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THE Canadian Medical Review.

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Vol. VIII.

TORONTO, NOVEMBER 1898.

No. 5

Original Communications.

Salpingo-Oophorectomy for Uterine Fibroids.*

(Remarks on the Limitation of this Mode of Treatment)

By ALBERT A. MACDONALD, M.D., Toronto.

UTERINE fibroids or fibro-myomata of the uterus contain various proportions of fibrous and muscular structures. Rapidity of growth and density of structure depend upon various causes, age having the greatest influence. The largest number of cases occur between thirty and fifty, and most of these are of the hard nodular variety; the smaller proportion occurring between twenty and thirty, the majority of which are of the soft oedematous variety. Only a small number of cases occur in women over fifty years of age.

Though non-malignant in character, malignant disease may be associated with fibro-myomatous disease of the uterus. It was the practice to describe the cases as being sub-serous, interstitial or sub-mucous, but, as a matter of fact, most cases are interstitial at first and take on the characteristics of one or the other divisions, as they

* Read by title at the June meeting of the Ontario Medical Association.

approach nearer the serous or mucous surfaces. They may attain any size from the smallest nodule to many pounds (195 the largest on record), and they may be the seat of any form of degeneration. They may arise from any part of the uterus, though the body of the organ is the most frequent site. Adhesions are met with in the larger tumors, and sometimes cause great trouble during their removal.

Rapidity of growth is marked in some of the cases, whilst in others the growth and symptoms are both slow and unimportant. In one case (the patient's age fifty two), where I removed the growth by hysterectomy, there was a history of the tumor having been recognized eighteen years before, and during most of that time very little trouble had been felt, but at last rapid growth, pain and pressure symptoms incapacitated the patient, and she obtained relief by submitting to radical surgical measures, and is now well. Pain is severe in some of the cases, and perhaps it is well that it is so, for these are the ones that seek early relief at the hands of the surgeon.

Pressure symptoms occur when the growth becomes large enough to obstruct the flow of blood to other organs, or to interfere with the functions of bladder, ureters, kidneys, bowels, etc., but of all the symptoms, repeated hemorrhages are the ones that give rise to the most serious condition, for by these the patient is reduced in health and strength and rendered unfit for her life-work or for operation. The occurrence of the menopause may retard the growth of the tumor, and produce a favorable influence upon the course of the disease, but not always, and indeed in these cases the advent of the "change of life" is usually postponed. Waiting for the menopause to arrive is slow and unsatisfactory. Skene Keith in his work on abdominal surgery (1894), fol. 530, says that: "The operation of removal of the ovaries for the purpose of bringing about an artificial menopause, and in this way curing the symptoms caused by the presence of a uterine fibroid, was first performed by Dr. Trenholm, of Montreal." However glad we might be to give all credit to our countryman, we cannot but recognize the fact that it was Lawson Tait who insisted upon the necessity of removing not only the ovaries, but also the tubes, the latter of which he tied off as close to the corona of the uterus as possible.

At first it was thought that the ovaries controlled menstruation, and that their removal would stop the flow; now it is known that though ovulation and menstruation are closely associated, they are not dependent one upon the other, and that menstruation may occur, though the ovaries have been removed, and that in order to procure the best results, the tubes must be tied off close up to the uterus, so as to cut

off not only the blood supply through the ovarian arteries, but also the nerve supply as well.

My own cases of salpingo-oophorectomy have not been sufficiently numerous to be of much statistical value, but still, as years have passed, I have taken the trouble to find out the conditions of the patients subsequent to operation, and I must say that they are satisfactory.

Even now the subject of electricity in the treatment of this condition is not left alone, so that one may refer to it, and in passing I can say that it is a very tedious process, and in my experience it is of little avail. Of the many cases I treated faithfully by the Apostoli method, there was but one in which a satisfactory result followed, whilst in many others we had at last, after months of tedious treatment, to come to the knife in the end. One such case marked itself indelibly upon my mind.

In 1895, Mrs. H., æt. forty-two, came from a distance. Though naturally strong, she was blanched by repeated hæmorrhages. After patient trial by electricity, I failed to stop the flow.

Removal of the tubes and ovaries caused rapid decrease in the size of the tumor, and restored her to health and strength, so that she has been and now is able to undertake the active duties devolving upon the mother of a large family, not having had any trouble since the operation.

The abdomen should never be opened by a surgeon who is not prepared in every way to go on and do at once without any delay, whatever is best for the patient, and no patient should submit to operation without having full confidence in the skill and judgment of the surgeon. Salpingo-oophorectomy, for the relief of fibroid tumors, has a limited field of usefulness, and it is as much by the selection of the appropriate case to operate upon, as in the operation itself, that the best results are obtained.

The large soft tumors, fibrocystic growths, submucous or subserous tumors with broad base, the tetangiectic varieties, and others of like kind, should be dealt with in other ways, as serious degenerative changes are apt to follow castration.

The interstitial fibro-myomata of medium size, which produce hæmorrhage, but no other serious symptoms, are the ones which should be chosen for treatment by salpingo-oophorectomy, as the danger is reduced to a minimum, and the results are, as a rule, all that one could desire.

I would wish it to be fully understood that I lay great stress upon the necessity of this careful selection of suitable cases for this mode of treatment, being well aware of the opposition to it which is held by

some most excellent men of the day, who advocate, rather, the removal of the uterus, leaving the ovaries intact, unless they are the seat of positive disease. Now, if we could all obtain results in our hysterectomies such as are published by Jacobs, Richelot, etc., we might prefer to remove the uterus in every case.

"Far-off fields look green," and unless the results in hysterectomy, obtained by the average operator, improve, I will feel safe in advocating the less formidable operation, with its proper limitation as to suitable cases.

The abdominal incision, two or three inches in length, in the middle line, is the best. Care must be taken to tie off the pedicles as near to the uterus as possible, in order to obtain the best results.

A sanguineous discharge comes on in most cases in from twelve to twenty-four hours after the operation. It lasts but a few days and usually requires no special treatment. Diminution in the size of the tumor is well marked in a short time, and in my experience the ultimate results in appropriate cases have been most favorable.

May 30, 1898.

180 SIMCOE STREET.

A NEW REMEDY FOR INTESTINAL CATARRHS. -In the treatment of diarrheal affections the use of drugs which will constrict the inflamed intestinal mucous membrane, thus subduing congestion and arresting profuse abnormal secretions, is frequently demanded. Up to recent times, however, the intestinal astringents suggested for this purpose have had the serious defect of being more or less decomposed in the stomach, and of giving rise to digestive disturbances. Owing to the decomposition of these drugs in the upper part of the gastrointestinal tract, their action upon the lower part of the intestinal canal was, therefore, much weakened, and this accounts for much of the disappointment experienced from their use. This objectionable feature is completely absent from a new class of intestinal astringents of which Tannopine is a prominent representative. Tannopine is a compound of tannin with hexamethylene-tetramin, which passed unaltered through the stomach, but gradually liberates its astringent constituent in its passage along the intestinal canal, so that even the lowermost part is subjected to its influence. Schreiber, who has thoroughly tested it in the medical clinic of Goettingen, recommends it highly in acute and chronic intestinal catarrhs, diarrhœa of typhoid fever, and intestinal tuberculosis. The dose for adults is ten to fifteen grains, and for children three to eight grains, four times daily.—*Atlantic Medical Weekly*, July 23rd, 1898.

Selected Article.

Medicine in the Nineteenth Century.*

By THOMAS CLIFFORD ALLBUTT, M.A., M.D., LL.D., F.R.C.P.,
F.R.S., F.L.S., F.S.A.

Regius Professor of Medicine in the University of Cambridge, England, etc., etc.

DR. ALLBUTT opened his address by reviewing the history of medicine from the earliest times, showing the manner of investigation and the method of arriving at the diagnosis. He reviewed briefly the experimental and the dialectic methods, and, in discussing the inductive method, he said that it consisted of two processes at least—one of observation, and the other of imagination. Then, coming down to the present time, he continued his address by saying :

“It would now seem that even in medicine the experimental method, which seemed forbidden to her, is making its way after all. If pathology never can become a science of direct experiment in the sense that physiology is so, it makes use of it as a second line of advance. If we cannot produce a pneumonia, we can study the results of cutting a nerve. In physiology the number of variables is embarrassing, yet in medicine it is far greater. No two cases of a disease are alike; temperament, race, season, circumstances—all variables—conspire to modify cases and inferences. It will always, indeed, be impossible in any branch of the biological sciences to isolate conditions and to repeat them as in chemistry and physics. Yet, as I have said, an approximation to such means is manifested in the bacteriological laboratory, where pure cultures are separated, their toxins tested in proportion to body weight, antitoxines calculated, and immunities predicted.

It would seem to be, in the study of immunities, that the physician will first attain the reward of scientific research in prediction. A science which cannot predict quantitatively is in an inchoate stage. Multiplication of corpuscles, like the increase of cell growth in a hypertrophied heart or kidney, is but a case of compensation—a measure of resistance to disturbance.

Whether we regard it from the static or the dynamic point of view, the conception of the *vis medicatrix naturae* gains newer force every

*Abstract of address delivered at the opening of the Johns Hopkins Medical School, October 17, 1898.

day. Our blood and other corpuscles are microbes, their ferments are factors in natural processes, and are regarded as healthy or unhealthy as they happen to be convenient or inconvenient at the moment of observation. Glands, such as the liver and kidney, are aggregations of microbes specialized for particular functions, and generate juices which are factors of nutrition, and not only of negative, but, as we have learned so well in respect of the thyroid, of positive influence in the balance of its manifold processes.

From experiment and observation we find that this reserve energy of the body in its various parts is enormous. How large is the view of the province of therapeutics thus presented to us we may see in the rapid advance of what I may call physiological remediation. As hygiene is to the state of health, so is physiological medicine to that of disease. By physiological medicine I mean the use of the ordinary functions of the body in counteraction of contingent or inherent perils.

It is a common, but I think a shallow reproach to modern medicine, that, with all the advance of our knowledge of pathology, therapeutics stands where it did in the time of our fathers, or has even fallen back, in so far as a certain sceptical distrust of empirical remedies has discouraged the continued use of remedies which the wisdom of our fathers has discovered by practice and observation. It is said that we will not use the most respectable of traditional remedies unless we have some notion of its mode of operation. It is possible that the invaluable work which a scientific scepticism has done for us, not in therapeutics only, has been attended by some destructive effects which are to be regretted. I think, however, it would be difficult to bring forward many instances of the kind in our own case; while, on the other hand, the pruning and clarifying which our practice has undergone, far outweigh any such temporary disablements. The truth is, that the cry itself is a shallow one. I will not stay to assert that modern surgery, the brilliant progress of which is in all our mouths, is progress in therapeutics, the division between surgery and medicine being a division of convenience, a division to which a mere practical and temporary usefulness only is to be attributed. Are we to forget, for instance, how the prognosis of peritonitis, of obstruction of the bowels, of pleuritic effusions, of encephalic tumors, of perityphlitis, of pelvic diseases, of ovarian ascites, etc.—a prognosis in troops of cases turned from sadness to hope—is not to be called progress in therapeutics because not infrequently the method is carried out by the skill of another hand? It might as well be asserted that the modern scheme of feeding in fevers, because it is carried out by trained nurses, is no therapeutical progress. Nor will

I admit, even in the sphere of drug therapeutics, that our progress is contemptible.

When we regard the additions made to our hypnotics, the discovery of the value of the nitrites, of the bromides, of arsenic in pernicious anæmia, of the salicylates, of the antipyretic, hypnotic and analgesic group, of the antiseptic treatment of diseases of the skin, of the antitoxic treatment of diphtheria, of the thyroid treatment of myxedema, or when, again, we realize the greater precision of our use of the older empirical remedies, as of digitalis, in the preciser administration of remedies in syphilis, in the injection of alcohol and ether, of apomorphine, of ergotine, of strychnine, of hyoscine, of cyanide of mercury; when, once again, we think how much more accurately we discriminate our means in the treatment of phthisis, of dyspepsia, of fevers, of palsies, central or peripheral, we may confidently take encouragement and meet those adversaries in the gate who say that therapeutics has made no considerable progress. At the same time we may well take to heart the lesson which such criticism may teach us. While we have learned that empirical knowledge, although a power against ignorance, is of less avail against the more ordered and living knowledge of a maturer science, on the other hand, for this very reason, we are now, perhaps, apt to despise unduly the traditional remedies which rest their claims to usefulness more on empirical than on reasonable grounds. For in the use and practice of all methods we must remember that medicine is an art; that it is something more than an applied science.

Our art has always been, and probably long must be, in advance of scientific direction and explanation. Moreover, as in all arts, more than knowledge is needed, namely, common sense, rapid and firm decision and resourcefulness—faculties by no means resting upon intellectual conceptions, but on a certain virility of character not to be got from books. It is no uncommon experience to see physicians of high intellectual subtlety, of great learning and of pretty wit, lose themselves in the practice and even in the exposition of their profession, because in them the critical faculty exceeds the practical. Indiscriminate doubt, however valuable an attitude of mind in the laboratory, is mischievous in the field of action where a keen determination to make the best of imperfect instruments, to use any accredited means rather than none, should be the dominating impulses—impulses which enlist also on the side of the physician the hope and animal spirits of the patient; for, after all, the practice of medicine contains no small element of "suggestion." Furthermore, the fastidious spirit, which I have endeavored to indicate, is, on the

whole, opposed to progress, as, even in thought, it lends itself too readily to irresolution, and irresolution is the quick way to indolence. On the other hand, I need not warn you that practice without continual scientific re-edification soon degenerates into stereotyped and sterile routine.

Once more, when we are twitted with the discovery of manifold new diseases, without the discovery of any means of dealing with them, we may reply that not only are we discovering the course and ends of these destructions, not only are we discriminating between this series of symptoms of dissolution and that, but we are engaged, as I will remind you again, in the study of origins. We are no longer satisfied to contemplate the wreckage of disease, but we are earnestly hunting out the processes in which such and such deviations from health took their being.

The study of origins, then, is not only the new method of modern criticism, of modern history, of modern anthropology, of our reading of the evolution of the universe itself from elements which even themselves are falling under the same analytical inquiry, but the study of origins is leading to a revolution in our conception of therapeutics, as of all these other studies; a revolution which as yet we have not fully understood. This revolutionary conception is that death is not to be driven away by the apothecary, not by any cunning compilation of drugs, but is to be prevented by the subtler strategy, which consists in knowing all the moves of the game. Few and simple are the diseases which can be expelled by leechcraft, as we expel a worm. The medicine of the future will consist in setting our wits to nature, in recognizing that when evils have befallen us there is no counsel, and that in the simple beginning of things are the time and place to detect where stealthy nature, atom by atom, builds and unbuilds, feeds us or poisons us. To disentangle the clue we shall not pull at it anyhow: we shall anxiously seek the beginning of it, thence to unravel its windings.

There is an old saw, that nature takes as much trouble to make a beggar as a king. She does not make diseases to sit so loosely that they can be expelled by violence or bound by a charm. Much of curative medicine, in the vulgar sense, will thus be swallowed up in preventive medicine. We shall not wait until we are half dead before we take in hand our disorders; abnormal processes, not their results only, will be our fruitful study.

Another feature of modern therapeutics is the use of nature against herself. We learn, as I have said, to play the game. We are not content to sleep at our posts till we must fight desperately against a check-

mate, but we keep in touch with the enemy all through, and use the same means. Thus, by the side of preventive medicine, we learn that hygiene, in its largest sense, is also to be our guide. Instead of trusting to prescriptions for alleged specifics, which have no little kinship with magic and antidotes, we ally ourselves with nature's own forces. For example, if we cannot prevent infantile palsy, which soon, perhaps, we may do, we shall attempt its cure, not by idle drugs, but by strengthening the physiological factors of life; by the use of massage, electricity, warmth, etc. As we farther discover the physiological factors of life, we learn to supplement the failing juices of a gland from other sources in the economy; by learning the distribution of heat in the body, we find that fever can be controlled by conduction of heat by cold baths and otherwise; by a better knowledge of the mechanics of the circulation, we arm ourselves with means for regulating its currents by baths and gymnastics and the like. Even in the sphere of drugs themselves we are, year by year, deposing this drug, and that from the place of specifics, as in the case of quinine, and putting them in the ranks of preventive agents, and, with respect to others, we are carrying our study of origins into their qualities, as well as into the healthy or morbid processes over which they have power. The relation of atomic weight to physiological effect, the experiments by which, on slight substitution of one molecule for another, we convert compounds from one kind into another and widely diverse kind, from convulsants, for example, into narcotic or paralyzing agents, we throw light not only on their own properties, but also on the secret processes of the animal body itself. I will not stay to illustrate in the same way the parallels between the members of different series, nor the advances, of late the least active, by the way, of physiological chemistry, and of chemotaxis, and of the study of the behavior of serums and the like within the more comprehensible range of the test tube. Such considerations impress us again and again with the importance of the union of practical and laboratory or theoretical work in the same person and in the same schools. No observer who has not made medicine more or less a practical study can be as well equipped as otherwise he could be to investigate such subjects as these.

The modern hospital must be the modern laboratory of medicine. As in the sixteenth century the great laboratories of anatomy sprang into existence, in the seventeenth the laboratories of physics, in the nineteenth the chemical (Liebig), the physiological (Ludwig), the chemico-physiological (Hoppe-Seyler), the pathological (Virchow), the hygienic (Pettenkofer), so the clinical laboratories initiated but the

other day in Germany by v. Ziemssen, Curschmann, and in the United States by Pepper, are the factories out of which the new medicine is to come—the medicine which, penetrating into the intimate processes of nature, learns to turn nature to her own correction. The clinical laboratory is to be the scene of the study of the origins of disease.

What are the aids and dangers of "specialism" in these advances? Against this tendency in modern studies and practice an outcry has been raised which, if a little unintelligent in its way of expression, has not been without justification. In advancing civilization the applications of thought, as well as those of labor, must be divided and subdivided. The activities of the mind are at least as multiform as those of the traveller in the world, and it is impossible for all explorers to follow each other over all ways. As pioneers increase in number and in adventure the more are they divided from each other, the more difficult is it for each to make himself master, even by report, of the work of all. This general law is as true for medical inquiry and for medical practice as for electricians or naval engineers. Not only so, but we may say that, in the sciences, men are not travelling over one world only, but over many. If within each world of mathematics, physics, chemistry, etc., explorers separate and travel out of sight of each other, what shall be said of the remoteness of explorers in these several worlds! Yet these several worlds of the sciences are not as Mars to us, but as the various kingdoms of the earth. What goes on in each is of the utmost importance to all, and as civilization advances becomes not of less importance, but of more and more. Herein lies the justification of what I have called the outcry against specialism. The protestants have perceived this interrelation of all knowledge, and they have foreseen both the narrowness of spirit and the lameness of practice which must come of such a disintegration of parts of such an isolation of efforts. Nay, they may not improperly conceive that a less amount of knowledge, duly systematized, may be of more value in affairs and in philosophy than more knowledge in scattered parcels. If the outcry has been somewhat unintelligent, this has been not in the perception of the kind of injury to learning. This is to be credited to them as a virtue. But in the want of perception that some division of labor is inevitable, the protestants have seemed to care less for the advance than for the system of learning, and, indeed, to have set practice in some antagonism to learning.

We shall henceforth perceive, I trust, that this new movement comes from the deeps; that it is not by withstanding the very conditions of modern progress that we shall secure its balance, its concert and its sanity. Happily, evolution will be found still to consist not in

differentiation only, but also in integration. As labor is divided, an organization of knowledge must proceed step by step with the division. Specialism will have its disadvantages, as all exclusive aspects of things have them. In practice, specialism will have its charlatantry, as omniscience has had it. It is only by the increase of discernment and education in society at large that the genuine and humble children of nature will be known, and it is by progress in its best sense that such discernment and education are to be extended. I do not hesitate to say that even within my own lifetime these qualities in the relation of society towards our profession have not only increased, but have waxed abundantly, and this is a medium formed in which the remoteness and alienation of specialized workers finds a corrective. The worker in all subjects, even in the larger operations of ordinary trade, learns that he, too, must think of the whole, as well as of parts and details. Even money cannot everywhere be broken up into small change; commerce can no longer be a piecemeal affair. In the tradesman, indeed, is engendered a mind in favor of breadth of view, and even in the man in the street is begotten a hazy notion that there cannot be, as in ancient Egypt, a physician for every part of the body. There is no mean in nature but nature makes that mean; if these qualities of intellectual concert, of scientific formation of mind, of breadth and sagacity are needed, they will be found, and the way to them will be found also. Indeed such conceptions of education are gaining apace on the general mind, though their full bearing is not yet understood. It is this very breadth of mind which is aimed at by educational reformers, by those who prize education before mere acquisition, who assert that, with the greater complexity and definiteness of knowledge, associations of workers and certain harmonies in their results must be brought about.

Those, then, who resent the specialization of science, as of other fields of human work, although they are wrong in their way of opposition, have hold, nevertheless, of an important truth, and they agree with the Thracian King Zamolxis, who was also a god. Zamolxis observed that "as you ought not to attempt to cure the body without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul," and this, he said, is "the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also, for the part can never be well unless the whole be well." (Charmides.) Although then we cannot hope that every physician shall be a man of science, we may secure that he shall have the scientific habit of mind, for thus, as we have seen, he will be habituated

to lay out his knowledge systematically, to trace phenomena to their sources, and to see his own facts in their due relation to other facts. This is the philosophical temper which cannot be learned from books and rarely without tradition and converse with gifted men.

Some disciples are more apt to receive this grace than others ; some men, many learned specialists, are incapable of wise scientific judgment ; no examination can test it ; no memory can secure it ; it is in part a product of time, which accepts what is good and rejects that which is transitory. It is to be assimilated from organs of knowledge, such as universities, and not from mere polytechnic institutions. It is the highest reward of the teaching from a living source, for, as Professor Butcher says, " The test of life is to impart life."

Too many students pass through their schools without an awakening of their minds. They believe their superficial knowledge to be exhaustive, and they become the mouthpieces of ready-made opinions.

I should be an ill bird were I to say anything to-day in depreciation of the value of lectures of my own wares. In bygone times I have said much in depreciation of them, urging that they are survivals of a time when books were scarce and dear, and when knowledge was looked upon as spoonmeat. I have helped forward the cry that the laboratory must be the future living source of knowledge and of inspiration. While men were blind to this new truth it was necessary to urge it to the hindrance of other needs which men were not likely to forget. Now that the battle is won, and the laboratory is everywhere with us, we may turn again to consider what there is in older methods which we would not willingly lose. In lectures we may still find the virtues which flow from living converse with thoughtful men who have been over the field of our studies before us, who can show us how their minds worked, how they systematize their knowledge, how they came to see it in the light of other researches, how they inspired it with human interest. For such ends as this we must have no mere retail dealer in knowledge for our lecturer. In all the universities it is now recognized that, except for tutorial work, the lecturer to beginners must be the leader in his faculty. He it is who can give the true first set to the thoughts of young men who are entering into the subject of their lives ; older men and advanced work may well be undertaken by demonstrators.

Thus far I have considered specialism and breadth in respect of the education in our profession, but a larger problem lies before us : namely, that wider culture which lies beyond the confines of all professions. One of the difficult conditions of our own generation is the urgent pressure on young men and boys by reformers and anxious

parents who desire, not unreasonably, to mould their sons into money-making machines at as early a date as possible. When I took my degree at Cambridge our course was, in the first place, to take an Arts degree, at that time only to be had in the Arts. Thereafter came the Natural Science studies, with their tripos, and after that again the Clinical studies proper to our professional life. This course occupied us up to the age of twenty-five, at least, and in some respects it was a far better education than we now bestow. Now, from the first hour of the medical student's arrival in Cambridge he is too often turned at once into the narrower channel of his special calling, and he even tries to pick up a precarious instruction in clinical work while he is ostensibly at work on the preliminary sciences. Nay, such is the pressure of the times, parents and teachers are getting impatient even with this rate of speed, and are insisting that even at school time is wasted in classical and other broader studies which might be utilized for science, and that men should come up to the university ready to "specialize" farther still. Among other strong arguments in favor of this reform is this—That whoso means to practice surgery should acquire manual dexterity, and that this advantage cannot be acquired by the ordinary man unless he begin to educate his plastic fingers in early youth. This argument I will dismiss in a word by saying that, in my opinion, every man should be educated in a handicraft or mechanical art of some kind during his early youth. The importance of this element of education is curiously forgotten even by such a mechanical race as the English and American. So much for surgery; the boy who has learned to use a lathe or to make a chest of drawers will have fingers apt enough for surgery.

There is, moreover, another means of education most useful in early life, namely, that of measurement. At every national school youths of both sexes should learn to measure accurately to thousandths of an inch and to hundredths of a grain; thus the eye is taught with the hand, and, what is of more importance, the mind is trained to know what accuracy means. These occupations, invaluable in training of character and skill as they are, would add nothing to the burden on a growing brain.

Of the sciences, those of memory and of observation only should have a place. The mind of youth is in a stage when the imagination, rather than abstract thought, should be cultivated. To collect natural objects, and thus be drawn into the haunts of animals, into the habitation of plants, and to see the structure of the earth excites and enlarges the imagination and strengthens the memory at a time when these faculties are ripe for culture. I have never happened to meet a

young man, educated in abstract science at school, who seemed to me to have used his time to the best advantage. If, for the present, it has led to success in the narrowest sense, I think we are entering even now into a generation when success must be based on a larger education than this—on an education in letters and in the humanities as well as in the laws of the material universe.

We are apt to forget that even in these days of science, advancing by leaps and bounds, that still the greater part of man's life is spent in the expression of his thoughts and in converse with mankind. He should, therefore, have learned to handle the ideas which concern himself and his fellows, not only in their material conflict with nature, but also in those higher spheres of history, ethics, politics and social aspiration, for which alone man can be said properly to live. If we regard the mastery of modern man over nature in any other light than as clearing for us a larger base for a reconstruction of societies which shall be more wise, more humane, more beautiful in spirit than in the past, there would be nothing but sadness in the contemplation of modern life, with its "gay afflictions, golden toil." No doubt we must rebuild our material home, but we ourselves also must be born again.—(Newman.)

The uses of learning Latin and Greek lie in this: That in these studies, more than in any others, the ideas which concern man in his highest endowments of mental, spiritual and social life are manifest, and not only so, but are manifested in languages the most virile and beautiful the world has known. Latin and Greek are called dead languages. If so, the Hermes of Praxiteles and the Venus of Milo are corpses. Latin and Greek contain in perfection of form not modern science, but that for which modern science exists—the best that man has lived and thought. It would be a narrow pedagogy which should assert that strong and penetrating thought and noble and chastened imagination are to be found only in Latin and Greek: we may be thankful, indeed, that the English language is or has been as noble an instrument, and enshrines at least as fine a literature. Yet it has been said long before our time that to know one literature only is to wander in the sphere of letters without a scale of relative dimensions; to lose the faculty of comparisons for lack of standards of comparison. To learn to speak a language like a parrot is but to train a mechanical memory. Latin and Greek, however, although they contain the finest records of human thought and action, are, as I have said, not the only shrines of letters, and the noble literatures of France, Germany or Italy may take the place of either of them, and carry the additional advantage of common usefulness.

But do not let us forget that our calling derives its honor not from its power of repairing the carnal body; were this its only title to respect it would take a low place in the hierarchy of professions. Those professions which deal with the ends, which alone make life worth preserving—such as that of the law of religion, philosophy and of the fine arts—would in such case regard our occupation but as a higher kind of farriery. The glory of our profession, from the hour when Hippocrates, in that oath, wherewith like a trumpet, the notes of which reverberate still through the ages, summoned us to take our place in the forefront of the fight, has been that we are concerned not only for mankind, but for men. The ideal side of a physician's life is that he brings healing or solace to his human fellow. The Greek philosopher, like the modern socialist, would sacrifice man to the State; the priest would sacrifice man to the Church; the scientific evolutionist would sacrifice man to the race. Yet, while all these elements of co-operation and of aspiration work together for good, we thankfully see that, after all, the tendency of civil evolution, as of Christian ethics, is to use society as a means for man himself, as a means to purify and to elevate the individual soul. The physician, then, is more than a naturalist; he is the minister not only of humanity at large, but of man himself. Thus it is that the humblest of us, and he who labors in the darkest and most thankless parts of our cities, is never a drudge; in the sight of the angels he is illustrious by the light of his service to men and women. The man of science can tell us delightful things about birds, flowers and wild life, for all life is various and touching; he can tell us queer and uncomfortable things about our insides, amazingly useful things about steam and electricity, but at bottom, when the marvel is over or the material gain is won, all this grows stale. Ideas concerning the harmony of the spheres, concerning cosmic evolution, concerning the inhabitants of Mars, are prodigious; they may uplift us sometimes with a sense of the greatness of man's inheritance, but alone they are cold and unsatisfying. The child of his age feels that a sonnet of Wordsworth, a flash of Browning's lamp into man's heart, an idyll of Tennyson give us thoughts worth more than all the billions of whirling stones in the universe. In strengthening and cherishing this inner life of his brother and sister, happily, the physician has many fellows, but the physician alone among them all holds sacred the lamp of the personal life for its own individual sake; he alone forgets Church, State, nay, even the human race itself, in his tender care for the suffering man and for the suffering woman who come to him for help.

—*Maryland Medical Journal.*

Society Reports.

The American Electro-Therapeutic Association.

THE eighth annual meeting of the Association took place in Buffalo, N.Y., in the rooms of the Society of the Natural Sciences on September 13th to 15th, and was well attended, and altogether successful in every respect. The Mayor of Buffalo, Dr. Conrad Diehl, delivered an address of welcome, to which Dr. F. B. Bishop, of Washington, D.C., responded. As the President, Dr. Charles R. Dickson, of Toronto, kept all strictly to the time limit, and called the meetings to order very punctually, it was possible to get through a quite lengthy programme, which was as follows:

Phlebitis: A Clinical Study. By Dr. Margaret Cleaves, New York.

The Diagnostic and Therapeutic Relations of Electricity to Diseases of the Central Nervous System. By Dr. A. D. Rockwell, New York.

New Uses of the Undulatory Current in Gynæcology. By Dr. Georges Apostoli, Paris, France.

Electricity in the Treatment of Uterine Fibromata. By Dr. Felice la Torre, Rome, Italy.

Electro-therapeutics in Gynæcology. By Drs. Georges Gautier and J. Larat, Paris, France.

The Use of Electricity in Gynæcology. By Dr. W. J. Herdman, Ann Arbor, Mich.

The Treatment of Uterine Fibroids by Small Currents Administered Percutaneously. By Dr. R. J. Nunn, Savannah, Ga.

Treatment of Menorrhagia by Weak Current and Silver Electrode Internally. By Dr. Adelstan de Martigny, Montreal, Que.

The Method for Using Cataphoresis in Conjunctival Inflammation. By Dr. Lucien Howe, Buffalo, N.Y.

Electricity in Deafness and Stricture of the Eustachian Tube. By Dr. Robert Newman, New York.

Electricity in Acne Vulgaris and Acne Rosacea. By Dr. Grover W. Wende, Buffalo.

A Case of Lightning Stroke without Serious Consequences. By Dr. Wm. C. Krauss, Buffalo.

Cases of Lightning Stroke Causing Diseases of the Eye. By Dr. G. S. Ryerson, Toronto, Ont.

High Tension Current in Neuritis. By Dr. F. B. Bishop, Washington, D.C.

Electricity in the Treatment of Goitre. By Dr. C. R. Dickson, Toronto.

The President's Address: Aims and Claims. By Dr. C. R. Dickson, Toronto.

Ten-Minute Talks on Electro-therapy:

1. The Effect of Electricity upon Tissue Metabolism. By Dr. W. J. Herdman, Ann Arbor, Mich.

2. The Effect of Electricity upon Tissue Metabolism. By Dr. J. H. Kellogg, Battle Creek, Mich.

3. The Galvanic Current in Gynæcology. By Dr. G. B. Massey, Philadelphia, Pa.

4. Some Surgical Uses of Electricity. By Dr. C. R. Dickson, Toronto.

5. Combined Use of Medicinal and Electrical Treatment in some Affections of the Eye. By Dr. G. H. Burnham, Toronto.

6. Electricity in Genito-Urinary Diseases. By Dr. R. Newman, New York.

7. Treatment of Malignant Growths by Means of Electricity. By Dr. G. B. Massey, Philadelphia, Pa.

8. Orthopædic Uses of Electricity. By Dr. L. A. Wiegel, Rochester, N.Y.

9. The Functional Neuroses, with Special Reference to Neurasthenia, their Pathology and Treatment. By Dr. A. D. Rockwell, New York.

10. Electricity in Diseases of the Nervous System. By Dr. W. J. Herdman, Ann Arbor, Mich.

A High Frequency Oscillator for Electro-therapeutic Purposes. By Mr. Nicola Tesla, E.E., New York.

The Hydro-electric Bath with Sinusoidal Current in Disease. By Drs. G. Gautier and J. Larat, Paris, France.

The Use of the Hot Air and Light Bath in Disease. By Drs. G. Gautier and J. Larat, Paris, France.

The Electric Arc Bath. By Dr. Margaret A. Cleaves, New York.

The Electric Light Bath. By Dr. J. H. Kellogg, Battle Creek, Mich.

Some Suggestions on the Possibilities of Cataphoresis. By Mr. J. J. Carty, E.E., New York.

The Effect of High Tension Discharges upon Micro-organisms. By Drs. J. I. Parsons and C. Slater, London, England.

The Action of X-Rays upon Tuberculosis. By Drs. J. Bergonie, of Bordeaux, and — Teissier, of Paris, France.

Two Years of Practice in Radio-therapy. By Drs. G. Gautier and J. Larat, Paris, France.

The officers for the following year are: President, Dr. F. B. Bishop, Washington, D.C.; First Vice-President, Dr. Ernest Wende, Buffalo, N.Y.; Second Vice-President, Dr. W. H. White, Boston, Mass.; Secretary, Dr. J. Gerin, Auburn, N.Y.; Treasurer, Dr. R. J. Nunn, Savannah, Ga. Executive Council—for three years, Drs. R. Newman, New York, and G. B. Massey, Philadelphia, Pa.; for two years, Drs. A. D. Rockwell and Wm. J. Morton, New York; for one year, Drs. C. R. Dickson, Toronto, Ont., and F. Schavoir, Stamford, Conn. The next meeting will be at Washington, D.C., September 19th to 21st, 1899.

A resolution was passed urging colleges and medical schools to establish chairs on electro-therapeutics, or devote more time and attention to teaching this branch, and it was decided to call the attention of the Association of Medical Colleges to the necessity for such a step. The University of Buffalo was congratulated upon having a chair of electro-therapeutics in its medical department.

An excellent exhibition of electrical apparatus was held in the lecture-hall next the room of meeting, and proved a very attractive feature.

The arrangements throughout were of the best; no effort seemed to have been spared to ensure the comfort and enjoyment of members and their guests. The chief fault found with the programme of entertainment was that it was simply impossible to get through it all. There were tally-ho and trolley excursions, visits to Art Gallery and various historical and other interesting collections of different societies: visit to Buffalo R.R. power-house, whose storage batteries, the Mayor assured, were the largest in the world, and other visits innumerable: a public reception at the University of Buffalo, where some excellent addresses, and one especially humorous were heard; a smoker at the residence of Dr. Lucien Howe, to meet the Faculty of the University and the officers of various medical societies; and, to crown all, a most delightful excursion on the yacht *Huntress* down the Niagara River, with dinner at the Island Club, Grand Island, which brought to a close an exceedingly well-planned and well-carried-out meeting. The local arrangements were in charge of Dr. Ernest Wende, Commissioner of Public Health, Buffalo, who deserves great praise for the admirable manner in which everything was managed. Three most hearty cheers were given for him as the members stepped off the yacht and bade him good bye on Thursday evening before leaving for Niagara Falls, N.Y., where Friday was spent in sight-seeing under the direction of the president, the complete tour being made by the electric roads on both sides of the river, the wonderful power-house visited, and the *Maid of the Mist* for a farewell view of the Falls.

Editorials.

Announcement.

As consolidation is the order of the day, we have much pleasure in announcing that an amalgamation between this Journal and the *Canadian Practitioner* has been arranged, to take effect with the first issue of the New Year. The *Practitioner*, which was established in 1875, being the older publication will take precedence in name, and it has been decided to call the united journal "THE CANADIAN PRACTITIONER AND MEDICAL REVIEW." The interests of the subscribers have been guarded, and the "CANADIAN PRACTITIONER AND MEDICAL REVIEW," will be furnished to the subscribers until the term of their present subscriptions shall have expired.

This consolidation of the two leading medical publications of Canada will make an unusually strong journal, with a *bona fide* circulation far in excess of others.

We desire to thank our friends and patrons for their cordial support in the past, and solicit for the consolidated journal a continuance of their friendly interest.

Dominion Registration.

ON Saturday, October 22nd, a number of prominent medical men of Toronto, and other parts of this Province, met together to hear the brief outline of a plan for "Dominion Registration," which Dr. T. G. Roddick, of Montreal, had taken great pains to prepare, and which he came to present for consideration and discussion. Hitherto, the plans for "inter-provincial registration" have been pushed forward for many years, and though a large majority of the medical men of the various provinces have been in favor of arriving at a law whereby those holding license to practise in one Province, could also practise their profession in any other Province of the Dominion, so many obstacles seemed to crop up that it was impossible to complete any definite plan.

"Dominion registration," as proposed by Dr. Roddick, seems to be

the only means by which the desired end may be reached, without interfering with the existing Provincial laws, or the rights of the universities, which in Quebec, at least, decline to give up their right to the power of conferring degrees, which carry the right to practice with them.

It is proposed to have a Dominion Board, which will establish a standard as high or higher than that of any of the Provinces. Of the members of this Board, some are to be elected by the councils of the various Provinces; others appointed by the Legislature, etc. After students have passed their examinations and obtained a Dominion license, they can register in any Province by paying the fee of such Province.

Many other details were given, but it was expressly stated that the outline was provisional, and that free discussion was wished in order that the ideas of members of the profession here might be obtained.

The advantages to the medical men of the Dominion cannot be overestimated, as it would give them a wider field in our own country and a higher standing in others.

Amongst those who spoke, Dr. J. A. Williams, of Ingersoll, endorsed the scheme, pointing out how he had reached the same conclusions as Dr. Roddick, by a different line of reasoning. He also pointed out some details which might be modified to advantage.

Dr. W. W. Dickson, of Pembroke, pointed out the manifest advantages of such registration, especially to those who lived near the line of division between two Provinces, and instanced cases of hardship to those practising in such places now. Dr. W. Britton spoke with caution.

Amongst those who discussed and spoke in favor of the plan, and in praise of Dr. Roddick for the care, time and attention he had given to the subject, were: Drs. J. E. Graham, W. W. Oldright, J. H. Cameron, R. A. Reeve, John A. Mullin (Hamilton), R. A. Pyne, Albert A. Macdonald, H. Machell, and others.

After a vote of thanks to Dr. Roddick, which was moved by Dr. J. H. Cameron and seconded by Dr. Albert A. Macdonald, Dr. Roddick made a neat and suitable reply, saying that he felt grateful for the cordial reception of his report, and that it would give him pleasure to come to Toronto again and meet the members of the profession, when the plans were still further elaborated. With many expressions of good-will and hope that success would ultimately be attained, the meeting adjourned.

Ontario Medical Library.

THOUGH at times during past years the outlook for the library was anything but encouraging, the members and the managers struggled bravely on and the result is that now a valuable collection of books and journals has been brought together and arranged for reference. During the past season quite an impetus was given when at the annual meeting Dr. Wm. Osler spoke words of wisdom and gave a large subscription for the purchase of books to perpetuate the memory of the late Dr. Bovell. Dr. J. E. Graham, the president, in addition to making a large donation, has inaugurated a scheme by which all may be united in their mode of giving. These efforts are resulting in further benefits. Some are giving a stated amount yearly, others promise to make a donation, paying off a portion every year or paying interest on the unpaid amount.

Members of the profession are reminded that in making their wills it is a good plan to remember the library. Books which to an individual have lost a great part of the interest of novelty, are valuable to a library, and can be made use of as duplicates or for exchange with other libraries. Information as to the mode of joining the library, or of furthering its interests may be obtained from the Treasurer, Dr. H. A. Bruce, 12 Carleton Street, or the Secretary, Dr. J. H. Hamilton, of 329 Carleton Street.

By the sudden death of Dr. H. P. Wright, of Ottawa, our deepest feelings of sympathy are aroused, both for the sorrowing widow and young family who have been so bereaved, and for the many who mourn for a true friend and wise counsellor. Born in Toronto, he graduated at "McGill," Montreal, in 1871; registered in the College of Physicians and Surgeons of Ontario, March, 1872. He has practised ever since in Ottawa, and has been for many years a leader in his profession and in all good works in the city of his choice.

WE beg to call the attention of the profession to the preparation known as Ferrol—Iron and Cod Liver Oil. It is an excellent preparation, and when combined with creosote most useful in those cases where these products are indicated. The manufacturers are appealing to the profession alone and not to the general public, desiring in the most ethical manner possible to have its merits fully tested and reported upon. Carefully read the pages numbered xv and xvi.

Book Notices.

Diseases of Women—A Text book for Students and Practitioners.

By J. C. WEBSTER, B.A., M.D. (Edin.) F.R.C.P. (Eng.), Demonstrator of Gynecology, McGill University; Assistant Gynecologist, Royal Victoria Hospital, Montreal, etc.

In this book the author has kept well up to his avowed intention "of giving prominence to the scientific basis of each subject under consideration." Though in small compass, the work is comprehensive, and deals with the diseased conditions on the broadest plan, the author never forgetting that there is a patient to consider, as well as a disease to cure, thereby showing himself in strong contrast to the mechanical school of gynecology, so much in vogue of late.

The opening chapters show that the author has kept thoroughly abreast of the times. The illustrations throughout are clear, and it is a relief to have so many which are original and of value for demonstration.

Chapter V.—The nervous system in relation to pelvic disease has a clear ring about it, and is well worthy of perusal, both by the youngest student and the oldest practitioner.

In chapter IX., on operative measures in general, we find that safe rules are laid down, in a clear, concise way, so that a glance will suffice to show the meaning of the author. Many useful hints are given and altogether safe procedures are outlined.

The book is clearly printed and well illustrated, on good paper.

Altogether, we have reason to congratulate the author on presenting to the profession a book which takes rank with the first of its kind in any country.

CHALYBEATE PURGATIVES.—Dr. C. E. Williams suggests the following preparations:

R Ferratin,	
Sodium bicarbonate	. . . . . āā ̄ ij.
Powdered rhubarb	. . . . . ̄ iv.
Oil of fennel	. . . . . gtt. xxx.

M. S. Dose, a teaspoonful.

R Ferratin	. . . . . ̄ ij.
Extract of aloes	. . . . . gr. xiv.
Compound extract of rhubarb	. . . . . gr. ix.

M. Divide into thirty tablets. S. One or two to be taken twice a day.

—*New York Medical Journal.*

Selections.

Treatment of Angina Pectoris.

Lyon writes in the *Revue de Thérapeutique Médico-Chirurgicale* on this theme. For the treatment of the attack itself, rest, the inhalation of five or six drops of nitric of amyl and a hypodermic injection of $\frac{1}{100}$ of a grain of nitroglycerin are to be resorted to. To overcome the syncope ether, caffeine or camphorated oil, the latter in ten-per-cent. strength, are to be employed. Friction should also be applied to the limbs, and, should there be evidences of pulmonary involvement, venesection must be practised, while if respiration fails rhythmic tractions of the tongue must be performed. Injections of morphine are contraindicated in such cases. In those cases in which the neuritis is apparently due to the involvement of the cardiac plexus, morphine may be admissible. Fifteen to forty-five-grain doses of antipyrin may be given by the stomach or by rectal injection, or smaller amounts of phenacetine may be used, and to the point of pain chloride of ethyl spray may be applied.

For the treatment between the attacks care should be taken that exercise does not immediately follow a meal and that sudden motions are avoided. Mild exercise should be taken, but cold baths are not advisable. Smoking should be refrained from. Massage and friction of the right chest with alcoholic liquids may be resorted to. In regard to the diet, the patient should refrain from all rich dishes and fermented drinks, and tea, coffee and alcohol, and should live largely upon milk, eggs, green vegetables, and properly cooked fresh meats. Water should be taken at each meal. For two or three weeks out of every month 30 or 40 grains of iodide of potassium should be taken a day, and for the remaining days of the month $\frac{1}{100}$ of a grain of nitroglycerin may be similarly taken. Sometimes it is wise to increase the dose of the latter drug. It is also suggested that counter-irritation should be applied in the form of a hot iron over the precordial region every eight days.

Where there is feebleness of the heart due to myocarditis a combination of digitalis and nitroglycerin is of value.

For the treatment of false angina or cardialgia the medication should consist in nitrite of amyl, antipyrin, bromide of potassium, and applications of ether or chloride of ethyl vapor to the pericardium.

A useful prescription is one composed of Hoffmann's anodyne,

tincture of valerian, tincture of digitalis, and tincture of belladonna, of each one drachm. Ten to twenty drops of this are taken at the beginning of the attack.

For the treatment of the cause hydrotherapy is to be resorted to in the form of hot baths; faradization of the painful region and the local application of cold by chloride of methyl spray is useful. Should the attack be due to hysteria the same treatment may be instituted. If to dyspepsia, a milk diet with hydrotherapy, is useful. If due to the excessive use of tobacco, this drug must be prohibited and nitroglycerin given as in the case of coronary angina. In the angina due to gout, diabetes, and malaria, relief must be given by remedying as far as possible the arteriosclerosis, chiefly by the use of the iodides.—*Therapeutic Gazette*

TREATMENT OF SWEATING HANDS.—The *Revue médicale* for September 28th cites the following as being quoted by *Nouveaux remèdes* from a German source. It is said to have given excellent results:

R Borax,	} of each	..... 225 grains :
Salicylic acid		
Boric acid		..... 75 "
Glycerin,	} of each	..... 900 minims.
Dilute alcohol,		

M. Rub in three times daily.—*N. Y. Med. Jour.*

TREATMENT OF SUPPURATION OF THE EAR BY PICRIC ACID. Lanoix (*Revue médicale*, September 14th) states that picric acid, being not only analgesic and antiseptic, but also keratoplastic, he was led to employ it in suppuration of the ear, when it is sought especially to cauterize the secreting membrane of the tympanum. He has attained unhoped for benefits from its use. He uses the following solution:

R Picric acid	..... 3 grains ;
Alcohol of 90°	..... 45 minims ;
Distilled water	..... 300 "

M. The solution is left for some minutes in contact with the ear. The treatment induces desquamation of the tympanum and of the meatus, which calls for frequent cleansings. This action of picric acid contraindicates its use in cholesteatoma.—*N. Y. Med. Jour.*

SUBSCRIBERS will please consult the address label on this number and if in arrears kindly remit soon.

FOR DYSPEPSIA WITH FLATULENCE.—

- R Tinct. gentianæ,
 Tinct. valerianæ,
 Tinct. nucis vomicæ āā 4
 Chloroformi 20-40 gtt.

M. S. Ten to twenty drops in water before meals.—*Centrālblatt für die gesammte Therapie*, 1897.

AN ANTISEBORRHOIC HAIR WASH.—

- R Chioralis,
 Ac. tartarici āā 1
 Olei ricini 0.5
 Spiritus vin rect. 100
 Essentiæ flor. reth. 9.5

—EICHOFF, *Deutsche medicinische Wochenschrift*, 1897.

TREATMENT OF ACUTE COLIC.—The *North American Practitioner* for September recommends the following for acute colic due to indiscretions in diet :

- R Chloroform 1½ drachm ;
 Deodorated tincture of opium 1 “
 Camphor 4 grains ;
 Oil cajuput 1 drachm ;
 Water 2 ounces.

M. One teaspoonful to be taken every hour or two.—*N. Y. Med. Jour.*

CORYZA.—

- R Subnitrate of bismuth ʒ i.
 Powdered Camphor gr. x.
 Powdered boric acid gr. xxx.
 Hydrochlorate of morphine gr. i.
 Hydrochlorate of cocaine gr. i.
 Powdered Benzoin gr. xv.

A pinch to be snuffed up the nostrils.

—*Therapeutic Gazette.*

THE TREATMENT OF INOPERABLE UTERINE CANCER.—Bernhart (*Centralblatt für Gynakologie*) recommends the injection once in four days of thirty minims of the following solution :

- R Salicylic acid 6 parts :
 Alcohol at 90° 1,000 “

M. There is at first some exacerbation, then disappearance of the pains and retraction of the tumor.—*N. Y. Med. Jour.*

To the Medical Electors of Territorial Division No. 12.

GENTLEMEN,—I am in receipt of your requisition asking me to again represent you in the Medical Council. It is, I observe, signed by over 120 of your number, and those active in the movement assure me that this result has been reached by only a very incomplete postal canvass of the constituency. This practically amounts to unanimity. Your declaration that you have not failed to note the zeal and fidelity with which I have tried to guard your rights, and that you approve of the stand I have taken in Council affairs, is highly gratifying to me—is, indeed, compensation for much that was unpleasant in the experience of the past four years. I cannot refuse to accede to a request so generously urged, and, therefore, though still of the opinion that I could serve you more effectively in another capacity, I cheerfully put myself in your hands. I may add that, if again elected, you may rely upon my serving you in the Council, loyally and fearlessly, to the best of my humble ability, and with an eye single to the vital concerns of the profession.

In again offering myself for your suffrages, it is but proper that I should give you some account of my stewardship. I can only afford a few brief paragraphs in this connection, but they may serve to show you what we have done, and, also, why we failed in some things attempted. Once you grasp the fact that there exists in the Medical Council a solid wall of obstruction to certain reforms, and a compact opposition to nearly all reforms, you will appreciate our difficulties, and may be expected to marvel—not that we have achieved so little—but that, under the circumstances, we have been able to accomplish so much.

In striking a balance between the desirable and the attainable in the Medical Council, you must always bear in mind both the composite character of that body and the artfully contrived machinery by which it is run. Elsewhere (MEDICAL REVIEW for 1896 97, to which I refer you for details) I have fully and honestly explained how, by the recreancy of some of its own representatives, the Medical electorate is cheated out of its just and lawfully preponderating influence in the Council. The eight schoolmen, five homœopaths and three territorial ex-presidents form a "Ruling Alliance of Sixteen" in a body of only thirty members. The President's chair which, being in the gift of the Alliance, is the pivotal point of the contrivance, is offered to competition among territorial members, and every third

year, allotted to him who, by the most uniform subserviency, has best qualified himself for its occupancy. It is notorious that no territorial man, who cherishes presidential aspirations, dares to give a vote, or to make an utterance which is unpalatable to the "Combination," while any one, sufficiently pliable to its requirements, can secure the coveted dignity (?) even with so short a novitiate as half a term. This year's election of officers was a case in point. Dr. Henry—the respected, able, and genial representative of No. 6—to whom the President's chair belonged by virtue of a twelve years' term of service, by fitness, by professional standing and repute, by an unvarying Council precedent of many years, and by the support of two-thirds of his fellow representatives, was, in a truly shameless manner, deprived of his rights, and the position was given to a homœopath. Why? Simply because, on several questions of moment to the profession, Dr. Henry had ventured to vote in opposition to the wishes and contentions of the "ruling alliance." And the punishment thus meted out to manly independence was further accentuated by the bestowal of the Vice-Presidency on Dr. Brome—a gentleman who, during his very short term of service in the Council, has been able to see all things eye to eye with the machine. Who were the elected men bound with the homœopaths, and school appointees to thus humiliate a fellow representative for his manly independence? Drs. Bray, Rogers, Roome, Taylor, McCrimmon and Brock—the last-named gentleman being either the mover or seconder of the opposition to Dr. Henry.

Thus it comes that, although the Legislature has given the profession a representation of seventeen in a body of thirty members, the schoolmen and homœopaths—practically by putting the upholstered chair within the exclusive reach of those whose self-interest is stronger than their representative fibre—still control the Council, and, being quite independent of the electorate, are the uniform and consistent opponents of all change, all reforms, all movement towards better things.

That the progressive element in the Council has been able to wrest any reforms from the "ruling alliance," is due to the consciousness of the latter that it holds its anomalous power by a very frail and uncertain tenure—that the elections recur often, and that the electorate is beginning to look into matters. The profession is amazingly apathetic, and is long-suffering to the point of weakness. Just as soon, however, as it becomes aroused generally to a consciousness of how and by whom and for what its vital interests are betrayed, it may be expected to recognize the fact that, as the Council is now run, territorial ex-presidents are not free men; are hobbled by the servile votes

and contentions of past years, as well as by their present alliances, and it will then no longer stultify itself and invite disaster by returning them to the Council.

These considerations may serve to explain the frequent failures of the progressive section of the representative element in the Council. Yet the past four years have not been barren of useful results. In fact, the reforms, wrung from the "ruling alliance" by the insistence of the opposition and the independent members, have largely revolutionized the inner life of the Council. Among the more important of these reforms I may particularize the following :

1. Slipshod modes of procedure, which had prevailed therein for a quarter of a century, have given place to modern and more correct business methods. It is true that in this direction much yet remains to be done, but the explicit provisions of the Medical Act are no longer either habitually ignored or flagrantly violated. Simple motions, and even the casual suggestions of committees, are not now, as formerly, accepted in lieu of such formal By-laws as the Act directs.

2. The By-law regulating the Proceedings of the Council has been entirely remodelled, so as to bring the Rules and Order of Procedure in line with the usages of the present day.

3. The Council has been spurred on to more intelligently interpret and to more loyally respect its own By-laws.

4. The use of the ballot, even in the election of officers, has been discontinued, so that no vote given by a territorial member is now covered from the ken and approval, or possible condemnation, of his constituents.

5. The rigid submission of all contract work to competitive tender has rendered printing and similar scandals no longer possible.

6. As is the custom in all similar bodies, the Council now exacts guarantee bonds from its Treasurer and Registrar.

7. In place of auditing, as heretofore, its own accounts, an annual audit is now made by an independent and competent Accountant, appointed by the Council to do that work.

8. A carefully elaborated estimate is required from the Finance Committee each year.

9. The subsidized journal of the Council has ceased to exist. This journalistic monstrosity was created by the last Council and run, at an annual outlay of some \$600, as a "strong arm of defence" against the Profession. It was employed to stifle all independent expression of opinion, by the unscrupulous use of mendacities and mud. It was a danger and a menace to the electorate, and its somewhat stormy sepulture was hailed with very general acclaim.

10. The interests of the profession are now much more watchfully guarded than they were prior to 1895. Every attempt, open or covert, to subordinate them to those of the privileged elements, is boldly exposed, and, where possible, defeated.

11. The matriculation and registration requirements are now much more strictly applied than they were formerly. Efforts to relax them, made either in Council or Committee, are always challenged, and, commonly, aborted.

12. The yeas and nays on all questions of moment to the profession, are now systematically demanded and recorded. The electorate is thus enabled, whenever it cares to look into matters, not only to find evidence of the existence of a "combination" or "ruling alliance" and its control of the Council, but, also, to bring to book representatives who may show either unfaithfulness or want of discernment. Committee work seldom or never goes on during Council debates, and, hence, as a rule, the absence of a member's name from the record means that he has avoided the vote.

13. Intra-provincial registration, abuse of hospital privileges and the evils of lodge practice, have become live issues in the Council, which has appointed a committee to aid in compassing the first—if it may be done without materially lowering our educational standards—and is casting about for means to mitigate or, if possible, prevent the others.

As I purpose addressing, almost immediately, the medical electorate of the Province on the issues involved in the approaching Council elections, I shall here advert to only one other matter.

The Medical Council is in bad odor with the Legislature—in such bad odor that it dares not seek from it, in its own name, legislation of any kind. On the other hand, the Legislature is not unfriendly to the medical electorate, and, in view of the probability of our having, ere long, to procure from it legislation supplemental to the Act of 1893, the greatest possible care should be taken not to disturb our existing mutually amicable relations. In 1896, however, a dangerously subtle scheme was mooted in the Council, and further elaborated in the Executive Committee, with a view not only to gag the profession by its own act, but to transfer legislative hostility from the Council to the medical electorate, by making the latter appear as the moving party in seeking legislative changes which were known to be unattainable, and the attempt to secure which was certain to arouse angry feeling in the House. Ex-President Bray was the ostensible leader in this movement, and Ex-President Rogers—who emulates Dr. Britton and Dr. Moore in striking the grace notes of Council debate, and who is not

averse to being regarded as the "tail of the alliance," wagged tumultuously in baiting the trap thus set for the betrayal of the electorate. Though duly and faithfully cautioned not to sign the petition then circulated by the Alliance, a majority of the practitioners in the Province—beguiled by the specious blandishments of the "Ottawa Eolus," and suspecting no evil, signed, as requested. The consequences might have been quite serious, as the electorate would have thus been brought into collision with the House. This wished-for consummation was averted, however, by the prompt and determined action of your loyal opposition in the Council, which not only therein resisted the nefarious plot, but explained its true inwardness to the Government, and so brought it to an untimely end. I point with great satisfaction to the fact that my own small contribution to that result was deemed by the "ruling alliance" worthy of a special vote of censure, which I accepted as valuable, because impartial, evidence of my fidelity to your interests. I owe—I profess to owe no fealty to the "ruling alliance," or even to the Council itself, except so far as that body is loyal and fair to the interests I serve. My allegiance is due primarily to my constituents, and to those who, in the Council, act with me in maintaining the rights and looking after the vital concerns of the profession. As long, therefore, as I retain your confidence, and am sustained (as in this instance I was sustained) by a majority of my fellow representatives in the Council, I can bear with fortitude and equanimity both the censure and the coarse abuse of the "ruling alliance." In fact, were I at any time so unfortunate as to receive the commendation of that clique, I should feel constrained to take myself seriously to task, to find out in what respects I had so far betrayed the interests of my constituents as to merit its approval.

Again thanking you for this generous and all-but unanimous expression of your continued confidence in me, and assuring you of my unflagging zeal in and devotion to the furtherance of your professional well-being, I beg, Gentlemen, to subscribe myself,

Faithfully yours,

JOHN H. SANGSTER.

Port Perry, October 10th, 1898.