant points would involve, would doubtless be very desirable and enjoyable to the hard-worked practitioner, who of all men should revel in it if the pleasure and benefit are to be in any way dependent upon the previous mental and bodily strain of a year's practice. A holiday to be thoroughly appreciated must have

been worked for, and certainly no class of men can be said to better earn one; but withal the emolument resulting from the labour is not such as to leave a large margin for pleasure, even when combined with the professional advantages resulting from association with their brethren.

Admitting then, as I fear we must, this frequent "*Res angustæ domi*," it necessarily follows that but comparatively few Ontario members of the Dominion Association can attend the meetings when convened either at Montreal, Quebec, or Halifax, and the same disadvantages are felt by the Quebec or Gulf Province members when a distant point is settled on. The result then has been that practically the meetings have been more Provincial than Dominion, whilst the interest taken in them under the latter name, was not equal we conceived to what it would be under a distinctly Provincial character. The question meets us at the very threshold. What are the real aims and objects of such associations? The answer we concur would certainly be that the main design is the furthering of practical knowledge and skill, the requiring from all its members scientific aims and objects, the repudiation of those who view practice only in the light of a lucrative business, and the discountenancing all devices calculated to be the means of levying a tax on the hopes and fears of the ignorant and credulous. These brief reasons for the existence of such associations, if accepted as correct, naturally then require an extensive enlistment of members for the accomplishment of the objects aimed at. The various city and county Medical Associations have done much towards the furtherance of the purposes named, but their influence is but local, and circumscribed, and they have contributed comparatively little towards uniting the profession in harmonious action.

Such comprehensive working, we hope in time to obtain through this Provincial incorporation, trusting that the sister provinces will manifest an equal zeal and judgment in promoting the advancement of professional knowledge by the inauguration of similar Provincial societies, and that from these various associations there will be annually elected a large

number of delegates to the Dominion Association. This Dominion Society will thus yearly include in its ranks the ablest and best men in the profession, and would in this manner be in communion with the whole fraternity.

From the transactions of these various societies, which we trust will be yearly bound up with the reports of the Dominion organization, a rich mine of scientific researches, important facts, and reliable medical data, and investigations, may be fairly expected, and through these channels the professional acquirements and latent literary powers of many members of our profession be educated.

It may, perhaps, be considered that as Chairman of the Provisional Committee, I am, in picturing a future of the new society, trenching upon the ground that more strictly belongs to the President, this morning to be elected; if so I can only plead in excuse the desire to remove from the initiators of this new institution any charge of action detrimental to the Canada Medical Association. We have contemplated only an offshoot, not a rival, but a sister institution, and while we hope it may flourish with an exuberant growth, we do not conceive it likely to diminish in the slightest degree the interest which the profession have always taken in the parent society.

A prolix Chairman, gentlemen, may be possibly considered as great an affliction as an instrument out of tune, I will, therefore, shorten your sufferings as listeners, by passing on to what is more germane to my present position, viz., the reporting of the preliminary work done by the Joint Committee of the Toronto and Hamilton Medical Societies. With a view of saving time when the members of this new society met in convocation, a draft of the Constitution and By-laws was prepared, which will now be submitted for either your approval or modification, by Dr. White, the provisional Corresponding Secretary, to whom we are greatly indebted for unflinching zeal and much time given in the working out of the numerous preliminaries inseparable from the successful floating of a new society—a society which in time, we trust, may take rank with those long in existence in the United States and on the continent of Europe. To the Medical societies

of Toronto, Hamilton, and Peterboro' may be assigned the initiation of this effort. Upon you, gentlemen, now devolves the successful completion, and I have no doubt that the requisite earnestness of purpose will not be found wanting for the consummation of so desirable an end.

The first in order of business will be the enrolment of members. I may here mention that in view of the numerous society subscription calls, it was deemed judicious at the informal Committee-meeting to fix annual dues at \$2.00, those present, paying, at the time the sum named. It is for you to determine whether that or a larger subscription fee shall be charged.

The first order of business was the enrolment of members, about 100 (subsequently increased to 127) signing the book. The constitution and by-laws (as adopted by the conjoint committee from Hamilton and Toronto) were then read by the Provisional Secretary, Dr. J. E. White, and, after considerable discussion and some modification, adopted. (The Constitution and By-Laws will be printed together with a list of the officers and members, and a copy will be furnished to each member. Members of the profession who have not yet joined the Association can secure copies on application to the Treasurer, Dr. J. E. Graham, or the General Secretary, Dr. J. E. White, Toronto.)

A committee was then appointed consisting of Drs. McDonald, Hamilton, G. Wright, Burns, Fulton, Toronto; Yeomans, Mount Forest; Carney, Windsor; Allison, Bowmanville; Campbell, Seaforth; Hamilton, Port Hope; and Rosebrugh, Hamilton, to nominate the officers for the society, and to report at the afternoon session. The meeting then adjourned until 2 p.m.

AFTERNOON SESSION.

Although the hour fixed for the afternoon session was two o'clock, the meeting was not called to order until three, those present being interested in examining a display of surgical and other instruments which were on exhibition. The Report of the Nominating Committee was then presented, and the following officers were elected unanimously, viz. :—

President, Dr. Workman, Toronto; 1st Vice-President, Dr. Irwin, Kingston; 2nd Vice-President, Dr. Tye, Chatham; 3rd Vice-President, Dr. Macdonald, Hamilton; 4th Vice-President, Dr. McMillan, Alexandria.

General Secretary, Dr. White, Toronto; Treasurer, Dr. Graham, Toronto.

Corresponding Secretaries—Dr. Stewart, Brucefield; Dr. Woolverton, Hamilton; Dr. Hamilton, Port Hope; Dr. McDonald, Alexandria.

STANDING COMMITTEES.

Committees on Credentials—Dr. Pyne, Toronto; Dr. McGregor, Chatsworth; Dr. Beeman, Centreville.

Committee on Public Health—Dr. Douglas, Port Elgin; Dr. Flayter, Toronto; Dr. Allison, Bowmanville; Dr. Oldright, Toronto.

Committee on Legislation—Dr. Ecroyd, Mount Forest; Dr. Spohn, Penetanguishene; Dr. Sloan, Blyth; Dr. G. Wright, Toronto; Dr. Covernton, Toronto; Dr. Mullin, Hamilton.

Committee of Publication—Dr. Fulton, Dr. Cameron, Dr. Burns, Toronto; Dr. White, secretary, and Dr. Graham, treasurer, permanent members.

Committee on By-Laws—Dr. Bray, Chatham; Dr. A. H. Wright, Toronto; Dr. Moore, Tamworth; Dr. Tanner, Holstein; Dr. Cotton, Mount Forest; Dr. Bowlby, Berlin.

Committee on Medical Ethics—Dr. Ghent, Priceville; Dr. C. O'Reilly, Toronto; Dr. G. McKelcan, Hamilton; Dr. Carney, Windsor; Dr. C. K. Clarke, Hamilton; and the place of meeting to be Toronto.

After the election of officers, Dr. Workman, on being called to the chair, and after expressing his sense of the dignity and importance of the office, and his appreciation of the high honor which had been conferred upon him in calling him thereto; and after according due acknowledgments to the labours of the Preliminary Committee, and especially its Hamilton members, went on to say that he was entirely at a loss to know the reason for his selection, unless, indeed, it had been remembered that he once lectured up on midwifery and it was hence supposed that he was thereby qualified to preside at the birth of the new association. But

another suggestion occurred to him, perhaps all the members had *repente* become homœopaths, and, calling to mind the fact that he had for a long time presided over a lunatic asylum, they at once applied the doctrine of *similia similibus*, and chose him to preserve order amongst them. However, whatever their reason might be, it was apparent that all were anxious to commence the real business of the meeting, and without further prelude he would take the chair.

Drs. Osler and Buller, of Montreal, being present were elected members by invitation.

The first paper read was on Primary Tuberculosis of the Larynx, by Dr. L. L. Palmer, of Toronto, which elicited an interesting discussion at the hands of Dr. Graham (Toronto), Macdonald (Hamilton), Bowlby (Berlin), Hamilton (Port Hope), and Sloan (of Blyth).

Then followed Dr. Groves (Fergus) on Suprapubic Lithotomy, reporting two cases. Drs. Canniff and Palmer took part in the discussion.

Dr. Oldright showed an interesting hip-joint specimen, exhibiting a filled-up acetabulum, false joint, absence of head of femur, with a round prominence beneath anterior superior spine of ilium strongly resembling the head of the femur, attached by bony union and showing cancellous structure on section, another small rounded bony prominence beneath this, a fracture of the os pubis and of the ischium. He detailed the history, the case being one of 55 years standing, and read a letter from Dr. Frank H. Hamilton, of New York, to whom the specimen had been submitted and who admitted the osseous prominence might be either an osteophyte or the head of the femur, but seemed to be inclined to the former opinion.

Dr. Osler thought from its appearance and cancellous structure that it was the head of the bone. Dr. Canniff took the same view. Dr. Cameron found it difficult to account for the position of the head of the femur, and also for its having maintained its vitality in that situation, separated from the neck, and its attachment by its edge and not the supposed fractured surface. He quoted Rindfleisch to show that its cancellous structure was not an insuperable objection to its

being an osteophyte, and only admitted it to be the head of the bone on having discovered recently that Bennett, of Dublin, had found two similar specimens in connexion with the shoulder-joint. Dr. Ross, sen., suggested that at the time of the first injury there had been an impacted fracture of the neck together with supraspinous dislocation, that the head had become united by bony ankylosis in its false position, and the impaction had subsequently given way, allowing of the return of the neck and shaft to a more normal situation.

Dr. King then read a paper on Progressive Pernicious Anaemia, and Drs. Osler (Montreal), and Graham (Toronto), took part in the discussion.

Dr. Curry, of Rockwood, contributed an amusing and telling paper on "The Science of Medicine and Common Sense," which elicited much laughter and applause.

Dr. Roseburgh, of Hamilton, exhibited two new pessaries, designed to remedy anteversion and anteflexion with descent, narrating his views on these conditions and the *modus operandi* of his invention. Drs. Ross, sen. (Toronto), Tye, (Thamesville), and McGregor (Chatsworth), made some remarks.

Dr. Coburn (Oshawa) reported a case of Aneurism of the *Transversalis Colli*, treated by elastic compression with gratifying success.

Dr. Graham presented a paper on some of the Therapeutic Uses of *Sapo Viridis*, which gave rise to a discussion, wherein Drs. MacGregor (Chatsworth), Ghent (Priceville), Macdonald (Toronto), and Cameron participated.

Dr. Woolverton, of Hamilton, then read his notes of a remarkable case of Hysteria, Hemorrhage from the Bowels, and mis-shapen dejecta, consisting of small spindle-shaped lumps, of long duration, and still under observation. Drs. Graham, Hamilton, and Cameron gave expression to their opinions thereon.

During the afternoon, invitations had been received from D. O'Reilly, of the General Hospital, and from the two Medical Schools in the city, to pay them a visit on the following day. After the discussion on Dr. Woolverton's paper, the Society adjourned to meet next morning at 10 o'clock, the committee meetings being called for an hour earlier.

At ten o'clock on Thursday morning the President was punctually in the chair.

The first order of business was the reading of the previous day's minutes by the Secretary, which were adopted. The President then read the names of the gentlemen nominated by him for the various temporary committees as follows, and to which the meeting unanimously assented, viz. :—

Surgery, Anatomy, and Pathology.—Drs. Malloch, Hamilton; Grasett, Toronto; Groves, Fergus; Stewart, Brucefield; Bridgland, Brantford; Powell, Edgar, and Winskill, Brantford.

Medicine, Materia Medica, and Physiology.—Drs. Fulton, Sheard, Cameron, Toronto; Herod, Guelph; Campbell, Seaforth; Worthington, Clinton; and Tucker, Orono.

Obstetrics, Gynecology and Jurisprudence.—Drs. U. Ogden, Temple, Toronto; Tye, Tamesville; Brock, Guelph; Bowlby, Berlin; Keating, Guelph; and Farrell, Norwich.

Ophthalmology and Otology.—Drs. Roseburgh, Palmer, Ryerson, Toronto; Walker, Dundas; Kittson, Hamilton; and Bonnar.

Necrology.—Drs. Riddel, Toronto; Curry, Rockwood; Bascom, Uxbridge; Ghent, Priceville; Knight, Tamworth; and Osborn, Hartford.

Audit Committee.—Drs. Lett, Barrick, G. Wright, Toronto; Harrison, Selkirk; Gillies, Teeswater; and Webb, Waterloo.

Papers and Business.—Drs. McCulloch, Toronto; Mullin, Hamilton; Sloan, Blyth; Carney, Windsor; McGill, Oshawa; Harris, Brantford; Worthington, Clinton; and Day, Trenton.

Arrangements.—Drs. Fulton, Buchan, James Ross, sen., A. A. McDonald, Toronto.

The reading of papers being the next order of business, Dr. Canniff read a very interesting one on a case of obscure brain disease, giving its history, and presented the patient for examination before the association, many of those present taking part in the discussion, including Drs. Workman, McFarlane, Oldright, Cameron, Teskey, and Temple.

The Secretary then stated that Dr. Harrison, of Fergus, had a case which he wished to present, but as the patient had to return to his

home by the afternoon train it was necessary that the case should be considered at once.

Dr. Harrison was then called, and said that he hardly knew what name to designate the disease by, but for want of a better would call it Elephantiasis. The patient, however, was there for examination, and he would be glad to hear their opinions.

Drs. Graham and Sheard described others of a similar nature which they had observed.

Drs. Cameron, Teskey, Hamilton; Temple, Oldright, Riddel, and Osler followed, expressing their views.

Dr. Roseburgh (Toronto), exhibited a patient suffering from Mastoid Abscess, resulting from the employment of the nasal douche. *Vide* page 126.

Letters of regret at unavoidable absence were then read from Drs. Burt (Paris), Christoe (Flesherton), McCargow (Caledonia), W. S. Scott (Southampton), and others.

The meeting of the Committee on Legislation for the purpose of organization was announced for 2 p.m., and an adjournment then took place until that hour.

(To be continued.)

Miscellaneous.

TO EVERY MAN HIS OWN.—Our brother of the *Louisville Medical News*, in his issue of June 4th, complains of our having attributed an article of his on "Capsules," to the *Cincinnati Medical News*-man. We are sorry if we have unwittingly ignored his proprietorship in the article in question, but if he will kindly refer to pages 261 and 262 of Dr. Thacker's *Journal* for April, he will there find our justification and herewith our apology.

PAINFUL HÆMORRHOIDS.—

R. Extr. Belladonnæ.....	ʒij
Iodoformi.....	ʒi
Plumbi Acetatis.....	ʒj
Vaselinæ.....	ʒj

Sig.:—Apply 3 or 4 times daily. The above will be found a most excellent application for painful or inflamed piles. The tumours should be bathed in cold water just before each application, and the bowels kept freely opened by a gentle purgative.—*Gaillard's Medical Journal*—*Medical Herald*.