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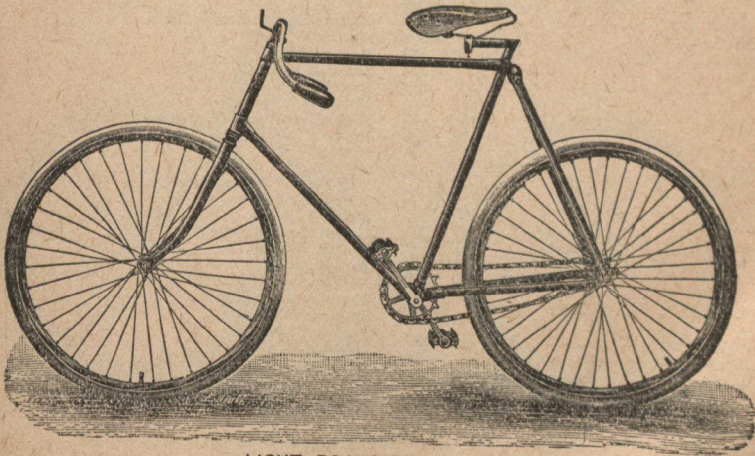
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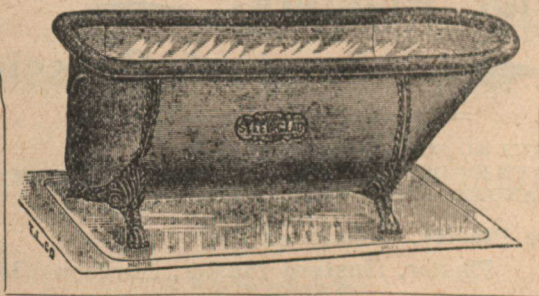
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in a different direction from that of the first movement. A wheelman is propelled through space at a velocity sufficient to cause him to maintain his plane of movement. Should he desire to change this plane of motion, as in describing a curve, he can do it only by calling in the aid of gravity; *i.e.*, he must lean to the concave side of the circle, more or less, according to the radius of the curve he is following. And further, in describing a curve, he is impelled outwardly by centrifugal force, which is more or less according to his velocity, and he must oppose this force by a centripetal force, which in this case is gravity. This he does also by inclining his body toward the centre of curvature of the path he is describing. In this case the wheel sometimes

[Continued on page 280]



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forms a considerable angle with the ground, so that under some conditions it slips from under the rider. The ability of a bicycle and rider in rapid motion to do serious damage in a collision with another machine, or with a pedestrian, is fully appreciated by few wheelmen. A man weighing 150 pounds and moving at the rate of ten feet per second (which is only about seven miles per hour) has a momentum of 1,500 pounds, leaving out of the account the weight of the wheel. This is sufficient to upset any pedestrian with terrific force. A collision between two wheels, each with a 150 pound rider, spinning at the moderate speed of seven miles per hour, would result in a smash-up with a force of 3,000 pounds. In view of these facts, it is no wonder that

bicycle accidents are often very serious. The tractive force required to propel a bicycle over a smooth level surface is estimated at 0.01 of the load; calling the load 150 pounds, a force of one and one-half pounds would be required to move the wheel forward, and this calls for a pressure on the pedals of six and three-fourths pounds on a wheel geared in the usual manner. When, however, the road is rough, or on an up grade, the case is different. On a grade of 1 in 10, for example, the rider, in addition to the tractive force, actually lifts one-tenth of his weight and that of the machine. With a rigid or semi-rigid tire the rider is obliged to exert sufficient force to lift himself over every obstruction encountered by the wheel; the descent from the obstruc-

[Continued on page 282]

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HYGIENE OF THE TEETH.—In a communication to the Berlin Medical Society, Dr. Ritter reported that after having examined the teeth of 637 persons, more than half of whom were under fifteen years of age, he found only four with sound teeth. On this basis the number of individuals with their teeth in good condition is only about 6.2 per 1,000, which shows how

necessary is a scrupulous hygiene of the mouth and teeth.—*Journal de Hygiene*.

A STRAIGHT VERDICT.—A coroner's jury returned a verdict to the effect that a certain prominent man had died of alcoholism. "Your verdict is absurd," someone said to the coroner. "Why so?" "Because he was never known to drink." "That's a fact." "He never went into a saloon." "You are right." "Then why do you say he died from the effects of alcoholism, when we all know he was shot?" "That's all very true," the coroner replied, "but the man who shot him was drunk. Don't talk to me, if you please. I understand my business. Deceased was killed by whiskey."—*Texas Siftings*.

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[Continued on page 290]

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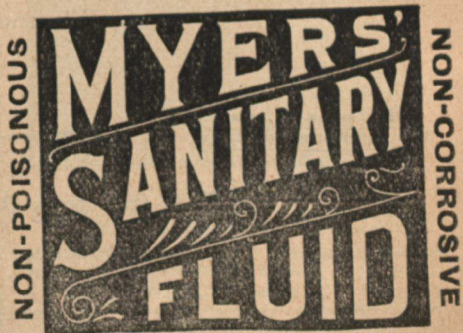
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of Marseilles is a medical man, Dr. Flaissieres, and as our contemporary, *Le Progres Medical*, remarks, it is to be hoped he will be able to overcome this state of affairs.—*Journal of American Medical Association*.

SPECIFIC FOR GONORRHOEA.—A new specific for gonorrhœa is a 1 per cent. solution of creosote in decoction of hamamelis combined with boric acid. It is claimed that this will destroy the gonococci in two hours.—*Pacific Med. Jour.*

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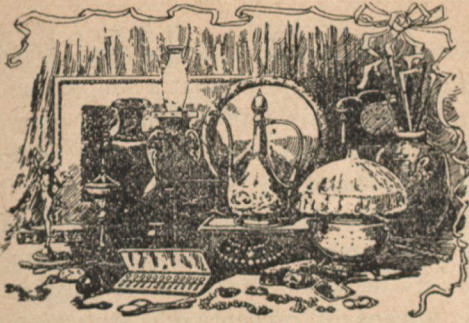
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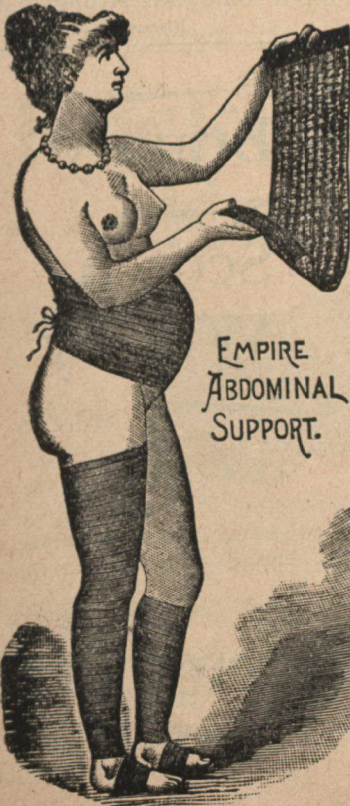
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—Prof. Poncet, of Lyons, has pointed out that actinomycosis is somewhat frequent in the region around that city. Dr. Meunier, of Tours, shows that it is not rare in Touraine, for he reports three cases, all of which were at first diagnosed as alveolar abscesses. The microscope corrected this diagnosis, and iodide of potash effected a speedy cure of the local lesions, which in one case at least had assumed a very grave appearance.—*Le Progres Medical*.

TUBERCLE BACILLI IN BUTTER.
—Roth, of Geneva, after demonstrating the frequency of the bacillus of tuberculosis in milk, relates (*Les Nouveaux Remedes*) his experiments with

cooking such infected milk, from which it appears that a simple ebullition destroys the virulence of milk drawn from cows with sore udders, and shown to be very infectious by inoculations on other animals. So far as butter is concerned, cooking changes its taste too much to be used as a means of prevention. Nevertheless, as Rang had already demonstrated, Roth proves that the cream and butter of milk from cows with tuberculous udders will infect guinea-pigs; with some samples of butter sold in the market he infected two out of twenty, and Broferro has infected one in nine. Unfortunately, there is no method of promptly recognizing the bacillus in butter. Cream may be sterilized by successive boilings, but butter so treated has a somewhat strong taste,

[Continued on page 296]

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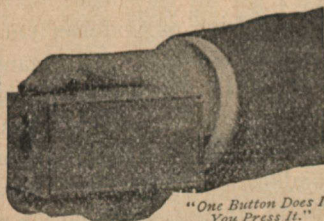
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which, however, disappears after keeping for some time. Butter which is very carefully and thoroughly washed is less liable to be infected, and, moreover, it keeps better and for a longer time. Infected milk may also be sterilized by cooking, and the butter made from it will be good, though the quantity will be smaller. The most effectual means of preventing the tubercle bacilli in butter is an early diagnosis of infected cattle and their prompt destruction.—*Jour. of Amer. Med. Association.*

MEDICO - MASONIC.—The Boston *Globe* for August 25th gives portraits of Dr. George H. Kenyon and Dr. Freeman C. Hersey, and says: "Sir Dr. Geo. H. Kenyon, eminent Grand Lecturer of the Grand Commandery

of Massachusetts and Rhode Island, is a native of Providence, is a Brown University graduate and a graduate of the University of Vermont. He is a veteran of the war, and is Surgeon-General of the Rhode Island militia. Rising Sun Lodge, of East Providence, made him a Mason in 1875. He entered the Grand Lodge in 1881. He received the degrees of Capitulary Masonry in Providence Royal Arch Chapter. In 1884-'85 he was Commander of Calvary Commandery. Dr. Kenyon is a thirty-third-degree Mason, and in the Scottish Rite is Commander-in-Chief of the Rhode Island Consistory. Sir Freeman C. Hersey, M.D., eminent Grand Lecturer of the Grand Commandery of Massachusetts and Rhode Island, was born in Maine, is a graduate of Bowdoin,

[Continued on page 298]

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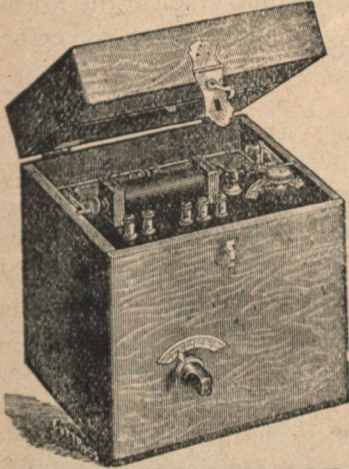
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and is fifty years old. He has practised in Pittsfield, Me., Salem, Mass., and is now settled in Boston. Dr. Hersey was made a Mason in Pacific Lodge, Exeter, Me., in 1867; received the Royal Arch degrees in Stevens Royal Arch Chapter, Newport, Me., in February, 1868; knighted in St. John's Commandery, 3, Bangor, Me., June, 1868; took the degrees in Salem Council, Royal and Select Masters, March 4, 1877; the ineffaceable grades, April 30, 1886, in Sutton Lodge of Perfection, Salem, Mass.; was elected and received the ancient traditional grades in Giles S. Yates Council, Princes of Jerusalem, October 8, 1886; philosophical and doctrinal grades, Mount Olive Chapter of Rose Croix, H.R.D.M., at Masonic Temple, Boston, October 15, 1886;

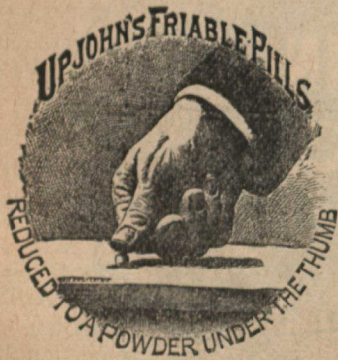
and the modern historical and chivalric grades in Massachusetts Consistory, S.P.R.S., 32, Masonic Temple, Boston, December 24, 1886; and was created a Sovereign Grand Inspector-General of the thirty-third grade of the Northern Masonic jurisdiction, September 20, 1892."

A MARTYR TO MEDICINE.—Young Doctor—"Good morning, doctor, did you perform the operation on your patient?" Old Doctor—"Yes, we took off two legs, one arm, and the top of his head." Y. D.—"What was the matter with him?" O. D.—"Well, we found he had an ulcerated pimple." Y. D.—"But, doctor, what made him so sick?" O. D.—"Why, I suppose the medicine we gave him." —*Judge.*

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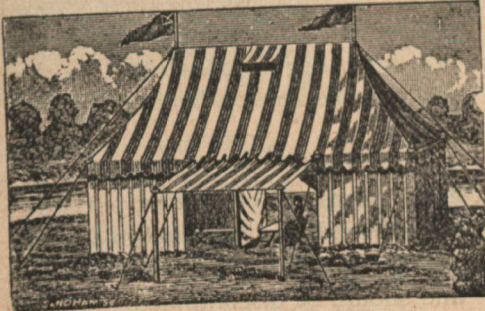
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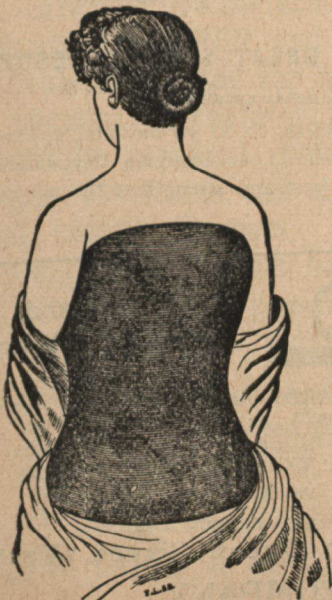
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**WATER-SUPPLY OF CLEVELAND.**  
 —The Ohio State Board of Health has refused the petition of the city of Cleveland to be allowed to discharge sewage from a new district into Lake Erie near the intake of the city water supply. Mr. Allen Hazen, of Boston, was employed by the Board as consulting engineer. Investigation showed that the water supply is already polluted, and statistics revealed that the typhoid death-rate for the past seven years has been higher in Cleveland than in any other large city of the State. Plans for extending the intake into the lake are under consideration; but Secretary Probst is of the opinion that, while this may afford a temporary remedy, all the lake cities will eventually be com-

pelled to resort to filtration for the purification of their water supplies. A better way would seem to be to prevent pollution by a proper disposal of sewage.—*Journal of The American Medical Association.*

Prof. Parvin says that very fat women will often be found not to menstruate, nor will they become pregnant, but if some of their adipose tissue be gotten rid of they will not only begin to menstruate, but will also be able to be impregnated.

Prof. Hare uses aconite in the early stages of pericarditis, but when once the effusion has taken place into the pericardium, it becomes useless and should be discontinued.

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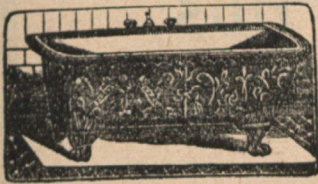
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Vol. V. TORONTO, SEPTEMBER, 1895 No. 3

ORIGINAL ARTICLES.

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

**CONSTRICTED FEMORAL HERNIA—TREATED BY TAXIS,
 FOLLOWED BY OPERATION FOR RADICAL CURE—
 A SUCCESSFUL RESULT.***

By I. CAMPBELL, M.D., C.M. (McGill), and L.R.C.P. (Edin.), Seaforth, Ont.

Was called urgently about noon on the 13th of August, 1894, to see Mrs. S., aged 69, who was said to be suffering great pain, which had come on suddenly.

Knowing that she had been frequently troubled by an old femoral hernia, which dated back a quarter of a century, and which had left behind it omental adhesions, that I had always failed to reduce when returning the intestine, I had a strong suspicion of what the matter was.

Upon previous occasions the bowel was wont to come down inside of these permanent adhesions, like a finger going into a glove, the adhesions forming a sort of tunnel, out of which we had always succeeded in reducing the bowel.

Hastened to the house and found the woman in severe pain. Proceeded to make an examination for the purpose of establishing my

*Read at the Seaforth Meeting of the Huron Medical Association, held on July 9th, 1895.

diagnosis. Found a tumor in the groin, situated below Ponpart's ligament, and inside of the femoral vessels—the neck of the tumor corresponding with the situation of the saphenous opening—to the inner side of the falciform process of the fascia lata. The tumor, which was tender, had expanded laterally, and was turned up over Ponpart's ligament and somewhat in the direction of the crest of the ilium. The greater diameter was in the transverse direction. The neck of the tumor was outside the spine of the pubis—all of which indicated a case of constricted femoral hernia. Knowing that such cases were both difficult to handle and dangerous in result, I asked for assistance, and Dr. Bethune was sent for. The doctor agreed with my diagnosis, and we resolved to attempt reduction under chloroform.

The doctor having anæsthetized the patient, the writer applied the taxis, changing occasionally with the doctor. We used the taxis with great gentleness, raising the tumor gently with the fingers, drawing it slightly down and to one side before making the pressure, which was of the mildest form. It showed symptoms of yielding, hence we continued the pressure until the tumor disappeared, leaving behind what we took to be the old omental adhesions, which were not reducible. This was about 2 p.m. Ordered a bladder filled with ice to the part, and left. About six the same evening we were called back to reduce it again. The patient was suffering as before. We reduced under the anæsthetic, as we had done on the previous occasion, something still remaining behind, which the patient said had always remained down. Visited her at late bedtime, gave an opiate, and left her for the night. Next morning, though she was not suffering severely, it was evident, from the size of the tumor, that it was again down, and, upon consultation, we resolved not to use the taxis any more. Told the friends that, in my opinion, nothing but an operation could save the patient's life, and advised them to send for Dr. Gunn, who was making a specialty of abdominal surgery, and had more experience of such operations than I had. This was agreed to, and I spoke to him through the telephone, explaining the case, and asking him to come prepared to operate, which he did, reaching the house by 5 p.m. Dr. Bethune having been called into the country, Dr. Smith was brought in to assist. Upon consultation, an operation was at once decided upon, Dr. Gunn, of course, being requested to perform it. The usual antiseptic precautions were taken in reference to operator, assistants and patient.

The Operation.—The incision was made in the ordinary way. The sac was opened; the ring was enlarged by incising Gimbernaut's ligament; the omentum, to the size of a large fist, was removed, and the gut returned. The bowel being dark and in a doubtful state, it was decided not to close the ring immediately. The sac was removed and sutures of Kangaroo tendon were passed through it. Two or more deep sutures of tendon were passed through the corners of the ring. Then silk sutures were passed through the skin and made to include the pillars of the ring. The opening in the sac was packed with antiseptic gauze, and the wound was packed with iodoform gauze. The sutures were tied over the packing with running knots. On the second day

the packing was removed, and there being no offensive discharge, and the temperature being normal, the sutures in the sac and corners of the ring were tied tightly and cut short. The wound was again packed and the silk sutures tied over the packing. The wound was dressed every second or third day, and made to heal by granulations, the object being to obtain a radical cure, if possible. The operator found the old omental adhesions, as diagnosed, and had much trouble in breaking them down, which he did with great caution and skill. The latter part of the operation was performed with the aid of lamp light—hence the doctor labored under considerable difficulty.

The patient was kept in bed for five weeks, the writer attending carefully to the dressing of the wound, drawing off the urine when required, and any other after-treatment that was necessary. The temperature never rose more than one degree above the normal. The radical cure was complete. She made an uninterrupted recovery, and is now walking around feeling better—as far as her old trouble is concerned—than she has done for more than twenty years.

Remarks.—Considering the dangerous nature of the trouble and the difficulty in reducing a constricted femoral hernia, we may well feel pleased at the success that crowned our efforts upon this occasion. A few statistics in support of this contention may not be out of place in concluding this paper.

Bryant says that "femoral hernia forms one-tenth of the whole number of cases of hernia, and about 40 per cent. of all cases of strangulated hernia and is also far more liable to become strangulated than inguinal, though less likely to be reduced by taxis. The taxis, moreover, is more prone to produce injury. One out of three cases of femoral hernia is reduced by taxis, two being operated upon, and of those, forty out of every one hundred die—the operations after a 'recent hernia' being twice as fatal as it is after the 'old'—a strangulated femoral hernia going on more rapidly to destruction than any other; and a strangulated 'recent' than an 'old' hernia."

In conclusion, we would say that with the recent advancement in surgery and the benefits of asepsis and antiseptics, the operation has been rendered much less dangerous and the death rate has been greatly lowered. This is especially the case when the operation is undertaken early, as it should be, and the knife in the hands of an experienced operator.

EDITORIAL NOTE.

With the exception of the excellent article by Dr. Campbell, the whole of this issue is taken up with the proceedings of the Council. We may say that we have not yet received from the stenographer the whole of the proceedings, and it may be that we will have to occupy the entire October issue with them. We have on hand a number of valuable papers, and other interesting matter, which we are compelled to hold over.

Proceedings at Meeting of Medical Council of Ontario.

Dr. Britton moved in amendment, seconded by Dr. Henry,

Whereas, the Committee on Discipline reported in writing to the Council in the case of Dr. Ezekiel A. A. B. Rose, as appears by said report on file and in possession of the Registrar; and

Whereas, the said Dr. Ezekiel A. A. B. Rose has been called upon to show cause why the Council should not act upon the report of the Committee by written notice served upon his solicitor; and

Whereas, the said Dr. Ezekiel A. A. B. Rose has appeared in the person of his counsel, Mr. J. R. Lavell, to show cause why his name should not be erased from the register.

Whereas, the offences charged and reported as proved by the said Committee are not within the proviso contained in sub-section 2 of section 34 of the Ontario Medical Act as amended; and

Whereas, as to the said facts stated in the reports of the said Discipline Committee, the Council now resolve to act and hereby adopt the said facts and report as to the finding of the facts in the case of the said Dr. Ezekiel A. A. B. Rose. Be it therefore

Resolved,—That upon the application herein and upon the enquiry herein before the said Discipline Committee and upon the report of the said Committee and upon the facts therein found and hereinbefore adopted by the said Council the name of Ezekiel Awrey Alvin Benson Rose now appearing in the register is hereby erased from the said register, and the Registrar is hereby directed to erase the name of the said Ezekiel Awrey Alvin Benson Rose from the said register and to alter and amend the same accordingly.

And it is further directed under the provisions of the Ontario Medical Act, section 38 "B," that the costs of and incidental to such erasure be paid by the said Ezekiel Awrey Alvin Benson Rose to the College of Physicians and Surgeons of Ontario forthwith after taxation by one of the taxing officers of the High Court of Justice for Ontario.

And the Registrar is directed, after such taxation, to obtain the issue of such execution or executions as may be necessary for the collection of such costs by the said College. Carried unanimously.

The following persons voted in favor: Dr. Armour, Dr. Barrick, Dr. Bray, Dr. Britton, Dr. Brock, Dr. Campbell, Dr. Dickson, Dr. Emory, Dr. Fowler, Dr. Graham, Dr. Hamly, Dr. Harris, Dr. Henderson, Dr. Henry, Dr. Logan, Dr. Luton, Dr. Machell, Dr. Moore, Dr. Moorhouse, Dr. McLaughlin, Dr. Reddick, Dr. Rogers, Dr. Roome, Dr. Rosebrugh, Dr. Sangster, Dr. Shaw, Dr. Thorburn, Dr. Thornton, and Dr. Williams.

Dr. BRITTON—We have tried the matter of suspended sentence, I think, in almost every instance.

Dr. ROGERS—Oh, no.

Dr. BRITTON—I said in almost every instance—in several instances our clemency has been abused. Of course that does not bear on this man's case directly, for it does not follow that because one man in the past has written a lie and has made a false declaration, made a promise and subsequently broken it in two or three months, that this man would do the same; but his record seems to me to be an exceedingly bad one, and I, personally, would place very little confidence in any promise he would make. (Hear, hear). I have already given reasons why, from a financial aspect, it would be better for us to deal with the matter now, and leave it to a subsequent time (during the present session of this Council) to enquire into the doings of the defunct Eclectic Examining Board. These matters can be secured in another way and with a great deal less expense than by going into a further investigation of this case, for probably a further investigation would mean almost as much expense as this one has necessitated. I do not like to have to move a resolution of this kind condemnatory of a fellow practitioner, but it is in justice, and I feel as though in this case there is no room for mercy to intervene between the Council and the man who is reflecting upon the Council and the dignity and respect of the profession.

Dr. Moorhouse asked leave to withdraw his motion. Leave granted.

Dr. MOORHOUSE—My reason for seconding Dr. Rogers' motion is not that his motion means anything more than the one I had written previously, but it is more explicit, and is bearing out in the same spirit exactly the meaning of my own motion. As for quacks, I know of many medical men that are in good standing, and with whom I am well acquainted, and who enjoy the confidence of this Association, and have done just as much quackery as this poor man has. It is done quietly by more perhaps than you are aware of. My reason also for seconding Dr. Rogers' motion, or moving the previous one was, I am informed on good authority that this man is in the last stages of disease, notwithstanding his boasted cure by the Dodd's Kidney Pills. And, by the way, in speaking of this letter, there is no doubt this was given for the purpose of gain, and it is distinctly admitted that he received \$25, and, as

I have been also informed by gentlemen that are well acquainted with the case, probably he received two or three hundred dollars for that letter of recommendation. I would like also to remind you that although we are to a certain extent controlling the actions of the medical men of the province, yet we are ourselves controlled by a greater power, namely, the people—(hear, hear)—and the people may speak loudly to our condemnation to the representatives in the Provincial Assembly, and in this way we may have all our powers curtailed; therefore, I say, it behooves us to carefully look to it that we do not exceed our powers, or go even to their full extent, for fear of summary vengeance. We know how fickle, indeed, is the public mind, and we may be condemned and find ourselves shorn of a great deal of the power we enjoy at present, and therefore we should use it with caution. Dr. Sangster, in many of his speeches during the present session—I have watched him—is rather emphatic, and I think he would be inclined to deal despotically and without tempering his speeches with mercy, and for this reason I am not inclined to side with his view of the matter, and I think that we ought very carefully to weigh this case before erasing this man's name from the roll. And further than that, I think the course that has been spoken of by our worthy chairman of the Discipline Committee, Dr. Day, and which course, as he says, was recommended by our solicitor, Mr. Osler, Q.C., is the course that we should now pursue, and that we should now do as we propose doing, and by this means we would gain further evidence against the culprit, and perhaps save ourselves from further vexation.

Dr. WILLIAMS—May we ask the Registrar now to give the information asked for some time ago, that is, how many names have been erased; how many are out on suspended sentence, and how many that went out on suspended sentence were obliged afterwards to be erased.

The Registrar stated that Dr. J. C. Bright was let go on suspended sentence; that Dr. Lemon was let go on suspended sentence for one year, but the Council found it necessary then to order his erasure, and his name was erased; Dr. Washington was allowed out on suspended sentence for a year, and after that year his erasure was ordered, and his name was erased; Dr. John McKeown was ordered for erasure; Drs. McCully and Anderson were allowed to go on suspended sentence; Dr. J. R. McCullough was ordered for erasure; Dr. W. F. McBrien was allowed to go on suspended sentence, and Dr. Hugh McG. Wilson was ordered for erasure. And further stated that those were the only cases that came before the committee, with the exception of the name now before the meeting.

Dr. SANGSTER—At the close of last session Dr. McCully's name was again presented, after he had been suspended, and the last clause but one in the Announcement of last year is to the following effect: "Moved by Dr. Bergin, seconded by Dr. Britton, that the advertisement of Dr. McCully in this morning's issue of the *Toronto World* be referred to the Discipline Committee.

The PRESIDENT—That was referred, according to that resolution, but they apparently have not reported on that case.

Dr. SANGSTER—No; but it is one of the suspended men whose case was again referred to.

Dr. Pyne stated that there were four persons under suspended sentence, one of whom, Dr. Bright, had since passed over to the majority, leaving three now on suspended sentence.

Dr. SANGSTER—Is that including Dr. McCully?

Dr. Pyne stated that Dr. McCully's name was one of the four.

Dr. SANGSTER—So that there are only two under suspended sentence at present whose conduct has not evoked some further remark of condemnation from the Council.

Dr. BROCK—I think this case is exceptional in several respects; it is exceptional in its aspect towards the Council, towards the profession and towards the public; exceptional towards the Council in that this man is regarded by the Council with strong suspicion as not being really a qualified practitioner; and if you allow him to remain on the register what will be the condition of this Council if an action for malpractice should be taken against him at any time? Would not the public think the Council had acted very cowardly in not erasing him at once from the register? The public, the judge himself, the jury, the counsel for the person who was injured, and who was prosecuting this man, would come to the conclusion that the Medical Council of Ontario were cowards, that we were afraid to use those powers entrusted to us by Parliament in a just and proper manner. I think Dr. Sangster has not spoken too strongly in this case; I feel like supporting the erasure of this man's name from our register immediately.

Dr. ROGERS—I understood the letter presented by Mr. Lavell to be an absolute admission, but I am now told that I made a little mistake in so thinking. If it is not an admission I withdraw my motion at once; I made the motion because I understood it was an admission; and if Mr. Lavell is not prepared to admit at once that this man is guilty then I withdraw my motion. I would ask that the letter be again read.

The President here requested Mr. Lavell to again read the letter.

Mr. LAVELL—I might say that this was all that was written, because this is all that was spoken of just at the time. Of course any admission or statement I make is without pre-

justice to Dr. Rose's position in case the Council does not choose to accept his offer in its entirety; that must be definitely understood. I am empowered to make several admissions on the part of Dr. Rose, but not one of those admissions is made if his name is erased from the register; it is only fair to Dr. Rose and myself to say that. I will read the letter; and I am willing to add any words that may make it clear; I am willing to put it in writing that in case the sentence of the Council is suspended and in the discretion of the Discipline Committee at any time Dr. Rose offends against it he will accept the decision of the Discipline Committee or the Council without appeal. I am perfectly willing to put that in writing (reads letter); I am perfectly willing to add to that that in case the sentence is suspended that Dr. Rose will pledge himself to take no action and make no appeal on any action the Council may afterwards take, but to abide absolutely by the decision of the Council.

Dr. ROGERS—Will you admit, without prejudice of course, in writing, signed for Dr. Rose, that he is guilty of the two charges which have been found to be proven?

Mr. LAVELL—I am willing, if the sentence is suspended, to sign a writing on behalf of Dr. Rose accepting the decision of the Discipline Committee and agreeing not to appeal therefrom; agreeing to accept the report of the Discipline Committee, and the statements in the report.

Dr. ROGERS—No. Will you admit that he is guilty of the two charges he has been found guilty of?

Mr. LAVELL—I do not know that I have authority to. I am willing to admit anything that would have the same practical effect.

Dr. ROGERS—I want an absolute admission.

Mr. LAVELL—You can understand the authority of a counsel is limited; there are some things a counsel can not consent to. I do not want to consent to a thing which the courts might tell me I had not power to consent to, and which would not be binding on Dr. Rose.

Dr. SANGSTER—I do not think it is fair to ask Mr. Lavell to betray the confidence of his client.

Mr. LAVELL—It would not be a betrayal of my client's confidence, because it would not be from any statement he has made to me.

Dr. ROGERS—Your client has received proper notice to be here?

Mr. LAVELL—Certainly.

Dr. ROGERS—Could you not act for him?

Mr. LAVELL—I would sooner fight this matter to the bitter end than stand up here, without any guarantee or anything of that kind, and be asked to admit what I have no right to admit. But if you wish to know whether or not, in case this sentence is suspended, will Dr. Rose absolutely admit that the Council had a right to erase his name, and could erase his name, and admit the correctness of those two charges, I say I will do that. But I cannot admit prior to any pronouncement of the Council—

Mr. MCCARTHY—It is all contingent on "without prejudice." Here is the undertaking signed by Mr. Cassels in the McCully case; it says, "I admit that the advertisements complained of herein, and any others of the like effect or nature, are unprofessional, and the publication thereof by me constitutes infamous and disgraceful conduct in a professional respect within the meaning of the Ontario Medical Act.

"I submit myself to the action of the Council in the premises, and admit that I am liable, on the evidence, to have my name erased from the Medical Register.

"I undertake and agree not further to offend in the premises, and ask the Council to suspend action on the report of the committee so long as I, in good faith, comply with the above undertaking. It is agreed that the charges, other than those which charge the advertisements to be a breach of the Act, are to be considered as undisposed of and untried.

"12th December, 1892.

"S. E. McCULLY.
"WALTER CASSELS."

Mr. LAVELL—I am perfectly willing to sign a document like that, on behalf of Dr. Rose, it being understood that that admission is without prejudice in case the Council do not suspend sentence.

Dr. MOORE—Now, when we have got all that, and when we have got this fellow back doing business for the Dodd's Medicine Co., and he does offend again, we have got to come here to order his name to be erased (the Discipline Committee have no power to erase his name); and he will stand on the register in good standing, as good as he is now or ever was, until this time twelve month—(hear, hear)—unless this Council see fit to come here at a very great expense and erase his name.

Dr. WILLIAMS—Supposing he is suspended, the honor of the Council is given not to take action unless there is another breach. Supposing some person alleges there has been another breach, is it necessary that that shall come before the committee, and that they shall look into the matter to see whether there has been another breach? I believe that is quite an important point. If there is suspended sentence the honor of this Council is at stake not to take

any action against that man unless there is a further breach ; then how are we going to find out whether there is one or not ? Can we do so without letting the matter go again before the committee and let them look into that second matter ?

Dr. SANGSTER—No.

Dr. WILLIAMS—Then that means a considerable expense to know whether there is a second breach or not.

Dr. MOORE—The solicitor is here, and can explain that question in a moment, I presume.

Mr. McCARTHY—I think your solicitor is Mr. B. B. Osler ; and I would not like to undertake to advise the Council. You see the number of years I bear ; I do not think it is right to ask me to advise you off-hand on a question of that kind. Looking at it from the common-sense point of view, I would say if you undertook not to sentence him until there is a further breach, that before you could pass a sentence there would have to be a further breach, and that further breach would have to be proven ; in other words, you would not know a breach had occurred unless it was proven in evidence that there was a further breach.

Dr. SANGSTER—That the case of Dr. McCully last year was not referred to the Council, ut to the Discipline Committee, is a proof of this.

Dr. CAMPBELL—There is only a point or two on which I would like to have some information from the gentleman who is acting as solicitor at present. So far as the general principles are concerned I think we are all inclined to have this person's name erased at once ; the only point in my mind is, is it the wise course under all the circumstances ? Two points only, it seems to me, require further settlement ; first, will there be a greater advantage gained by pursuing an investigation under the suspended sentence and acquiring the information that some of us think ought to be acquired in regard to certain matters hinted at in the first charge, and left open ? Another point is, is the evidence so strong that it will satisfy not us but a court of law in the event of this man's name being erased and an appeal being taken ? On these two points I would like to feel a little more assured before I vote ; and for that reason I would like Mr. McCarthy to give us an idea as to whether, in the event of our erasing this person's name from the register, we could pursue an investigation in any other way into the matters referred to in the first clause of that charge at any less expense than by investigating it with the charge left open as it is now. Can we, unless we bring a charge against some other member of the profession and investigate the case, bring a charge against some man who we may suppose to be implicated in this matter, of the irregular issue of certificates, and investigate the case more cheaply than to let this man go on suspended sentence and pursue the investigation as indicated by the chairman of the committee ?

Dr. BRAY—There is a form of procedure that we have adopted in these cases that we are departing from in this Council to-day ; and I will just go over it. The report has been received ; then the Council have been called upon to speak upon it ; and then the counsel and everybody else, excepting the members of this Council, have been asked to retire, when the report comes up for adoption ; after the report has been adopted by the Council they decide among themselves what shall be done with it. I do not think all this discussion should go on just as it has been going on now, although I do not wish it to be understood that I take any exception to Mr. Lavell or anybody else being here, but I think there is a proper way of procedure and we should follow that procedure.

Dr. MOORE—It is not necessary ; we are not afraid of what we do.

The PRESIDENT—It has been customary in the past to exclude those charged with the offence, and others, from the room during the deliberations of the Council on the question, after they have been represented before us by their counsel. It was not suggested to me to-day, and I did not think it was at all necessary to call the attention of the Council to that practice which we have heretofore observed ; and as the counsel for the prosecution as well as the counsel for the defence have been here, I presume there has no harm been done by Mr. Lavell remaining. I will now ask the members present whether they desire that these gentlemen should retire from the room.

The sense of the Council appeared to be that no one should be excluded from the room.

Dr. CAMPBELL—Then I will proceed with what I was saying. Will Mr. McCarthy give us an idea whether we could investigate this matter referred to in the first clause of the report any more expeditiously and inexpensively by letting this person go on suspended sentence and pursuing it through that channel, or by bringing a charge against another man ?

Mr. McCARTHY—I do not put this in the nature of an opinion at all, but I will tell you from my own standpoint what I think. The charges against Dr. Rose as to his not having proper diplomas or certificates for registration can be less expensively investigated in this proceeding ; and I cannot go further than that, when you ask me as to commencing a charge against somebody else I do not know who that somebody else is, nor whether we can procure evidence against him, nor do we know where the records are, nor do we know whether we can succeed. As medical men you must know that there must be something before you before you can diagnose a case. In this case you cannot lay your hand on the

information which would be necessary to proceed with the investigation, and until you can lay that before a lawyer he cannot advise.

Dr. CAMPBELL—Are there any symptoms that would give indication so far?

Mr. MCCARTHY—Yes; from the evidence we have had there seems to be something further, but whether we can get at the books of this association or not we cannot tell. If we got at all the members of the Eclectic Board and examined them—

Dr. CAMPBELL—They are dead.

Mr. MCCARTHY—No, Dr. Hopkins is alive. It might not take an hour, if we got at the books, to find out how Dr. Rose's certificate was obtained.

Dr. CAMPBELL—Is that evidence so solemn and so complete that if we went before the court on an appeal the Council would be sustained?

Mr. MCCARTHY—My opinion is that the evidence would be very strong, but I would not like to guarantee anything—in so doing I might be guilty of unprofessional conduct.

Dr. CAMPBELL—I have got as much answer as I think could be reasonably obtained on the subject.

Dr. WILLIAMS—Is it not the fact that Dr. Hall, the secretary of this Board, was before the Discipline Committee and declined to give evidence?

Mr. MCCARTHY—Oh, no; his evidence is there.

Dr. WILLIAMS—He declined to give such information as would tell where the books and records were.

Mr. MCCARTHY—No; he said he couldn't, but he thought Dr. Hopkins, of Kincardine, or his son, who resides at Dunnville, might have them. He said there was another member who resided at Newmarket who might have them, but he was dead; and he also said he did not remember that Dr. Rose ever came before the Board, and he could not give us the names of anybody, except Dr. Seivewright, whom he had issued a certificate for. He did not seem to remember anything, or he would not remember anything. He did not give us any information regarding the records except that he had searched for them in his house and office, where they would likely be, and they were not there; and that the best of his recollection was he had not seen them since, I think, 1869, when he thought he gave them to Dr. Hopkins. He said he still had the seal and the blank diplomas.

Dr. BROCK—Are we not doing a very dangerous thing, if this man is a criminal, in making use of the evidence we have got as, I may say, a thumb-screw or a lever to force information from him, which we can only get in that way? Have we a right to lay this all over on purpose to obtain information from him that we might make use of against others that we suppose are criminals?

Dr. ROSEBRUGH—I would like to ask Mr. McCarthy this, Supposing we knew where those papers were, have we any power to compel these men to bring them forward unless there was a case before the courts and the courts ordered the papers to be produced?

Mr. MCCARTHY—Under the statute you have a perfect right to issue a subpoena to compel a man to come before you and produce documents; then there might be a question raised that those were privileged or were not properly before the court. On the other hand, there might be a question raised by reason of this action being deferred. Dr. Rose consenting to our investigating further and off-hand, I would not be prepared to give an opinion whether this might not be held to be a bar if Dr. Hall raised the question that there was no action really pending, because we had deferred action. The more we discuss it the more these points will arise, and they are somewhat grave and require careful consideration as to whether a good and valid investigation would be pending if the action proposed here were to be taken. There are a number of points to be looked at in that way, and I could not give an off-hand opinion.

Dr. REDDICK—This case, I think, affects me perhaps as much as any other member of the Council, from the fact that Dr. Rose is one of my constituents and helped to send me here. I might say that I didn't know anything about this case, although the defendant lives in my own division, till I about came to this Council. While Dr. Rose has been a supporter of my own he has never written me a letter, but one of his friends, Dr. Hanna, mentioned it to me verbally while I was attending a meeting of the Medical Association here last week. But I wish to say that while Dr. Rose has been a supporter of mine, I am not afraid to do what, in my judgment, seems right in the matter. Among some of the reasons that have been given why he should be suspended, one thing seems to influence a number of the members of the College, and that is, that he is not a practitioner at all, but I say that we cannot deny he is just as legally entitled to be on the register as any member of this Council, because he is there, according to the report of the committee, and we must treat him as one of ourselves so far as that is concerned. Another reason given why action should be suspended is that he can be used to give evidence for us. There is another point I am very sorry about, and that is, from some peculiarity of this committee they apparently are debarred, or think they are debarred, from giving their opinions to this Council. As to that I would like to ask who in this Council can give a better opinion than the Discipline

Committee, or who have we a better right to look to? Why have we got a Discipline Committee if we cannot get an opinion from them as to what should be done to the offender? They have heard the evidence and they know all the circumstances, while as far as I am concerned I do not know the man; there is not a man in this Council but knows him as well as I do. I do not think the Discipline Committee are judges, and I do not know why they should keep back their opinions; and again I say there are no men in this Council better prepared to give an opinion than those men, and it is to them we look. We have not time to go through the evidence; then are we going to take their findings blindly and vote upon it? From precedent in the Council and from discussion that has taken place this afternoon, I have come to the conclusion that in justice this man ought to go on suspended sentence.

Dr. LOGAN—Mr. President, Dr. Reddick has made one remark that has induced me to rise as a member of the Discipline Committee. I may say that I have been particularly careful ever since I became a member of that committee to have nothing to say in reference to the decision as to the punishment; and I am of opinion that the committee will stand higher in the estimation of the profession and of the public if they express no individual opinions on the matter, because that committee is sitting there merely as a committee of medical men appointed by this Council for the purpose of collecting evidence, and are not there in a judicial capacity; and if the Council is anxious that we should act in a judicial capacity I do not know that I would consent to be a member of the committee. I have not taken my degrees at Osgoode Hall, and I would not like to be put in a judicial position in this matter. I think your committee would stand very much better merely to be sent to the investigation for the purpose of collecting evidence and reporting that evidence to this Council, and not acting in a judicial capacity.

Dr. SANGSTER—I would like to ask Dr. Logan whether the committee do not express an opinion? I understand the committee to each charge append a statement of proven or not proven, and I would ask whether in doing that they do not exercise judicial powers?

Dr. LOGAN—To some extent. But we do not recommend the nature of the punishment to be imposed.

Dr. DICKSON—It seems to me the Discipline Committee having submitted their report, and that report having been received, we must regard them as now having completed their work; and I think they are at perfect liberty, while they might have had a little hesitancy during the progress of the investigation, to express an opinion individually. I think they should feel themselves no longer debarred from doing so; and as my friend, Dr. Reddick, has said, I think there is no member of this Council who is in the same position to express intelligently an opinion on this matter as these gentlemen who heard all the evidence, who have seen the defendant and know the manner in which he gave evidence, and I think they are the men we ought to listen to with the greatest consideration. About two weeks ago I had a letter from one of my constituents in my division, lying in juxtaposition to this one, which has afforded the gentleman who wrote me the letter opportunities of meeting Dr. Rose—I do not know Dr. Rose and never heard of the case really till I was written to. In that letter the gentleman I speak of writes to me to say that he has not found Dr. Rose so bad as he is generally reported; and I may further say that the gentleman who wrote me is—and I think I am not going beyond my privilege in naming him—Dr. Hanna, to whom Dr. Rose submitted his action when issuing this cancer circular as to whether it was professional or not, and who advised him that it was certainly unprofessional. Dr. Hanna in his letter to me said from what he knew of Dr. Rose he would be very glad if this Council, in their judgment, would see their way to allow Dr. Rose to enjoy the privilege of continuing to practice his profession for the short time it was likely he would have to live; that Dr. Rose is a very poor man and had a very small practice at best, and he thought he was tempted by his poverty to take the course he did to gain patients and earn a living. Now, as he has given his solemn promise through his counsel that he will not err in the future in that direction, I think the least we can do is to take that promise, under the circumstances. Though others, after having been given an opportunity to do better, have not conducted themselves as they should, I do not think we ought to deal too harshly with Dr. Rose on that account. It appears that two at least of those who have gone on suspended sentence have not given this Council any cause to regret their leniency; and I would be very glad to think that the Council in this case would take a lenient view of Dr. Rose's conduct in the matter. It has been urged that his extreme ignorance of what is professional is an excuse, and I think it is to some extent; I do believe his ignorance on that point had something to do with his issuing that circular. There are men in the profession who supply certificates to pharmacists and others who manufacture just about as innocuous an agent as Dr. Rose is in the habit of administering to his patients, and put those broadcast over the world as to the efficacy of these agents for certain purposes, and no great objection has been taken to it; and here we have this man ignorant, as I believe, stating that he possessed a remedy—I am not arguing, and I have no evidence he really believed he possessed a remedy—to some extent I think the

cases are parallel ; and I think we should not be too harsh with Dr. Rose, more particularly if it be true, and I think we have every evidence it is, that he is fast hastening to the close of his career.

Dr. McLAUGHLIN—I do not want to prolong this discussion, but I contend the Discipline Committee occupies a judicial position ; no judge on the bench occupies a greater judicial position. A man is accused of a crime, evidence is produced pro and con and this committee are asked to pronounce whether the accused is guilty or not. But the moment they hand in their report that judicial position ceases and they become members like the rest of us, and they have a right to express their opinions or withhold them. We cannot force them to give their opinions ; but when it comes to a vote they must give it. I think the discussion has drifted ; this side issue about hunting up these other matters should not be brought into our verdict, and should not mould it in any shape or form ; we must found our conclusions merely on the merits of the case. The question before us is, Does Dr. Rose merit expulsion from the list or does he merit retention there, providing his conduct in the future is good or bad ? I think this is the only question before us now, and I hope the Council will view it in that light and deal with the case upon its merits and not on any side issue.

Dr. BRAY—I have been enlightened both by gentlemen of this Council and also by the solicitor somewhat, and I think now that after giving our report, as has been stated, our duties ended ; and as Dr. McLaughlin has just said, we have a vote for this question ; and whether we vote yea or nay, that will be our opinion. Now, having to do that, and do it immediately, I cannot see that there is very much harm in expressing an opinion beforehand. Our expressing an opinion in this case is not without a precedent, because we have been asked individually and by the Council as a whole our opinions on other cases when other cases were up, as to which we considered the worst, and so on ; and I do not think we would be exceeding our duties at all or be in any way prejudicing this case before the courts hereafter by now expressing our views. If I thought it would prejudice this case should it come before the courts, that would be the only reason I would have for holding my tongue ; for, as you all know, these cases are subject to an appeal, and any expression that any member of the committee might make here might prejudice the case.

The PRESIDENT—I think there is a great deal of force in what Dr. McLaughlin says, that the moment the committee's report is received, the members of that committee become again private members of the Council, and the committee is practically discharged ; and therefore those members have as much right to express an opinion on this question as I or any other member in the Council.

Dr. BRAY—I will express my opinion very shortly. We listened to the charges that have been read. There are many things that come before the committee which are not proven, and which might have a tendency to prejudice their minds, and which consequently I do not want to touch on at all. The charges on which we find Dr. Rose guilty of disgraceful and unprofessional conduct, I think, were so conclusively proven that in my opinion the man should be struck off the register on those. I do not wish to say anything on these side-issues, as they were called by Dr. McLaughlin, at all. I think Dr. Rose should be struck off the register on the charges which the committee have considered proven. I think it is better for us to act only on the charges that we have found proven, and I therefore do not express my opinion on what has been reported as not proven.

Dr. LOGAN—Since it appears to be the general opinion of the members of this Council that the Discipline Committee should express their opinions in the Council as ordinary members of the Council, if in the opinion of the Council that is the better course to pursue in every respect, whether we have reference to the public sense or to the advantages or interests of this Council, I have not the slightest hesitation in giving my opinion as to what I would do in this case. I think that we have evidence sufficient in accordance with the opinion given by our solicitor to justify us in erasing this name. I was anxious before I said anything that our solicitor would give us an opinion whether we have a good case or not ; and I understand his opinion to be that we have a good case, supposing we strike this name from the register. In that case I have no doubt whatever that this man is thoroughly guilty, and if you put the motion to expel him I shall vote for it.

The PRESIDENT—As President of this Council, I wish to say that in the past in dealing with the other cases our action has always been unanimous, whether we suspended sentence or erased the name at once.

Dr. BRAY—It is advisable it should be so.

The PRESIDENT—I think in this case the matter has been thoroughly discussed ; and now we have two motions, one to suspend sentence and the other to remove the name from the register. It is desirable we should be unanimous either on one or the other of these motions. It would be, I think, very unfortunate that these two motions should be put to the meeting.

Dr. HENRY—There are two members here who have been sitting on this committee, and I would like to ask them in what condition of health Dr. Rose was when they saw him.

Is he in a dying condition? Because that is the only thing in the world that would modify my action.

Dr. BRAY—He did not give us a chance to examine him physically.

Dr. HENRY—What is your opinion?

Dr. BRAY—I think Dr. Rose is likely to live as long as I am.

Dr. CAMPBELL—In view of what you have said, Mr. President, I would make a suggestion which might possibly facilitate bringing about the very desirable results you have indicated, that is unanimous action. If Dr. Britton will withdraw his motion we can have the sense of the Council expressed on the question of suspension of sentence; then, if that motion should be lost, Dr. Britton might introduce his motion as a substantive motion and in all probability there would be a pretty unanimous vote upon that, though, of course, I am not sure whether that would be the result or not.

Dr. BRITTON—Naturally, I think that my resolution is of more consequence than the original motion, and I do not see any reason why, reasoning on the same line—

Dr. CAMPBELL—Excuse me; what I meant was that some of the members might be inclined to vote for suspension, but after gaining the sense of the Council they would then be ready to vote for carrying out the penalty of the law.

Dr. BRITTON—To digress from what I have already said (it is not necessary to say anything further in that line) I would say this, that if it is in accordance with the rule that the amendment be put in the ordinary way, prior to the original motion, and if it is carried that disposes of it, and then a motion might be made to the effect that it should be carried unanimously; that, I think, is quite in order in all corporate bodies.

Dr. BRAY—That will go on our records; I think it will be a great deal better if Dr. Rogers, after hearing the explanation, particularly of those best able to judge, will withdraw his motion, but if he feels inclined to vote for his motion I cannot help it, but I submit we should not have his motion come up and then have an amendment to it.

Dr. McLAUGHLIN—As a matter of order Dr. Britton's motion should be first voted upon, and then there is another motion which should be put from the chair; that is, shall the original motion as amended be carried? This will give these gentlemen an opportunity to vote unanimously if they like. That is the correct mode of procedure, and I think Dr. Roome will agree with me that it is parliamentary procedure. The amendment will be voted upon, and if carried that does not end it. The question shall then be put from the chair, as I have said.

Dr. ROGERS—As far as I am personally concerned I am willing to withdraw my motion if my seconder and Drs. Reddick and Dickson are willing. I have not been standing out because I felt very strongly on the case, but other gentlemen have expressed their views, and if those other gentlemen will consent I will withdraw my motion.

Dr. McLAUGHLIN—We have had additional light since these gentlemen expressed their views. We have had expression of opinion from the judges who sat upon the bench and heard the evidence, and saw the manner in which it was given.

Dr. DICKSON—I was anxious to hear the opinions of the gentlemen who sat on the case, because I felt their judgment was what the Council would rely on mainly. They were appointed for that purpose, and they are men of intelligence, and the positive manner in which they have expressed their opinions certainly warrants me now to be quite prepared to fall in with Dr. Britton's motion.

Dr. ROGERS—If you will just allow me for a moment, I might say that the views I expressed in presenting the resolution were to the effect that I thought it was only to prevent the possibility of difficulty supposing this case goes to the courts. I have not any doubt in my own mind but what this man deserves the full sentence which Dr. Britton's resolution will effect, but I have had some little experience in legal troubles and I am a little frightened over the consequences of a law suit—a burned child dreads the fire; and for that reason I felt like surrounding ourselves as far as possible with all the hedges we could to prevent trouble in the event of this case going to appeal. At the same time I want it understood that I fully agree that such men as this should be stricken off our rolls. It was only a question of expediency that caused my motion, and with the consent of my seconder I am willing to withdraw it and vote for Dr. Britton's resolution.

Dr. MOORHOUSE—My reason for pressing the matter was simply, I thought Dr. Rose was in the last stages of active life, and I now hear from one of the members of the committee that he is likely to live as long as he (Dr. Bray) is, and Dr. Bray looks as though he might live a useful life for twenty or thirty years yet. Another reason was I thought it would expedite matters in getting at this eclectic institution which I have reason to believe has issued diplomas since it became defunct, but I now think, as Dr. McLaughlin says, that should not enter into the consideration, and I am quite willing the motion should be withdrawn. Another reason why I am willing is, I see that the motion to erase the name is going to carry, and I might as well fall in line and let the vote be unanimous.

Leave granted to Dr. Rogers to withdraw his motion.

The President then put Dr. Bray's motion to adopt the report of the Discipline Committee, and, on a vote having been taken, declared it carried, and the report of the Discipline Committee adopted.

The President then put Dr. Britton's motion, and, on a vote having been taken, declared it carried.

At the request of Dr. Britton the yeas and nays were taken as follows :

Yeas—Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Emory, Fowler, Graham, Hanly, Harris, Henderson, Henry, Logan, Luton, Machell, Moore, Moorhouse, McLaughlin, Reddick, Rogers, Roome, Rosebrugh, Sangster, Shaw, Thorburn, Thornton and Williams. Twenty-nine yeas.

Nays—None.

The President declared the motion carried unanimously, and directed that the name Ezekiel A. A. B. Rose be erased from the register of the College of Physicians and Surgeons of Ontario.

The PRESIDENT—Mr. Lavell, you have heard the proceedings and heard the resolution which has just been passed, and that it was passed unanimously ; I presume you will notify Dr. Rose.

Mr. LAVELL—I will report. I now ask the Council to return the undertaking which was handed in by me "without prejudice."

The Council consented to the undertaking being returned to Mr. Lavell.

NOTICES OF MOTION.

None.

COMMUNICATIONS.

Dr. Pyne read a number of communications, which were referred by the President to the various committees.

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

Dr. ROGERS—I gave notice this morning of a motion to introduce a by-law appointing a Discipline Committee. It is now moved by me, and seconded by Dr. Williams, that the by-law to appoint a Discipline Committee be introduced and read a first time.

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

Dr. Rogers read the by-law.

Dr. Rogers moved, seconded by Dr. Williams, that the by-law to appoint a Discipline Committee be referred to Committee of the Whole and read a second time. Carried.

Council in Committee of the Whole. Dr. Brock in the chair.

Clauses 1, 2, 3 were read and adopted. Dr. Rogers moved that the first blank in clause 4 be filled with the name of Dr. J. L. Bray, of Chatham, and said : I have much pleasure in nominating Dr. Bray. He is an old member and an ex-president of the Council, and an old member of the Discipline Committee. I think in mentioning his name it is not necessary for me to say much about him. The fact that he has devoted so much time and labor to this committee, and has rendered such good service, I think, makes it altogether the correct thing for us to unanimously re-elect our friend, Dr. Bray, as a member of this committee. Carried.

Dr. Rogers moved that the second blank be filled with the name of Dr. George Logan, Ottawa, and said : It affords me much pleasure to propose the name of Dr. Logan, because he is an old personal friend of my own, and a man who stands high in the estimation of the Council. He is an ex-president of the Council, and one of our oldest members, and he has been for many years a member of this Discipline Committee, and in that capacity has rendered the Council a great deal of very excellent service. As Dr. Logan is so well known to you all I do not think it is necessary to add anything further, except to ask you to pass this motion by a unanimous vote, as I asked you to do in the case of Dr. Bray. Carried.

Dr. Rogers then moved that the third blank in clause 4 be filled with the name of Dr. V. H. Moore, of Brockville, and said : In proposing the name of Dr. Moore I feel that his name should be and will be received by this Council with the greatest pleasure. I feel it is an unfortunate thing that we have lost in the person of Dr. Day a very distinguished and able member of this committee, but still in the natural course of events men must come and men must go ; and I am very glad in this case that I can nominate a member of our profession who in his locality stands among the highest in our noble profession. Dr. Moore is an ex-president of the Council, and has been a member of this Council for fifteen or twenty years, and he has done a very great deal of good work for us, and I feel that his name will be received with the same amount of pleasure that I have in nominating him, for not only is he a personal friend of my own, but he is also a personal friend of most of us.

Dr. SANGSTER—I object to Dr. Moore or any other University appointee being appointed on this Discipline Committee. I think the three members of that Discipline Committee should be selected from among the territorial representatives of this Council.

Dr. ROGERS—Mr. Chairman, I can of course see the way our friend, Dr. Sangster, looks at this; at the same time I think perhaps we must look at the work to be done by the committee. They have to deal with matters which necessarily should be in the knowledge of an old member of the Council better than in the knowledge of a new member, and I also say, and I urge, new members of the Council to be just a little careful how far they use expressions or represent feelings as against our University representatives. I have to say this, too, that although Dr. Moore represents a University, and a very distinguished University, I have always found him as loyal a member of this Council and of the profession, and as eager to promote its success and welfare, as any member who ever sat in this Council—(hear, hear)—and I feel if we have on that Discipline Committee a territorial representative, as we have in our friend Dr. Bray, and if we have a homœopathic member, which we have in Dr. Logan, surely it is only asking what is fair, to put it in no other light, that the Universities, whose students will come in the near future before this committee, perhaps to have their professional life taken away, should be represented on the committee.

Dr. SANGSTER—I have only this to add, that I have no feeling to Dr. Moore other than the most kindly appreciation. I remember him as a member of this Council, and I have watched his course in the Council, and I think it has been judicious and wise, and I know he stands high in the profession. But at the same time I know there is a feeling in the medical electorate that the gentlemen composing the Discipline Committee, before whom any of them may be summoned for trial, should be the elected representatives or the homœopaths of the Province, and I think it would be placing Dr. Moore in a somewhat invidious position to appoint him to this committee; and another point is that we have never previously had a gentleman connected with one of the schools or Universities on this committee. I wish to disclaim in the most emphatic manner any theory of unkindness towards our medical institutions or schools. I have elsewhere in the most public manner expressed my high appreciation of our schools and Universities as institutions of learning, and I have expressed my appreciation and admiration of the teachers thereof, and I entertain the most kind sentiments to representatives of those Universities and schools in our Council. I have had a good deal to say perhaps condemnatory of their presence in the Council, so far as their influence upon the profession is concerned, but I have never said, and I am proud to be able to say it, one word of unkindness or to their personal disparagement. I do not oppose this motion of Dr. Rogers from any feeling to Dr. Moore, for I have experienced nothing from Dr. Moore but kindness and courtesy. But I speak on the general principle that I do think, and I think on reflection this Council will agree with me, that the three members of the Discipline Committee, whose duty it is to meet and try the members of the profession for delinquencies, real or imaginary, should be either members of the homœopathic brethren or elected territorial representatives. Those are my feelings. (Cries of "Question!" "Question!")

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

Dr. SANGSTER—I want the yeas and nays on that question.

The PRESIDENT—You cannot take the yeas and nays in Committee of the Whole.

Dr. SANGSTER—I will call for the yeas and nays when the matter comes up in Council.

Dr. Rogers moved that the committee rise and report. Carried.

The committee rose and reported the adoption of the report. The President in the chair.

Dr. Rogers moved, seconded by Dr. Williams, that the report of the Committee of the Whole re the by-law appointing the Discipline Committee, with the blanks in the by-law filled with the names mentioned, be adopted by this Council. Carried.

Dr. Rogers moved, seconded by Dr. Britton, that the by-law be read a third time, passed, signed by the President, and sealed with the seal of the College of Physicians and Surgeons of Ontario, and numbered as By-law No. 65.

The Registrar read the first clause of the by-law.

Dr. ROSEBRUGH—They are appointed for one year, and there are only three of them. What will they do if one should die?

The Registrar stated that the committee had power under the Act to appoint a member.

The Registrar read the remainder of the by-law.

The President put the motion.

Dr. SANGSTER—I beg to move, seconded by Dr. McLaughlin, that the by-law be now read a third time, but be referred back to the Committee of the Whole for the purpose of substituting the name of Dr. Henry for the name of Dr. Moore.

The President put the amendment.

Dr. ROGERS—Dr. Sangster made a statement just now to the effect that there never was on this committee any member other than territorial representatives and homœopaths.

Dr. SANGSTER—I said that was my impression.

Dr. ROGERS—I see. I thought it was an emphatic statement.

Dr. SANGSTER—Is it correct or not?

Dr. ROGERS—It is not correct.

Dr. SANGSTER—What University man was on the committee?

Dr. ROGERS—Dr. H. H. Wright, the representative of Toronto University, was on this committee, and it was always felt that it was only fair it should be so. While it seems to me that we should give the Universities representation, the important question to my mind is not whether the member belongs to the University or not, but is he a good man, and will he fill the position well. I say, put a good man in the place.

Dr. McLAUGHLIN—I want to assure Dr. Moore that there is nothing personal in the motion I have seconded. I have not known Dr. Moore long, but I agree with Dr. Sangster that his actions have been wise and judicious; but there is a principle behind it and it is this, that the voters who send the territorial men here are the men who are to be dealt with. We are not to discipline the University of Toronto or the Schools of Medicine, but we are to discipline the men only who vote for the representatives to this Council, therefore I think it ought to be one of their peers who shall deal with them. That was my object, simply because I think there underlies a principle of importance. And, speaking in this connection, may I correct my friend, who has had such long experience in this Council, that Dr. Wright never represented Toronto University in this Council.

Dr. THORBURN—He represented the School of Medicine.

Dr. HENRY—Before the amendment is put I wish to say I think I ought to have been consulted in a matter of this kind, and I state most emphatically now I will not serve on this committee. I desire to thank Drs. Sangster and McLaughlin for putting my name in connection with this, but I could not possibly attend to the duties of the committee, in the first place; and secondly, I have no desire to be on it. And another reason is, I feel disposed to support my friend Dr. Moore. I have sat in the Council with Dr. Moore for a long time, and I have unlimited confidence in him, and though he does represent a University I am satisfied the interests of the profession throughout the country will be as safe with him as they would be in my hands.

Dr. ROOME—I think we should have a good man for this position, the best man we have got. Dr. Moore is an old member of this Council. He has been a member for many years, and from the high esteem in which he is held by the Council, it matters not what position he is holding outside, he is a good man in the Council.

Dr. SANGSTER—Dr. Henry declines to accept the nomination, and we have placed ourselves on record with regard to our views, which was all I had in view. I had no personal objection to Dr. Moore.

The Council granted leave to Dr. Sangster to withdraw his amendment.

Dr. WILLIAMS—I wish to place myself on record on that resolution that is withdrawn, and my record is a little different to some of the opinions which have been expressed. I look upon it in this way, that every member in the Council is here by statute, here on his rights by statute, and so long as he is here under the proper provisions of the statute we have a right to treat him as a member of the Council in every particular, and not to oppose him because he happens to be a University representative or for any other cause. He is here upon equal terms with the rest of us by statute, and for that reason I would not vote against a University man. (Hear, hear).

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

Moved by Dr. Brock, seconded by Dr. Dickson, that the Registrar be requested to furnish a statement of all arrears, and the names of such persons as have not paid fees as required by the Act, and the full amount now owing by such members of the College of Physicians and Surgeons. Carried.

Dr. DICKSON—I would like to get some information as to the possibility of this Council concluding its labors before Friday evening. The reason I ask this question is because it takes me a full day, from eight o'clock in the morning till a little after eight at night, to reach my home; and further, if I cannot get away from here on Saturday morning I cannot get home till Monday evening.

The PRESIDENT—My opinion is that it is not at all likely we will get through this week. During the ten or eleven years I have been on this Council, it has taken us always until Saturday at noon to get through with our work—

A VOICE—Not always.

The PRESIDENT—And in the past we have always had a night session in order to enable us to get through. Now it is Thursday night and we have not yet received a report from the Finance or Educational Committees, and they are heavy committees, and if as much time is taken up with the reports of those committees as was taken this afternoon with the business before us you will find the meeting will be greatly prolonged, and we will scarcely get through by Monday unless matters are hurried more than they have been, and fewer and shorter speeches made.

Moved by Dr. Fowler, seconded by Dr. Thorburn, that on passing the Departmental Arts examination, and subsequently attending one session in Arts and passing the required examination at the end of the first session in Arts in any recognized University, a student shall be entitled to register by the Medical Council on paying the required fee.

The President put the motion.

Dr. THORBURN—In seconding that resolution I wish to state that I do not commit myself to the principle; I am seconding it merely to bring it before the members of the Council for consideration. Dr. Fowler has so interested me.

Dr. Britton moved, seconded by Dr. Rogers, that the motion introduced by Dr. Fowler be referred to the Education Committee.

The President put Dr. Britton's motion to refer, and, on a vote having been taken, declared it carried, and referred Dr. Fowler's resolution to the Education Committee.

Moved by Dr. Barrick, seconded by Dr. Moorhouse, that the report of the Finance Committee be printed and a copy thereof placed in the hands of each member of this Council before it is formally submitted.

The President put the motion.

Dr. BARRICK—There is no doubt that from what has been said with regard to the finances of this Council the report of that committee is one of the utmost importance. It is a report that will not only let us know the assets and liabilities, that will not only give us a comparative statement of the receipts and expenditures for the past few years, but will also give us the estimates for the present year; and as a new member of the Council I would like, in order to deal with this matter intelligently, to have these facts placed in the hands of every member of the Council some time before the report is submitted for approval. The matter of figures and so on some of the older members may be able to carry and grasp, but I am not able to do that, and I think it would be a saving of time if that report would be placed into the hands of each member, so that we will have time to consider it. I think it will shorten the session, shorten the work, and facilitate the business of the meeting.

Dr. THORBURN—It will be some time before the committee is in a position to hand the report in that form. We have not done very much in the affair yet, and it will be some time before we can complete our report, and then after the report is completed the printers will require some time to get their part of the work done.

Dr. McLAUGHLIN—The motion of Dr. Barrick is a very important one. As he says, it is impossible to discuss the finances of the Council without having these figures before us to study them out. If we could have the same procedure adopted here as obtains in the House of Commons or the Local Legislature, we would be able to discuss it intelligently. In the House, no discussion takes place on the budget for the preceding year until the reports are in the hands of the members for some days, and the members also have the estimates for the succeeding year, and if the Executive Committee here could put them in shape and have them printed before we come, and let us look at them, and then let them go to the Finance Committee, we would see if there were any errors or any way by which expenditure could be lessened, and we would find the business of the Council would be conducted in a more satisfactory manner. If this matter could be considered, having all these receipts and expenditures printed and ready to put in our hands when we come here, I think it would be greatly to the advantage of the finances of the Council.

Dr. BRITTON—I am quite in accord with Dr. McLaughlin; that is, that it would be wise if we could secure a printed report of the financial position each year. But time is going, it is almost the end of the week, and if I understand Dr. Thorburn aright the report is not ready yet for printing, and it might take that committee some time before they have their report ready for printing, and then it would be necessary that sufficient time should elapse for the printers to complete the proof, which would then have to be sent back to the committee for reading and correction, and returned to the printer again, so that I imagine it would consume at least two or three days before we could possibly get that report. I would be very glad myself to see it in print, but I do not see how it is going to be possible to do it without prolonging the session of this Council here into next week, and I do not think that would be desirable if we can possibly avoid it, because every day we are here means a considerable addition to the expense that the College of Physicians and Surgeons has to meet.

Dr. WILLIAMS—Could it not be got out by the typewriter in much less time than by the printer? Miss Wasson was here last year.

Dr. THORBURN—We dispensed with her services in order to curtail expenses.

Dr. MACHELL—If the report be ready it would not take long to hand it to someone who is accustomed to work with the cyclostyle, and in a very short time thirty copies would be struck off; and it would not be necessary to consume hours or days, as Dr. Britton suggested, to do that. And while Miss Wasson has been spoken of, I might say that the Librarian of the Ontario Medical Library is constantly doing that kind of work.

She has a cyclostyle, and for a tenth of the amount that it would cost for printing she would do this for us.

Dr. ROGERS—What is the difference between that and the typewriter.

Dr. MACHELL—I don't know.

Dr. THORBURN—The cost is not much. It is a matter of time.

Dr. McLAUGHLIN—I forgot to mention one matter in speaking on this; I think we ought to have an auditor whose duty would, not be merely to sit down for an hour or two and take a look over these accounts, because it is impossible for any man to give an intelligent report in that way; but we ought to have an auditor who would look over the accounts and have them prepared and audited by the time we come here, just the same as the Auditor-General does. His report always accompanies the other financial reports. I do not understand it is possible to get this auditor this year, but I understand Dr. Barrick's motion covers the future, and if we can get what we want in the future it will be more satisfactory.

The PRESIDENT—Dr. Barrick's motion, as I understand it, does not refer to the future at all, but just to the present sitting of the Council, and those matters referred to by Dr. McLaughlin have nothing to do with this.

Dr. MOORHOUSE—Perhaps Dr. Barrick will make it apply to the future; as seconder of the motion I would be pleased if he would. I quite endorse what Dr. McLaughlin says about an auditor.

Dr. THORBURN—That was discussed last year, and our committee was authorized to get an auditor.

Dr. CAMPBELL—Copies of the Treasurer's statement could be prepared at once without waiting for the committee's report, if that would meet the requirements of the resolution.

Dr. THORBURN—That statement is now in the hands of the auditor; it has been delayed through the illness of the Treasurer and accounts coming in late.

The PRESIDENT—The Registrar can have copies of the Treasurer's statement ready in the morning. With regard to the auditor, the motion passed last year was moved by Dr. Rutnan and seconded by Dr. Harris, "That there be an expert accountant employed in the future as often as may be deemed necessary to assist the Finance Committee in examining the books of the Treasurer and furnishing an accurate statement of the condition of the finances;" so that the Finance Committee had it in their power, if they deemed it wise, to employ an auditor this year.

Dr. McLAUGHLIN—Has the Finance Committee power to appoint an auditor?

The PRESIDENT—Yes.

Dr. McLAUGHLIN—That should not be; an auditor should not be an officer of a committee, but of this Council.

The PRESIDENT—That has nothing to do with this resolution, and it is out of order just now. The motion before the meeting is, "That the report of the Finance Committee be printed and a copy thereof placed in the hands of each member of this Council before it is formally submitted to the Council."

Dr. ARMOUR—I would like to suggest that Dr. Barrick change his motion—that is, to answer the present purposes, that the Finance Committee be instructed to place a copy of their report before each member at the earliest possible time; and allow the Finance Committee to use their own discretion as to what form it shall appear in, whether printed or type-written.

Dr. BARRICK—The resolution now reads, "That a copy of the report of the Finance Committee be placed in the hands of each member of this Council before it is formally submitted." That only refers to this year. If there ever was a time in the history of this Council when it was desirable that every member of the Council should know our financial standing and know our resources for the future, this is the time; and it is in order to place this fully before this Council, especially before all the new members, that I make the motion.

Dr. McLAUGHLIN—I move in amendment, to add to Dr. Barrick's motion, not to change it, for I entirely concur in his motion, "That in the future a printed copy of the receipts and disbursements of the Council be placed in the hands of every member of the Council on the first day of meeting."

Dr. BARRICK—I am willing that you should add that to my motion.

Dr. BRITTON—I would like Dr. McLaughlin to define whose duty it will be to prepare and supply this?

Dr. McLAUGHLIN—The Treasurer's.

Dr. BRITTON—It is not stated in your motion. The reason I asked is because Dr. McLaughlin made the suggestion a little while ago that the Executive Committee should look after it.

Dr. McLAUGHLIN—That was to look after the printing; I understood the Executive Committee did anything of this sort between the meetings of the Council.

Dr. BRITTON—The Treasurer has not the power, if he is not authorized by us to have the number of copies made.

Dr. ROOME—In reference to that, it will be necessary to appoint an auditor; if there is nobody to furnish reports, there is nobody to get them printed. The Treasurer's reports should be placed in the hands of the auditor, and he should get them printed.

Dr. McLAUGHLIN—I will withdraw my proposed addition from Dr. Barrick's motion.

The President here put Dr. Barrick's motion, as originally made, and, on a vote having been taken, declared it carried.

Moved by Dr. Williams, seconded by Dr. Shaw, and Resolved,—“That when this Council adjourns it stands adjourned until 8.30 o'clock this evening.”

Dr. BRAY—What time have the committees got to meet?

Dr. WILLIAMS—When the Council comes together they will adjourn to go into committee, and all the members will be right here then. Carried.

On motion, the Council adjourned at 6 p.m. to meet at 8.30 p.m.

EVENING SESSION.

Thursday, June 13th, 1895.

The Council met at 8.30 o'clock. The President, in the chair, called the Council to order.

The roll was called by the Registrar. The following members were present:

Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Emory, Fowler, Geikie, Graham, Hanly, Harris, Henderson, Henry, Logan, Luton, Machell, Moore, Moorhouse, McLaughlin, Reddick, Rogers, Roome, Rosebrugh, Sangster, Shaw, Thorburn, Thornton, Williams.

The minutes of the previous meeting were read and confirmed, and signed by the President.

NOTICES OF MOTION.

No. 1. Dr. McLAUGHLIN—That at the next meeting of the Council he will move that the Registrar be instructed to have prepared and have printed, prior to the meeting of the Council, a detailed statement of its receipts and disbursements, together with the auditor's report thereon.

No. 2. Dr. BROCK—That this Council take into consideration the question of the examination of all nurses who are now or may be hereafter students of the various training schools for nurses connected with the hospitals of this province.

No. 3. Dr. McLAUGHLIN—To introduce a by-law for the purpose of appointing an auditor to audit the accounts of the Council.

COMMUNICATIONS.

None.

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

Dr. Thorburn moved, seconded by Dr. Armour, that the Registrar collect the various by-laws of the College and have them printed in pamphlet form for the use of the members of the Council.

The President put the motion.

Dr. THORBURN—I do not think it requires any address on the subject. You all know the trouble we have to get the by-laws, and we all know that if printed in pamphlet form they would be very useful to the members of the Council.

Dr. WILLIAMS—I think there are two other resolutions bearing upon the same subject, and there was a tacit understanding that when the Council dealt with one they would deal with all three. I think Dr. Roome moved one, Dr. Reddick another, and Dr. Thorburn the third; and as they are all bearing on the same subject I think they should be considered together.

Dr. THORBURN—My notice of motion was given first.

Dr. ROOME—Mine was on the same lines as Dr. Thorburn's, only I went a little further. I moved that a committee should be appointed to consolidate the by-laws, as I understood from Dr. Sangster to-day the difficulty of tracing out the by-laws. The committee I propose would have to consolidate the by-laws and arrange them, and then they would be printed.

Dr. THORBURN—If you wish I will add to my motion, “That a committee of three be appointed for the purpose of collecting the by-laws.”

The PRESIDENT—I find that Dr. Roome and Dr. Reddick have moved resolutions much on the same lines.

Dr. ROOME—I say it is on the same line, and if Dr. Thorburn will add to his motion, “That a committee be appointed to consolidate the by-laws,” I am willing to withdraw my motion.

Dr. REDDICK—I think, so far as my motion is concerned, it will be necessary to have it put, unless Dr. Thorburn includes in his motion, "That a book be procured."

Dr. WILLIAMS—The proposition of Dr. Reddick does away with the necessity of having a committee, as in the other case. If you purchase the book and instruct your Registrar to collect those by-laws and put them in this book, then they will be collected there. There may be a little consolidation—I won't say there is not some required—but when the by-laws are collected together it will be a small matter to deal with that; and then the printing would be a very little matter. But if you appoint a committee to consolidate and collect the by-laws, they will have to come here and get the books and spend some time and that will mean money. I think, if the Registrar collects the by-laws in the by-law book we can then have them dealt with in a short manner when the Council meets.

Dr. HENRY—It strikes me if you go to consolidate the by-laws, that not only will you require a committee, but a first-class lawyer to collect and consolidate them.

Dr. REDDICK—That is just what we want. If they are a little mixed up we want what is good selected, and we want to know how much of the by-laws is reliable. I think, in any case, you will need my motion carried, "That the Registrar get the by-law book for future use, and that all by-laws be entered in it."

Dr. THORBURN—My motion now has added to it, "That a committee of three be appointed to collect and consolidate the by-laws, that they may be confirmed by the Council." I have not named any gentlemen on that committee; I would rather the Council would name them; but, I think, as I said, it would be well that they should be members residing in the city of Toronto.

The President put the motion as amended as follows: Moved by Dr. Thorburn, seconded by Dr. Armour, "That the Registrar shall collect the various by-laws of the College and have them printed in pamphlet form for the use of members of this Council; and that a committee, consisting of three, be appointed to collect and consolidate the by-laws, that the same may be confirmed by the Council."

Dr. CAMPBELL—According to one part of the motion I think the Registrar will be required to get the by-laws and print them in the recess, and then the confirmation of the by-laws would be by the Council at the next session.

Dr. THORBURN—Of course; the Council won't meet till next year.

Dr. CAMPBELL—The by-laws ought not to be printed until they are confirmed, if confirmation is necessary. Possibly the appointment of a committee who will act along with the President and Registrar will satisfy the Council, and we can depend on their compilation. I do not think there is any doubt the by-laws will be confirmed, and in that case they can go on and print them without having any fear they would not be confirmed by the Council next year. (Hear, hear.) Many of those by-laws are for special purposes, the effect of which has expired, as, for instance, by-laws regarding the elections. Every election there are two or three by-laws passed that are not in force after the election; and there are other by-laws which have been repealed. I do not think there are a great many by-laws in actual force just now.

Dr. THORBURN—I added the last clause of my motion at the suggestion of Dr. Roome, "That a committee of three should be appointed to collect these by-laws."

Dr. MOORE—I do not see the necessity myself for a committee at all. Dr. Pyne knows all the by-laws; and, as Dr. Campbell has pointed out, this Council has to approve of them, and they should not be printed until they are approved of. Let Dr. Pyne prepare them and get them ready for us at next meeting, and then, if they are correct, we can approve of them and they can be printed. Another reason, too, is that that would be the cheaper way, and I do not see that we should go to the expense of paying a committee for looking after this work that we will have to supervise in Council in the end.

Dr. SANGSTER—There are very few in number. If you take out of the sixty-three by-laws, said to exist in the book already, those referring to the appointment of Discipline Committees, the assessment of the annual tax and by-laws referring to elections, and some four or five referring to salaries—one, a by-law amended by three or four subsequent by-laws referring to the salaries of the appointed officers of the Council—there are not more than half a dozen there.

Dr. ROOME—The reason I gave notice of motion was to save time in getting these by-laws placed in our hands. I thought the committee might be appointed to-night, and before the end of the session they could have compiled these by-laws and submitted them to the Council. Then, another year we would have them printed and ready for distribution when we came here, or they could be sent to us before the session, and then we would know what the by-laws were. I am a new member, and I do not know what your rules and regulations are, and I have no way of learning, except as they come up in the Council. For these reasons I moved a committee; and I thought they could in a couple of hours go over the by-laws and select them, and submit them to this Council.

Dr. THORBURN—I do not think that would be possible. It seems a small matter to select by-laws, but to use judgment and discretion in the matter it requires very considerable thought. We cannot hurry up a thing of that kind.

Dr. ROOME—It is not to change them, but to write them out.

Dr. THORBURN—It would be a great deal of work.

Dr. MOORHOUSE—I think Dr. Reddick's notice of motion would cover it all without entailing any expense upon the Council, and the Registrar knows more about these by-laws than all the rest of us put together—(hear, hear)—and it would cover all the difficulty. As Dr. Sangster has said, there are not very many. Our work is behind, and the various members are all concerned in the work of different committees, and those committees are very much behind with their work, and the members will not have time for this committee; therefore, I would ask Dr. Reddick to press his notice of motion in the form of a motion to-night.

Dr. WILLIAMS—I think Dr. Reddick's motion would really cover all that it would be advisable to do at this meeting. If you get a by-law book, and then have the Registrar collect all the by-laws and place them in that book, when you come here at the next session you can have a committee consolidate those by-laws without much difficulty, because they will all be together. By having a by-law book with all the by-laws entered, you then keep the old by-laws in form, so that at any time they could be referred to. Supposing we have them consolidated, occasionally we want to go back and see what our original by-law was, and it would be an advantage in that way to have them in a by-law book. If they were put that way during the recess by the Registrar, which he can do better than anybody else, then when we come here next session, if we want them consolidated and printed, it will be necessary, when they are consolidated, that they shall be submitted to the Council; then, after that, the printing would be a very small matter, and it could be done during next session at very slight expense.

Dr. THORBURN—My motion covers Dr. Williams' suggestion, that the Registrar be instructed to collect the various by-laws and have them printed in pamphlet form. It is not necessary to have them printed if they are written in some book, and my motion did not intend it for the present session at all, but was made with the idea that we might have them at the next meeting, when they might be consolidated or not as we saw fit. It was merely to put them in some form.

The PRESIDENT—I would suggest that the Registrar should collect the various by-laws of the Council and have them entered in a book to be supplied for that purpose, to be called a By-law Book. I think that will take in both motions and simplify matters very much.

Dr. ARMOUR—I think it very necessary that we should have these by-laws printed very soon, so that during the interval between this and the next session, every member will have an opportunity to go over them and investigate them. For that reason I think it very desirable that the motion I have seconded should be pressed to a division here to-night. With regard to the printing I think we might allow the Registrar discretion, and after the committee that is appointed have done their consolidation they might be printed, and then at the next session of the Council submitted for the approval of the Council. But it is very desirable that we should have them in printed form in the hands of every member before the next meeting of the Council.

Dr. BRAY—I would suggest that Dr. Reddick's motion should be passed now, and the Registrar be empowered to write, or have put in the book, these by-laws, and have it done forthwith; and then, to save extra printing, these by-laws should come out in the annual announcement for this year. Then we will all get them before the next meeting of the Council, and then have them published annually afterwards, because they will not be the same by-laws always. Some will be repealed, and if you do that every year in your announcement you will have the by-laws compiled and you will not have any obsolete ones in it. If you accept Dr. Reddick's motion you will have it for the last day of this session at any rate, and you will have the by-laws copied in the announcement, and then it will go not only to the Council but to every member of the College.

Dr. REDDICK—It is moved by me and seconded by Dr. Roome, that the Registrar be authorized to procure a book, in which are to be recorded all the by-laws of the Council as they are passed.

Dr. THORBURN—The Registrar has a book.

Dr. REDDICK—I did not understand that. As I understood it the by-laws are in with the minutes in the minute book.

The PRESIDENT—I have before me now two motions which seem to me to conflict. One is scarcely an amendment to the other.

Dr. REDDICK—Mine is the original motion.

Dr. THORBURN—I am content to withdraw my motion so long as we get what we want.

Dr. ROGERS—I move, seconded by Dr. Moore, that the Registrar procure a by-law book and insert in the same all the by-laws in force, and that such by-laws shall be annually printed in the announcement of the College.

Dr. REDDICK—That is just my motion.

Dr. MOORE—It is not quite Dr. Reddick's motion, because it goes a little further, and says, "all by-laws in force," and that such by-laws shall be printed in the announcement. When that is done every member of the College will have them, and the cost will be a mere trifle.

Dr. WILLIAMS—It is useless making amendments. Dr. Reddick, I do not think, will object to the by-laws being printed in the announcement.

Dr. SANGSTER—If you append to the end of Dr. Reddick's motion that the by-laws shall be printed in the announcement, that is all that is necessary.

Dr. MOORE asked to have the amendment put.

Dr. GRAHAM—Before you put that motion I will ask, would it not be a great and unnecessary expense to have these printed in the annual announcement? Only the members of the Council would have any interest in the by-laws. Members of the College would not, I think, take an interest in the by-laws as much as members of the Council. Of course if the additional expense is not great there can be no objection to it.

The PRESIDENT—If it is intended to include all the by-laws, such as election by-laws, it will mean a great deal of printing; if not, I suppose the cost of the printing will not amount to very much.

Dr. REDDICK—I object to the amendment as going a little too far. The amendment says you are to do just what my motion calls for—get a book and put all the by-laws in it as they are passed; it also says that you are not only to do that but you are to rewrite all the old by-laws in that book.

Dr. MOORE—No; it is only the existing by-laws or the by-laws now in force.

Dr. REDDICK—Even that means a great deal of work; you might better get them printed at once. My idea is to commence now and have the new by-laws put in the book.

Dr. MOORHOUSE—About what would be the annual cost of doing this?

The Registrar stated that if the motion meant only the by-laws now in force the cost would be very small, but if the old election by-laws and other expired by-laws were to be printed it would require a book larger than the announcement to contain them.

Dr. MOORE—The motion I have seconded simply says, "The by-laws in force." As I understand it the type remains set up from year to year, and the cost would be very small if the same man does the work.

Dr. REDDICK—My motion does not include the by-laws now existing, but the new by-laws.

Dr. LOGAN—I would like to call the attention of the Council to the fact that for the last year or two we had all the printing we required done by one party; and, if we are to have the printing done upon the same conditions this year, the printing of your by-laws in connection with the announcement will cost us nothing.

Dr. BRITTON—Really, I think it is not wise for us to continue the discussion on the matter any further; we are wasting time enough and money enough in that time to pay for the printing of the by-laws. The amendment which has been brought forward I think covers the case completely. All that any of the old members and all that any of the new members require is to be able to put their fingers upon any particular by-law that they may want to find, and that the amendment covers completely.

Dr. Reddick here withdrew his motion, and Dr. Rogers' amendment was put as the main motion, and, on a vote having been taken on it, the President declared it carried.

INQUIRIES.

None.

REPORTS OF STANDING AND SPECIAL COMMITTEES.

Dr. Thorburn presented the report of the Legislation Committee, and at his request the Registrar read the resolution appointing the committee as follows:

"Moved by Dr. Thorburn, seconded by Dr. Williams, that a committee be appointed to watch legislation in the Provincial Legislature, and to advise the Executive Committee on such matters, and to report at the next session of the Council any changes in the Medical Act deemed advisable."

Dr. Thorburn read the report of the committee as follows:

COMMITTEE TO WATCH LEGISLATION.

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

GENTLEMEN,—As the mover for the appointment of the above committee, and convener of the same, I beg leave to report that I personally watched the proposed legislation at the

late session of the Ontario Legislative Assembly, and had the Registrar assist me in the supervision of all medical matters before the House, and kept myself in constant touch with the medical members of the House and others.

Owing to the sudden defeat of the Bill known as the "Patrons' Bill No. 1," and the withdrawal of "Patron Bill No. 2," I did not find it necessary to call together the committee appointed by your Council. I may say, however, that I was about to do so when the Patron Bill was rejected by the House.

The Bill repealing Clause 16 of the Ontario Medical Act, which was passed through all its stages in a day or two, did not give me time to call the Committee. However, we entered a protest with the Attorney-General and Government, along with Dr. A. McKay, M.L.A., Dr. G. S. Ryerson, M.L.A., and others of the House, on the grounds that it is unwise to be tampering with the Medical Act, and not in the interests of the public, as well as making an endeavor to establish the principle that all medical legislation should be initiated and come from the Medical Council, and not from parties outside the profession. For the information of the Council, I may say that I found wide differences of opinion amongst the medical members of the House regarding the repealing of Clause 16 of the Act, which the Attorney-General made up his mind to pass, and did pass, in spite of all protests.

Regarding your instructions to Committee to report at the next session of the Council any changes in the Medical Act deemed advisable, it was found, after consulting with the medical members of the House, that any further efforts to secure medical legislation at the present time had better be indefinitely postponed.

A copy of the Patrons' Bills, Nos. 1 and 2, and the Bill repealing Clause 16 of the Ontario Medical Act, will be found attached to this report.

All of which is respectfully submitted.

JAMES THORBURN, *Chairman.*

"PATRONS' BILL NO. 1."

An Act to amend the Ontario Medical Act.

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. Section 13 of the Ontario Medical Act is amended by striking out the words "the salaries or fees to be paid to such officers and to the Board of Examiners hereinafter appointed," in the last two lines of the said section, and substituting therefor the words "the salaries to be paid to such officers."

2. Section 16 of the said Act is repealed, and the following substituted therefor:
"16. The said Division Association may from time to time submit to the Lieutenant-Governor-in-Council a tariff or tariffs of professional fees suitable to their Divisions, or to separate portions of their Division, and upon the said tariff or tariffs of fees receiving the approval of the Lieutenant-Governor by Order-in-Council to be published in the *Ontario Gazette*. Such tariff or tariffs shall be held to be a scale of reasonable charges within the meaning of section 39 of this Act for the Division or section of a Division where the member making the charge resides."

3. Sections 17, 18, 20, 23, 25, 26, 27, 30, 31, 33, 34, 35, 36, 37 and 38 of the said Act are repealed.

4. Sections 1, 3, 4, 5, 6, 7 and 8 of the Act passed in the 54th year of Her Majesty's reign, chaptered 26, are repealed.

5. Section 22 of the said Ontario Medical Act, as enacted by section 9 of the said Act passed in the 54th year of Her Majesty's reign, chaptered 26, is amended by adding after the words "the Council," in the third line thereof, the words "and subject to the approval of such orders and regulations by the Lieutenant-Governor-in-Council."

6. Section 40 of the Ontario Medical Act is amended by striking out the word "one" in the fifth line thereof, and inserting the word "two" in lieu thereof.

7. Section 6 of the Act passed in the 56th year of Her Majesty's reign, chaptered 27, is repealed.

8. Subject to the provisions of section 24 of the Ontario Medical Act, every person who

(a) Holds a diploma from any chartered university in the Dominion of Canada or in Great Britain or Ireland, granting to such a person a degree as bachelor of medicine or doctor of medicine, or any similar degree, and who

(b) Has attended the full course of lectures and complied with the requirements of the curriculum of any duly incorporated medical school or college in the Dominion of Canada, or of any such school or college in the United Kingdom of Great Britain and Ireland which has been approved by the Lieutenant-Governor-in-Council, and who

(c) Holds a certificate from the Board of Medical Education, hereinafter mentioned, of having passed the examination and complied with the regulations prescribed by the said Board, shall be entitled, upon payment of a fee of \$5.00 to the Registrar of the College of Physicians and Surgeons of Ontario, to be registered under the Ontario Medical Act.

9. (1) There is hereby constituted for the Province of Ontario a Board of Medical Education, to be composed as follows :

(a) Three members to be appointed by the Council of the College of Physicians and Surgeons of Ontario.

(b) One member to be appointed by the Faculty of each duly incorporated medical school or college in the Province of Ontario, but who shall not be a member of such Faculty.

(c) Two members to be appointed by the representatives of licensed practitioners in homœopathy in the Council of the College of Physicians and Surgeons of Ontario.

(d) Two members to be appointed by the Lieutenant-Governor-in-Council upon the recommendation of the Minister of Education.

(2) All members of the said Board shall be duly qualified medical practitioners resident in the Province of Ontario.

(3) The members of said Board shall be appointed annually on or before the first day of February in each year, and shall hold office for one year, but shall be eligible for re-appointment at the expiration of that period.

(4) The presiding officers of the various bodies authorized to appoint members of the said Board shall, on or before the first day of February, transmit to the Minister of Education a statement in writing showing the names, post-office addresses and qualifications of the persons so appointed, and the names and qualifications of all the persons appointed shall be published in the *Ontario Gazette*.

(5) The Lieutenant-Governor-in-Council shall appoint two members of said Board to act as chairman and secretary thereof respectively.

10. (1) The said Board shall have power from time to time to make regulations, subject to the approval of the Lieutenant-Governor-in-Council, respecting :

(a) The times and places at which the examinations of the Board shall be held.

(b) The subjects in which candidates shall be examined.

(c) The fee to be charged for such examination.

(d) The proofs to be furnished by candidates as to good character and as to their compliance with the requirement of this Act.

(2) The said Board shall hold an examination at least once a year for the admission of candidates for registration under the Ontario Medical Act, and all papers set by the said Board at any examination shall be first approved by the Lieutenant-Governor-in-Council.

(3) The fees payable by candidates for such examination shall be paid to the Treasurer of the Board, and shall be by him transmitted to the Provincial Treasurer, and the moneys so received shall be set apart and form a fund for paying the expenses of the Board of Medical Education in connection with such examination and the other fees and expenses of the said Board.

(4) The amount of remuneration of members of the Board shall be fixed by the Lieutenant-Governor-in-Council.

11. (1) The said Board may make special regulations respecting the terms upon which candidates shall be entitled to be registered as homœopaths, but no such regulations shall be of any force or effect unless concurred in by the representatives of homœopathy on the said Board, nor until approved by the Lieutenant-Governor-in-Council.

(2) Until a homœopathic medical college is established in Ontario, the provisions of clauses (a) and (b) of Section 8 of this Act shall not apply to candidates for registration as homœopaths.

12. Section 32 of the Ontario Medical Act is amended by inserting therein, immediately after the word "fees," in the fourth line thereof, the words "not exceeding \$1 for every such higher degree or additional qualification."

13. (1) Any registered medical practitioner who has either before or after the passing of this Act, and either before or after he is so registered, been guilty of a conduct unworthy of his profession, shall, upon the order of the senior judge of the county court of the county in which he is a resident, or in which the offence was committed, be liable to have his name erased from the register and be declared unworthy to practice medicine, surgery or midwifery in the Province of Ontario.

(2) Unworthy conduct within the meaning of the preceding sub-section shall include :

(a) Conviction for any offence, either in Her Majesty's Dominions or elsewhere, which, if committed in Canada, would be a crime.

(b) Habitual drunkenness.

(c) Transmitting or causing the transmission of contagion or infection through ignorance or through wilful neglect of the requirements of the Public Health Act, or any regulation made under the authority of the Act.

(d) Knowingly and wilfully issuing burial certificates containing false statements as to the cause of death, or issuing such certificates in blank.

(e) Conviction for any offence under the Public Health Act or under the Act respecting the registration of births, marriages and deaths.

(f) Making false statements privately or by advertisement as to the qualifications possessed by the registered practitioner, making such statements, or as to his ability to cure any particular disease or diseases, or as to cures previously effected by him, with a view to inducing the person to whom such representations are made, or any other person, to submit himself to professional treatment.

(3) The proceedings for the erasure of any name from the register under this Act shall be the same as nearly as may be as on the trial of the validity of the election of any member of the Council of the College of Physicians and Surgeons of Ontario; provided that all evidence taken before the said judge shall be taken *viva voce*, and provided that any person may be the relator in proceedings under this section, and such proceedings shall be taken in the name of the College of Physicians and Surgeons of Ontario.

(4) Upon the conclusion of the trial the judge may make an order dismissing the complaint, or may make an order declaring the defendant is unworthy to practice the profession of medicine, surgery or midwifery in the Province of Ontario, and directing the removal of his name from the register of duly qualified medical practitioners, and in such case the name of the defendant shall be erased from the said register forthwith, or the judge shall make such order as he shall see fit.

(5) Upon every such trial costs shall be in the discretion of the judge, and it is hereby declared that the power to order the erasure of any name under this Act is discretionary with the said judge.

(6) Where in any action for damages brought against a registered medical practitioner for the recovery of damages for any injury caused, negligence, ignorance, or want of skill, a judgment is rendered, or a verdict is given for the plaintiff, the judge before whom such action is tried may, upon the application of the plaintiff, make an order directing the erasure of the name of the defendant from the register of duly qualified medical practitioners, and upon service of such order upon him the Registrar shall forthwith cause such name to be erased from the register. The making of any such order shall be discretionary with the said judge.

14. (1) Any person whose name has been ordered to be erased from the register may appeal from the order directing such erasure to a Divisional Court of the High Court of Justice at any time within six months from the date of the order for such erasure, and the Court may, upon the hearing of the appeal, make such order as to the restoration of the name so erased, or confirming such erasure, or for a new trial, and as to costs, as to such Court shall seem right in the premises.

(2) The appeal may be by summons served upon the Registrar, and upon the relator or applicant for the order directing erasure, to show cause, and shall be founded upon a copy of the proceedings before the County Judge—the evidence taken, and the order of the County Judge in the matter—certified by the Clerk of the County Court, and the said Clerk shall, upon the request of any person desiring to appeal, furnish to any such person a certified copy of all such proceedings, evidence and orders.

15. Each member of the College of Physicians and Surgeons of Ontario shall pay to the Registrar, or any person deputed by the Registrar to receive it, an annual fee of \$1.00 towards the general expenses of the College; and such fee shall be payable on the first day of January in each year, after the coming into force of this Act; and such fee shall be deemed to be a debt due by each member of the College, and shall be recoverable with costs of suit, in the name of the College of Physicians and Surgeons of Ontario, in the Division Court having jurisdiction where the member in default resides.

16. (1) Any woman who, within six months after the coming into force of this Act, produces before any Medical Board of Health a certificate signed by the head of the municipality, or by two justices of the peace, that she is a person of good character, and who proves by evidence taken on oath before such Board, that she has successfully performed the office of midwife in at least ten cases of confinement before the passing of this Act, shall be entitled, upon payment of a fee of \$1.00 to the treasurer of the municipality, to a license, under the hand of the chairman of the Board, to practice midwifery in the municipality for two years from the date of such license, and the said Board may, at the expiration renew such license upon the production of similar evidence of good character.

(2) A similar license may also be granted to any woman, who, after the passing of this Act, applies to the Local Board of Health, or any municipality therefor, upon producing a certificate signed by the head of the municipality, or by two justices of the peace, that she

is a person of good character, and proving by evidence taken on oath before such local Board, and by the certificates of duly registered practitioners, that she has attended at least ten cases of confinement under the directions and instruction of a duly qualified medical practitioner.

(3) Every person duly licensed under this section shall be exempt from the provisions of sections 45 and 48 of the Ontario Medical Act.

17. This Act shall come into force and take effect on the _____ day of _____ A.D., 1896.

18. This Act is incorporated and shall form part of the Ontario Medical Act.

PATRONS' BILL NO. II.

An Act to amend the Medical Act.

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. Notwithstanding anything contained in the Ontario Medical Act, or any amendment thereto, the Council of the College of Physicians and Surgeons of Ontario shall not have power to impose any greater fees or charge upon any person being a candidate for admission to practice medicine, surgery, or midwifery in the Province of Ontario, and for registration under the said Act, than will amount in the whole to the sum of \$50.00, which shall include fees for registration certificates and all examinations required to be passed by such person for admission and registration.

An Act respecting Medical Tariffs.

Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. Section 16 of the Ontario Medical Act is hereby repealed.

Dr. THORBURN—I may, in addition to this report, read a letter which I received from Dr. McKay, who took a very active interest in all things medical in the House, and to whom the profession is very much indebted. I think this letter will be of some interest to the profession perhaps. The letter is as follows:

DEAR DOCTOR,—I am glad to see the Provincial Association have endorsed the action of the Legislature in repealing the Medical Tariff. However, I agree with you that changes in the law should first come from the Medical Council, and I fully appreciated your position last winter in so strongly opposing the Bill on the ground you did. However, "All is well that ends well," and if the Medical Council should be foolish enough to favor a tariff, I hope it will be one that can apply to the province as a whole.

Ingersoll, Ont., June 10th, 1895.

Yours truly,

A. MCKAY.

Dr. Thorburn presented and read the Property Committee's report and the documents attached to it, and stated that he had been informed there were only five vacancies in the building now, as follows:

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

GENTLEMEN,—Your Committee on Property beg leave to report that the building is in a fair state of repair. The recommendations, as adopted by your Council in June, 1894, have been carried out, and all work done has been after tenders were invited for the work, as also the supplies for the building, after tenders were asked for, the lowest being accepted. Owing to the terrible fires which occurred in our city in March last, we were compelled by the city authorities to construct a fire escape. The report of the Chief of the Fire Brigade is attached to this report, and also the tenders received for the construction of the escape at the expense of some \$71.00. There is also a draft plan for better fire protection by means of internal appliances, hose, etc., taking in all flats of the building, and giving cost of same if thought necessary. You will also find attached to this a report of an inspection made of the boilers, elevator and machinery, and reports made upon the condition of the building to the Registrar by the caretaker, in which you will find recommendations as to thoroughly cleaning the building and repairs and alterations that are thought necessary, if the Council can see their way to carry out the same. The caretaker also calls the attention of the Committee to the remuneration paid himself and assistants, and furnishes some statistics of amounts paid for very similar work in other institutions, and asks that his case may be con-

sidered. These you will find attached to report. As to an advance in salary of Mr. Wasson, caretaker, we consider his duties very arduous; but, at the same time, in our present straitened circumstances, we do not feel at liberty to advise any increase. We have endeavored to get a reduction in the rate of interest charged by the Canada Life Company upon the mortgage indebtedness on the building, but have not been able to get a reduction, as the attached letter, which is from the manager, will show; and until the mortgage matures, which is in November, 1896, it will be impossible to do anything in that line. However, I may say that we have every reason to think that, if the money market remains until then as it is now, we will be able to secure the money at 4½, if not 4 per cent., which would be a reduction in the interest of some \$60,000, the present rate being 5 per cent. half yearly. I regret to say that the great shrinkage in rentals, and the necessity of doing up offices for tenants has reduced the revenue for the year just ended to \$2,818.07. This, of course, is not taking in our portion of premises, or any allowances for the same. Quite a number of offices have been let of late, and there are good prospects of letting the remaining six vacant ones at fair rentals. Owing to the Ontario Medical Association making application for rooms to meet in, and expressing the desire to meet in the College building, which our President granted, your Committee found it necessary to have the hall cleaned and put in good order for this purpose, a small amount being needed to do the work. All of which is respectfully submitted.

JAMES THORBURN, *Chairman.*

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

GENTLEMEN,—Owing to the disastrous fires that have taken place in our city of late, I would recommend that fire escapes, or some means, should be provided for the safety of those occupying the building, but more especially the janitor and family, who are located on the top storey. I would recommend that an iron balcony be made across both windows on the south or gable end of the building, to be three feet below the windows, with ladder to reach the ground, or that the fire ladders could reach the occupants in the event of fire.

I remain yours,

THOMAS GRAHAM,

Deputy Chief Toronto Fire Brigade.

Toronto, March, 1895.

Dr. R. A. Payne, College of Physicians and Surgeons, Toronto, Ont.:

DEAR SIR,—In view of the serious question of incendiarism and its menace to the properties in the city of Toronto, we would respectfully request the employment of at least one night-watchman on your premises until such time as it will be safe to resume as before. This suggestion is, of course, not entirely in our own interests concerned under policy covering your property, as you will undoubtedly realize the necessity of such immediate action yourselves. I shall be pleased to have advice that this has been done.

Yours truly,

E. H. LILLY, *Manager.*

Per W. P. TAYLOR.

Toronto, March 9th, 1895.

To Dr. R. A. Payne, Registrar of the College of Physicians and Surgeons of Ontario, Toronto, Ont.:

SIR,—I beg leave to submit to you my annual report of the Medical Building:

Boilers.—Last fall I had them inspected, cleaned and painted, and the necessary repairs done, including several new tubes and furnace bars, and the ash-pits lowered and back walls built up. This spring I am having them cleaned and painted, and the boiler-room white-washed and painted. Attached please find Inspector's report. During the winter I used a good quantity of boiler compound, which keeps the inside clear of rust and scales.

Elevator.—I may say that the elevator is becoming very expensive on account of the gear being in wear so long; that I have had parts of the cables renewed, and nearly all will have to be renewed, which will be very expensive. Owing to the sand in the water, the cylinders in the inside are getting very rough, which wears out the piston-packing in a short time, unless they are taken down and bored out again. The lever motion is getting in very bad order, so that the car has to be run by hand, and is very hard work. The tenants complain about it being stopped so often. My son does a good deal of the repairing at night. All the iron work wants painting and the car varnished.

Lavatories.—They are all in very fair condition. I got the plumbers to examine and repair them all up. The walls want painting and the wood-work varnishing very badly. Owing to the number of tenants now in the building, we are very limited for accommodation, and especially as there are quite a number of lady clerks and typewriters. They are required to use the same as the gentlemen, which is very inconvenient. If the basement one could be enlarged, then the ladies could have the one adjoining the Council Chamber.

Examination Hall and Waiting Rooms.—The hall and upper flat have all been kalsomined and the plaster made good by the painters. The floors and wood work have all been painted and varnished by myself and my help, the College buying the material. It is now in first-class order. The waiting-room floors and walls have all been painted by me.

Steam Pipes and Radiators.—The pipes are all in good condition. During the winter I had to have some of the radiators changed so as to distribute the heat in the offices. In the office No. 1, first floor, I had to make connections and put in an extra radiator, as we could not keep the office warm on cold days, owing to there being so much window space; some of the tenants had to keep their overcoats on, but now they can be kept nice and warm, and with less fuel. I would recommend shields on top of all radiators to spread the heat and protect the walls. I would also suggest a hot air pipe from the boiler room to the first floor, and carry the heat through the building that now goes into the chimney.

Floors.—The floor on first flat is hard wood, and during the holidays I got my men to give it and the stairs leading to the street two coats of a special oil, and kept boards on them until thoroughly hard, and it is in good condition now. The floors on second and third flats are pine, and are getting very rough, so that it is very hard to scrub them. If they were painted they would last for years yet.

Walls and Ceilings of Each Flat.—The walls and ceilings are very dirty, and are very much cracked and marked, as there has been nothing done to them since the building was erected. They now require kalsomining or painting, also the ceilings and walls of stairs.

Wood Work.—All the wood work round first floor, stairs, well hole, requires rubbing and oiling. All soft wood on second and third floors require stain, touched up and varnished. All wood work inside of elevator requires painting.

Iron Grill Work.—All grill work round elevator and top of well hole requires doing over with liquid silver bronze.

Fire Escape.—It was intended to put it on the south gable, but we could not get the permission, consequently put it leading to the yard. It is the cheapest that could be got of that construction.

Fire Hose.—The only hose that is in the building is the one that is used for washing windows and side walk, and is only three-quarters of an inch, and as it has to be coupled on in the boiler-room when in use, it would not be of any use in case of fire. There is no arrangement made whatever in regard to fire appliances. Should a fire occur in any part of the building, we have no means whatever of preventing it. I drew a plan and got prices for a system to run through the building, and submitted it to you after the Toronto fires.

Outside Shutters.—The only fear of fire to this building would be from the Veterinary College stables, which adjoin us, and some of the office windows are very close to them. If shutters were put on to six of the windows at the back it would prevent the fire getting into our building. As nearly all the offices in the building are occupied with very good tenants, and the walls and ceilings are in very good condition, the walls in landing and stairs take away the effect. All of which is hereby submitted.

Yours respectfully,

THOMAS WASSON.

CANADA LIFE ASSURANCE CO. OFFICES.

R. A. Pyne, Esq., M.D., Toronto.

DEAR SIR,—We have yours of yesterday as to the College of Physicians and Surgeons' loans, amounting to \$60,000. We regret that you should think the rate of interest, 5 per cent., is excessive, but we would not feel warranted in making any reduction upon it at present.

Yours truly,

Hamilton, Ont., 15th Dec., 1894.

A. G. RAMSAY, *Manager.*

INSPECTION REPORT.

To R. A. Pyne, M.D., College of Physicians, Toronto, Ont.

DEAR SIR,—We beg to inform you that the two steam boilers insured under policy No. 2,715 were inspected with steam off on the 28th inst., and, as far as could be ascertained, found in the following condition: Both boilers were fully examined and found clean inside. No leakage and no sign of any overheating or undue straining. The stays are tight and

sound. Steam gauges were tested and proved to be correct. Brickwork on furnace No. 2 needs repair. Would advise, after putting ten lbs. of soda in each boiler, to fill them entirely full of water and leave them so all summer. Better paint the head sheets and ends of tubes with linseed oil and a little red lead. Boilers generally are in good condition, and have been well cared for.

GEO. C. ROBB, *Chief Engineer.*

The Registrar stated that there were only five vacancies in the building at the present time.

Dr. THORBURN—I may say that the committee made a personal inspection of the building from attic to cellar and found the building in very good repair. It wants cleaning up a little. It may be necessary, perhaps, to pay some attention to that in order to rent some of the rooms.

Dr. SANGSTER—Did you go onto the roof?

Dr. THORBURN—No; we saw one leak, but the man who contracted to do the work has promised to make it right. The financial question in connection with this report will come up with the Finance Committee's report, when it can be discussed more fully. Attached to the Property Committee's report are also reports of the Boiler and Furnace Inspector and Insurance Agents, and the report of the Elevator Insurance; and a petition from Mr. Wasson stating what duties he performs and what his salary is and how it is expended. He compares his salaries with the salaries of other caretakers, which are not altogether similar, however, showing that his income is very much less than these others. His income is not very much. He receives \$520.00 a year for taking care of the building, and he is allowed \$5.00 a week for the elevator man, which he increases by one dollar a week of his own, and then he has several other officials or servants.

Dr. SANGSTER—Does he occupy rooms in the building?

Dr. THORBURN—Yes.

Dr. MOORHOUSE—Is that in addition?

Dr. THORBURN—That is in addition.

Dr. MOORHOUSE—That would be equal to three or four hundred dollars a year.

Dr. THORBURN—He makes his living out of the prosecutions. He has to expend a little more than his salary for taking care of the building. The Committee tried to induce the Canada Life to reduce the interest by telling them that we would pay them off or pay them a certain amount.

Dr. McLAUGHLIN—When that mortgage was put on the building, was no provision made for paying it off?

Dr. THORBURN—A certain sum was allowed to be paid. We could pay off \$12,000. We asked them now what they would allow us if we paid the whole thing off. We thought, perhaps, we might borrow the whole thing cheaper and get rid of it, but they won't take it. They say we are bound to the 1st of November, 1896.

The Registrar stated that after the 1st of May, 1887, there is a provision in the mortgage for paying in sums of not less than \$2,500 and not more than \$10,000 at a time.

Dr. McLAUGHLIN—Under that provision could that not be paid off and we borrow at a lower rate of interest?

The Registrar stated that that could not be done before next May, and that that would involve a second mortgage which could not be got on the building; that the present mortgage is to the Canada Life and is only one mortgage.

CONSIDERATION OF REPORTS.

Dr. WILLIAMS—As I take it there is nothing in these reports but statements that would require no discussion, and a resolution would pass them and they would be out of the way.

Dr. Thorburn moved, seconded by Dr. McLaughlin, that the reports of the Legislation Committee be adopted. Carried.

Dr. Thorburn moved, seconded by Dr. Armour, that the report of the Property Committee be adopted. Carried.

UNFINISHED BUSINESS FROM PREVIOUS MEETING.

None.

MISCELLANEOUS BUSINESS.

None.

Dr. Williams moved, seconded by Dr. McLaughlin, in order to allow the committees to meet, the Council adjourn to 10 o'clock to-morrow morning. Carried.

FOURTH DAY.

FRIDAY, June 14th, 1895.

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

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

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

None.

NOTICES OF MOTION.

COMMUNICATIONS.

Dr. Pyne read a communication from Mr. Keating, asking to be registered as a matriculate. Referred to Education Committee.

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

Dr. Bray moved, seconded by Dr. Logan, that the Registrar be instructed to write to the ex-president and secretary of any of the old Licensing Boards which were in existence at the time of the formation of this Council, and which are now defunct, or to any persons who have in their possession any seals, instruments or documents, requesting them to send the same forthwith to the Registrar of this Council.

The President put the motion.

Dr. BRAY—My reason for moving this is, that on the late investigation *re* E. A. A. B. Rose, it came out in evidence that there were seals and documents in the possession of some of those parties, and that they had been formerly used improperly. There is nothing to prevent these things being so used in the future, and I think it is not only due to the profession but due to the public that they should be protected from any fraud of that kind. We had quite sufficient evidence before us in the investigation *re* E. A. A. B. Rose to show that a man who had no medical knowledge at all had bought from an institution in the United States a diploma, and on that diploma he was registered by the Eclectic Medical Board, and it came out in evidence that the secretary of that Board now, at this time, has in his possession the seal of that old Board, and that he has also blank diplomas. If you will permit, I will read a few extracts from the evidence bearing on this point, to show the necessity for making the motion which I have done. I will now read an extract from the evidence of Dr. James J. Hall, as follows: (Reads questions and answers Nos. 167, 168, 169, 170, 171, 172, 173, 174, 175, 176 and 177.)

Q. They were both obtained in the same year? A. Mine was in 1868, and if that is 1868, likely that is right.

Q. And you were not at college together? A. No.

Diploma of Dr. A. B. Rose marked as Exhibits 13, 14 and 15.

Q. When did your father die? A. I can't tell you.

Q. Where did he die? A. In Bondhead.

Q. Where were you living when he died? A. In Londesboro'.

Q. Did you go up to the funeral? A. I did.

Q. And you don't remember the year? A. I don't remember the year nor I don't remember the day.

Q. And you think it might be eight or ten years ago? A. I think it may have been more than that. I am not positive.

Q. Where is your father's certificate of the Eclectic Medical Board? A. I don't know.

Q. Did you ever have it? A. Never.

Q. Never saw it? A. Oh yes; it is likely I have seen it.

Q. When did you see it last? A. I can't tell you. A number of years ago.

Q. You won't swear within two years of when your father died? A. No, sir.

That is part of it, but there is more here. I could go on with it to a much greater extent, but I do not want to take up the time of the Council. It was sworn by this Dr. Rose that his father bought his degree and [that that degree was accepted and registered, and it was shown that prior to that he had no medical teaching at all. Now, if a man without any medical teaching at all can buy a diploma and go before the Eclectic Board and be passed by that Board, I cannot understand what sort of an examination he would have passed; and yet we have the certificate before the Council that he got on that diploma which he bought; and for that very reason I think it is imperative that this Council should

demand those documents and the seals. I spoke to the solicitor about this, and he advises me that if it is not returned on the application of the Registrar, the courts will make an order that it shall be so returned. I think it is not only in the interests of the profession but of the public that we inquire into this and get these documents and seal from this man.

Dr. SANGSTER—Until the last remark made by Dr. Bray, I was going to ask the question *cui bono*. I agree with every word he said, that it is very desirable we should have these documents and seal; and if the solicitor is very decidedly of opinion that we can demand and procure them from Dr. Hall or any other person possessing them, I should be inclined to further that motion to the very best of our power. But it seems very doubtful, notwithstanding the solicitor's statement to the contrary, that we can obtain those even if we demand them. The point I rose to ask is, is it possible now, not speaking of what might be done twenty or thirty years ago, in the opinion of any member of the Council that a man might at the present time, or even in the past few years, produce a diploma from that defunct institution, or any other defunct institution, and on that obtain registration?

Dr. BRAY—I do not think it is possible that they could obtain registration before this body in that way during the last fifteen years, but I will tell you what could be done—I do not say it has been done. They could sell a license, having the blank certificates or diplomas of the Eclectic College, to some young man; he need not practice here (and if he didn't it would be of no interest to this Council) but he could go to the other side, where they have not such strict rules and regulations as we have here, and practice. There is nothing to prevent a man, if these parties chose to sell him a diploma (I do not say they have done that or will do it), going and buying from them and practising in another country on a certificate from an Eclectic Board, dated back. I do not mean to say that a young man of twenty-two or twenty-three years could get such a certificate and date it back, because that would be folly, but an older man might do it.

Dr. SANGSTER—Excuse me, your remarks are taken down and will appear in the public press, and I am anxious the impression should not go abroad that there was the remotest possibility of any man receiving registration by this Council in that way.

Dr. BRAY—Quite right. They could not, of course, practise any fraud on our Council here, but they might on somebody else.

Dr. LOGAN—Mr. President, in seconding that resolution of Dr. Bray's I am fully in accord with the object he has in view, and without making any extended remarks in reference to it I wish to say I think it is quite desirable that all the documents that can possibly be obtained should be obtained from the Homœopathic body as well as from the Eclectic. I was not a member of the Homœopathic Board, and a number of the Board are gone; but it is possible that there may be some documents in the hands of those that are still living that I am not aware of. At all events I think the effort should be made to collect any documents belonging to these Boards at the time of their giving up existence; I think it is highly desirable they should be collected and deposited with this Council. (Hear, hear.)

Dr. WILLIAMS—My views about this resolution are very much the same as those Dr. Sangster has expressed. I thought the resolution was pretty emphatic when it demanded those things, unless we knew we had the power back of that to carry out our demand. I would rather not have this resolution put quite so strongly as to say "demand"; I think we might say "steps should be taken to secure these." If you put it in the shape of a demand and cannot enforce it you will feel rather cheap, and I think it is well to put it in more moderate terms and carry out the design just the same.

Dr. BRAY—What do you say to the word "request" instead of "demand"?

Dr. SANGSTER—I think Dr. Williams' expression, "steps be taken to secure," is the better one.

Dr. BRAY—I am willing to have the change made.

Dr. DICKSON—I cannot conceive it possible that the Council that was in existence at the time those bodies merged themselves would have been so derelict of their duty as not to obtain those things then if it was their right to have them.

Dr. BRAY—This Council is the successor of all those boards, and I think when they became members of this College that this College should be in possession of those things. I think they should have been given up at the time.

Dr. WILLIAMS—Just another thing; if the papers from the Eclectic and the Homœopathic Boards should have come over to this College, should not also those from the old Licensing Boards of the regular profession?

Dr. BRAY—My motion covers all that; it says, "All Licensing Boards."

The President put the motion, as altered, as follows: "Moved by Dr. Bray, seconded by Dr. Logan, that steps be taken to procure from the President, Secretary, or any other person or persons having any seals, instruments or documents in their possession belonging to any of the late Licensing Boards, and the Registrar be instructed to act on this resolution," and, on a vote having been taken, declared the motion carried.

Dr. Brock moved, seconded by Dr. Dickson, that this Council take into consideration the question of the examination of all nurses who are now attending, or who may in the future attend, any training school established for nurses.

Dr. ROGERS—The motion, I think, is one that is very desirable, but whether we have power to do anything of this kind is a question. I think it has been decided before that we have not, but in order that that motion may be received and considered, I move, seconded by Dr. Moorhouse, that the proposed resolution be referred to the Education Committee.

Dr. BROCK—I wish to explain to the Council my reason for doing this. A number of schools are established throughout the Province for training schools. We have one in Guelph in connection with the Guelph general hospital, which has been issuing diplomas to these ladies, and they are nursing in all parts of the country; some of them are nurses to the hospitals in the Province, and some are nursing in the various provinces in the Dominion; and the question is, whether it would be well for the Council to issue a proper curriculum of studies or establish a matriculation examination and see that these nurses were properly qualified by a Central Board of Examiners before they received a diploma; if that could be done it would give the nurses a stamp that I believe the public would be delighted with, because it would give them the assurance of a class of nurses properly trained.

Dr. ROOME—Does this question come within the province of this Council at all? We want to expedite business, and I think it would be well to drop this if it does not come within our province. I think we would want new legislation to deal with it, and that it is outside this body entirely at the present time.

Dr. MOORHOUSE—As seconder to the amendment moved by Dr. Rogers, I wish to say that this matter was brought up in the Council last year by Dr. Bray, and it was then considered by the Council it was *ultra vires*.

Dr. ROGERS—Last year it was decided in an off-hand way; possibly we have no power to deal with this, but the matter can receive the consideration which I know the mover and many other members here would desire. We have not time in the Council to give it that consideration, and I thought the Education Committee would be better prepared to do so, and that course would go to show that we are prepared to consider these matters; therefore I would like to see it referred to the Education Committee.

Dr. ARMOUR—We have, in my division, I believe, the first established training school for nurses on this continent; it is in connection with the St. Catharines Central and Marine Hospital. The authorities of that training school are very anxious that an arrangement such as is suggested by Dr. Brock should be carried out by this Council. But as it is not within the power of the Council at the present time to deal with this matter, I think for the present it would be better if this motion were withdrawn and have it come up to a Legislation Committee, if thought desirable, to secure such power as is necessary for us to establish a uniform examination for the Province for nurses.

Dr. BROCK—The object of referring it to the Education Committee would be just for the purpose that has been expressed; they would be able to give utterance to an official statement of the position of this Council.

Dr. ROSEBRUGH—I think it is desirable that the Education Committee should be able to report as soon as possible, in order that we may get through, and if they have an additional question of this kind before them to discuss it would necessarily take up considerable time. I am in favor of the suggestion that the motion should be withdrawn for the present.

Dr. ROGERS—It will not take five minutes to deal with it.

Dr. SANGSTER—It will take a great deal more than five minutes, and we have a very few minutes to spare to it, and it is at present beyond our power or jurisdiction. It is a question of very grave and serious import whether this Council has power, and whether it should hold itself prepared to take on any such responsibility. We have quite enough to do with the profession without taking on any such work.

Dr. EMORY—There is an American institution which had a session in Boston a few months ago, and they are endeavoring to form an association whereby a uniform curriculum can be established for all training schools admitted to membership in this Association, not only throughout Canada but the United States, so that they are looking towards this point. If I am in order, I would move, in amendment to Dr. Rogers' amendment, that a committee be formed, and that such members as have connection as lecturers in the training schools be appointed on that committee to consider it and, if possible, confer with this other body, towards the same point, during the year and report to this Council during the next session. My opinion will be, that this be referred to a committee appointed by this Council and not to the Education Committee who, I understand, have enough to do without this.

The PRESIDENT—I cannot receive any motion after a motion to refer.

(To be continued.)

Book Notice.

Twentieth Century Practice ; An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by THOMAS L. STEDMAN, M.D., New York City. In twenty volumes. Volume III. Occupation, Diseases, Drug Habits, and Poisons. New York : William Wood & Company. 1895.

This volume of this unsurpassed series contains : (1) An article on Alcoholism and Drug Habits, by Norman Kerr, M.D., London. This article is exhaustive and occupies 137 pages of the work. The author in his treatment of alcoholism, declaims against alleged specific medication, and insists that special treatment is required for nearly every case. (2) A pithy article of thirty pages, by Geo. F. Shradly, M.D., on Shock and Collapse. (3) An excellent and highly entertaining article by Medical Director A. L. Gihon, U.S.N., on Sea Sickness. (4) An article by Georg Von Liebig, M.D., of Munich, on Mountain Sickness. (5) On Ostomalacia, by W. T. Councilman, M.D., of Boston. (6) Heat Stroke, by Medical Director Gihon, U.S.N. (7) Frost-bite, by the same. (8) The Diseases of Occupations, by James Hendrie Lloyd, M.D., of Philadelphia. This is the most elaborate section in this volume and contains 186 pages. In the historical notes accompanying this paper, he begins with the classic work of Ramazzini and reviews the literature to date. There is some looseness in the manner of quota-

tion ; for instance, Lloyd, in quoting Patissier, says, p. 512 : "As an example of Patissier's method and acumen the following may serve: 'Pastry cooks,' he quotes, 'are less debauched than bakers, and more gentle and sociable! He thinks he sees in pie dough a mysterious influence that renders a man more sweet and companionable than his fellow who makes bread. This extravagant deduction is on a par with much that has been and still is being written on the influence of occupation on health.'" Now, nothing written by Patissier carries any such inference. The following is an exact translation from Patissier, p. 195-196 : "Diseases of Pastry Cooks. The pastry cooks are exposed to the same diseases as bakers ; however, they are less intense. The flour often renders their eyelids bleared ; as they always carry their hands toward the fire, it sometimes follows, that on the surface of the metacarpus, squamous herpes appears, the cure of which is very difficult. M. Cadet-Gassicourt said that these workmen are less debauched than bakers and more mild and sociable." This is the entire reference of Patissier to the pastry cook, and the reviewer submits that Dr. Lloyd has unintentionally, perhaps, misrepresented Patissier. The remaining portion of this section is excellent. (9) Poisoning, by Beaumont Small, M.D., of Ottawa. (10) Poisoning from Lead, Arsenic, Zinc, Copper, Mercury, Silver, and Phosphorus, by James Stewart, M.D., of Montreal. As a whole, the volume is up to the high standard of its predecessors.

Green's Pathology and Morbid Anatomy. Pathology and Morbid Anatomy. By T. HENRY GREEN, M.D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. Seventh American from the eighth and revised English edition. Octavo volume of 595 pp., with 224 engravings, and a colored plate. Cloth, \$2.75. Philadelphia: Lee Brothers & Co., Publishers. 1895.

Green's "Pathology and Morbid Anatomy" has long been the leading text and reference book in all English-speaking countries—a fact indicated by the number of editions demanded. A knowledge of the subjects covered by its title is essential to graduation and not less so to the practitioner, who must understand the nature of a disease as a prerequisite to rational curative measures. Thanks to the tireless industry of laboratory workers and clinicians these sciences are in a state of constant development, and in order to represent their existing position, this volume has been thoroughly revised and new chapters have been added. The previously rich series of illustrations has been increased with sixty new engravings and a colored plate.

Personal Items.

DR. F. L. GRASETT has just returned from England.

DR. I. STENHOUSE is registered at Maplehurst hotel, Muskoka.

DR. A. E. AWDE, of Dovercourt Road, has just returned from England.

DR. WALTER MCKEOWN has removed from Bathurst St. to 92 McCaul St.

DR. MCILWRAITH has settled in practice on College St., second door from Henry St.

DR. V. A. BROWN, of London, one of the best known physicians and surgeons of the province, is dead.

DR. MACMAHON, of Murray Street, has returned from Jackson's Point, where he was spending a short holiday.

DR. COTTON, of Spadina Ave., has decided to extend his tour through Europe, and will not return till Oct. 10th.

DR. A. B. ATHERTON, of Church St., has sold his practice to Dr. Sylvester, and intends returning to St. Johns very soon.

THYREOID EXTRACT IN THE TREATMENT OF UTERINE FIBROMA.—At a recent meeting of the *Académie des Sciences*, a report of which appears in the *Mercure Médical* for July 31st, M. Jouin stated that he had employed thyreoid extract for patients suffering with fibrous tumors of the uterus. The dose was from four to eight tablets a day, each containing two grains and a half of the extract. In three cases he had observed a diminution of the hæmorrhage, and in two cases a partial disappearance of the tumor. He thought that researches should be pursued in regard to this method of treatment, although our present knowledge of the physiology of the thyreoid gland enabled us to give only very hypothetical explanations in regard to the action of the thyreoid juice in the treatment of fibrous bodies.—*New York Medical Journal*.



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DISINFECTION OF THE ROOMS OF TUBERCULOUS PATIENTS. — At a recent seance of the Paris Academy of Medicine (*Bulletin Acad. de Med.*) M. Landouzy presented the results of some important experimental researches into the infectiousness of the dust of rooms of tuberculous patients after disinfection, undertaken by Dr. Lalesque, of Arcachon, and M. Rivière, of the Bordeaux Faculty of Medicine. The conclusions of the authors, which confirm those of Cornet and Kirchner, are founded on results obtained by inoculating seventy guinea-pigs in the cellular tissue of the thigh with dust taken from rooms inhabited by consumptives with purulent expectoration and after the rooms had been disinfected. The disinfection consisted in placing all hangings, carpets, etc., in

a Geneste-Herschler stove, wiping walls and furniture repeatedly with cloths soaked in 1 to 1000 sublimate solution, washing the woodwork with boiling water and then with sublimate solution. The dust for the inoculations was collected from the places cleaned with difficulty, such as tables, around the bed and chimney, in corners, cracks in the floor, joints between hearth-tiles, etc. Of the 70 animals inoculated, 57 lived and 13 succumbed to septicemia or tetanus within a few days. When the 57 were killed, in from forty to forty-five days, none of the organs showed a trace of any tuberculous lesions whatsoever. MM. Lalesque and Rivière conclude from their experiments, which were made on a much larger scale than those of Cornet and Kirchner

[Continued on page 338]

CONSUMPTION,

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

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

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

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ner, that the measures for cleansing and disinfection, as practised at Archaon in localities occupied by tuberculous patients, are perfectly efficacious, and suffice to prevent contagion of tuberculosis from the air of such disinfected localities.—*Jour. American Medical Association.*

GUAIACOL INHALATIONS IN GANGRENE OF THE LUNGS.—A new use for the remarkable medicament, guaiacol, and one that promises to be of great importance, is that of mitigating the foul odor of the breath and the sputum in cases of pulmonary gangrene. The *Union Médicale* for August 10th, contains an article on the subject by M. Richardiere. In this disease, he says, the odor of the breath and of the sputum is as harm-

ful for the patient as it is disagreeable for those around him. The offensiveness of this odor, which exists in all degrees and in all forms of the disease, is of prime importance in the benign forms—those that are curable, although their natural progress toward recovery is frequently very slow. Aside from the personal annoyance of this odor, it is prone to cause a distaste for food and consequent serious impairment of nutrition. In such a debilitating and cachectic disease as pulmonary gangrene it is of the first importance that the patient's strength should be maintained, and if failure of appetite and distaste for food are caused by this odor, every means should be employed to destroy it, or at least to diminish it. From this point of

[Continued on page 340]



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view the various antiseptic liquids employed as gargles are invaluable, although, unfortunately, their effect is not lasting. Antiseptics prescribed for internal use are insufficient and really not efficacious for disinfecting the respiratory tracts. Quinine sulphate and salicylic acid have no action on the offensiveness of expired air. The solution of sodium hyposulphite, prescribed by Lance-reaux in the dose of sixty grains, gives rather favorable results, but it does not completely destroy the offensive odor. In order to accomplish this, says the author, it is necessary to employ an antiseptic gas or a volatile antiseptic which will penetrate the bronchial tubes without endangering the mucous membrane of the air-passages. Guaiacol appears

[Continued on page 342]

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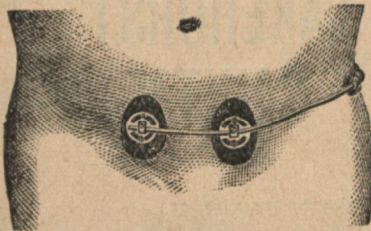
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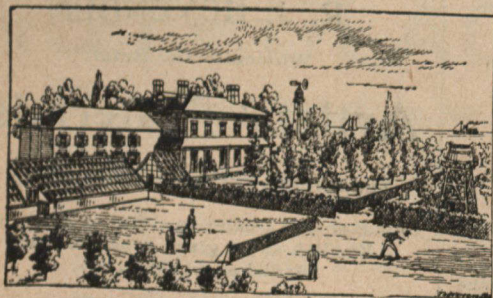
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to be indicated for this purpose, as its very strong odor almost completely masks that of pulmonary gangrene. It has the further advantage of acting on the profuse bronchial secretions which accompany the process of sphacelus. The inhaled vapor, too, may penetrate as far as the sphacelous portion of the lungs and exert a local antiseptic action. The action of guaiacol in pulmonary gangrene, says M. Richardiere, is not merely hypothetical. In two patients attacked with this disease he has seen inhalations of guaiacol almost completely destroy the odor under conditions in which it was impossible not to recognize the efficacy of the drug. The method of giving the inhalations is very simple and does not require complicated instruments. The appa-

ratus of which M. Richardiere has made use is the oxygen inhaler commonly employed in hospitals. The inhalations are given as often as possible, every ten minutes when practicable, and the inhaled vapor should be left in contact with the air-passages as long as possible and rejected by slow and prolonged expirations. In this procedure, says the author, the oxygen is only an accessory and may be replaced by atmospheric air. The author used it because it seemed especially indicated as a vehicle of guaiacol in combating dyspnoea and facilitating respiration, which were important indications in a disease where often a large proportion of the pulmonary parenchyma is rendered incapable of taking part in hæmatosis. M. Richardiere relates

[Continued on page 344]



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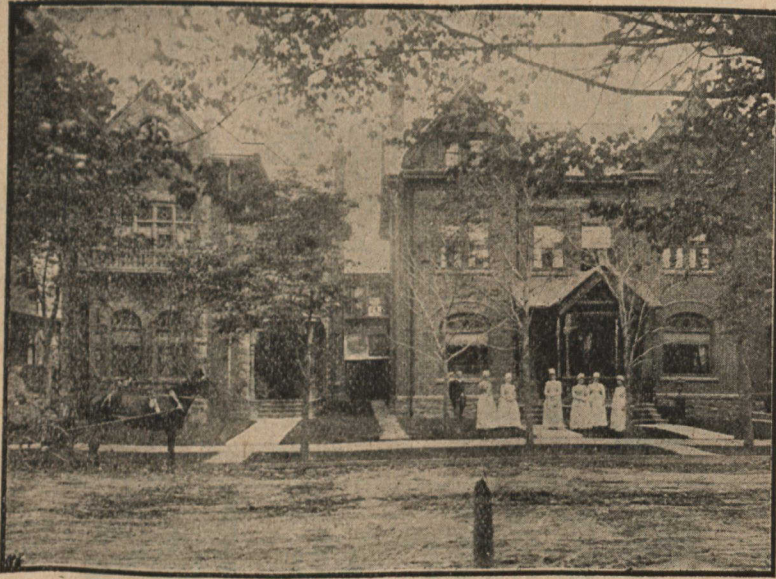
the cases of two patients which show, he says, the favorable influence of the inhalations on the offensive odor of this disease. In the first case the patient was attacked with the cortical pulmonary gangrene described by Corbin. The expectorated putrid matter had the characteristic odor. About forty-eight hours after beginning the inhalations the sputa lost their offensive odor, although the local lesion remained the same. Three weeks later, when the inhalations were discontinued, the odor returned almost immediately, but

ceased again on employing the guaiacol inhalations anew. The second case was in every respect like the first, both as to the course of the disease and as to the treatment. These two cases of pulmonary gangrene, says the author, were of a benign nature, and would eventually have ended in recovery, whatever the treatment might have been. It does not seem to him, moreover, that the guaiacol had a marked effect on the anatomical lesion, and in no case did it diminish the expectoration or modify the local symptoms. Never-

(Continued on page 346)

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theless, in spite of its limited action, the favorable results in regard to the offensive odor of this disease, he says, are not to be disregarded, and for this reason inhalations of this drug should be recommended in the symptomatic treatment of pulmonary gangrene.—*N. Y. Med. Jour.*

Prof. Keen says the immediate treatment of renal calculi consists in the hypodermic use of small doses of morphine and atrophine, warm baths, diluent drinks and inhalation of ether, if necessary.

Dr. Coplin says aneurisms of the aorta, arising before any branches have been given off, excluding those due to infectious diseases, are almost always due to syphilis.

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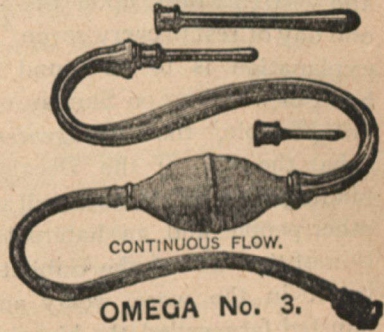
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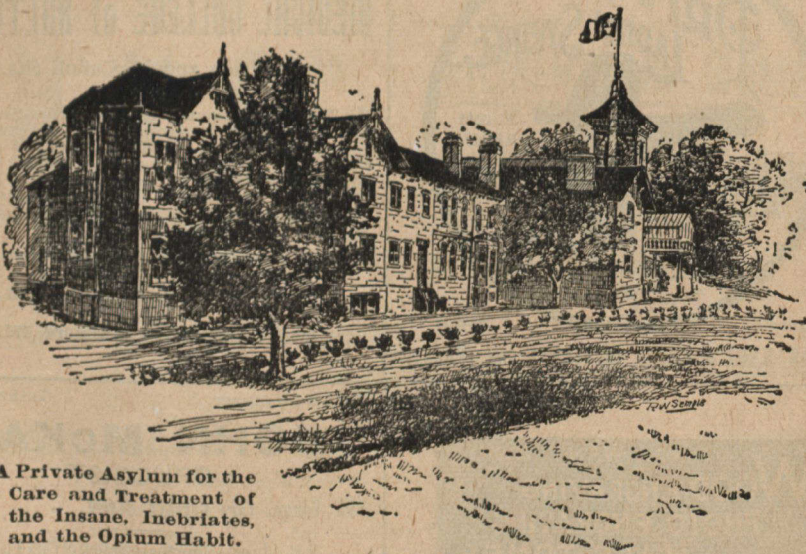
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time are injuring their own bodies and souls. The bicycle face, indicating extreme weariness and exhaustion, due to the severe strain of violent exercise on seven days of the week, will be followed, as surely as the Decalogue is the law of God, with moral weariness and exhaustion in the wheelmen and in those influenced by them." On the other hand, a French physician, who is himself a wheelman, maintains that the greatest benefit from this form of exercise can be obtained only by cycling every day regularly. Those who wheel every day can do so without causing excessive action of the heart, whereas those who ride only once or twice a week do so at their peril, the unwonted exercise causing a tumultuous and rapid action of the heart that may have very serious consequences.—*Medical Record*.

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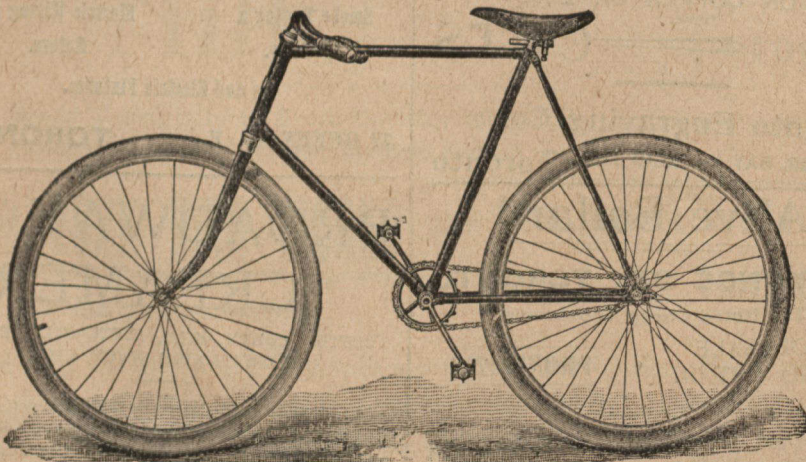
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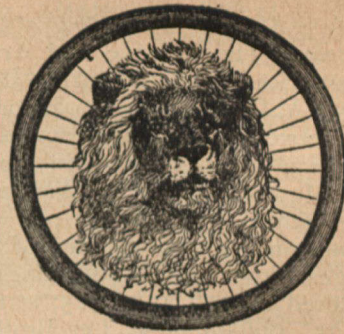
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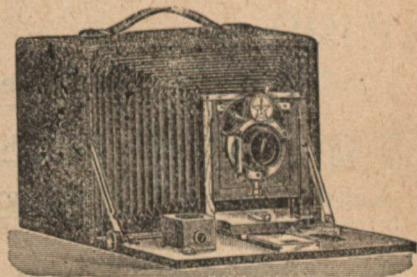
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[Continued on page 360]

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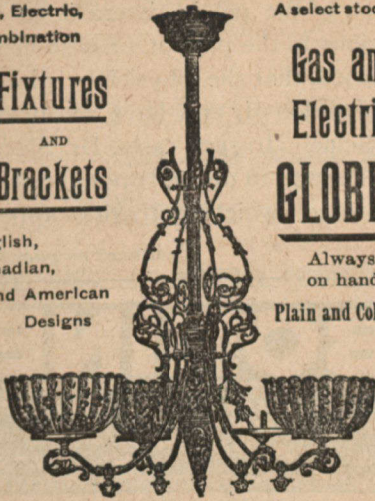
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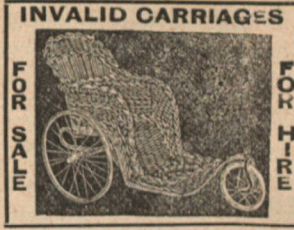
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vin's great work. His enormous experience as an obstetrician, his almost equal length of service as a teacher, and his recognized literary aptitude, endow this volume with qualities which make it answer all requirements both before and after graduation. In the present issue about one-third has been re-written, and every page bears evidence of revision in conformity with the latest knowledge. The series of illustrations has been increased both in black and white and in colors.

LEUCORRHOEA IN YOUNG UNMARRIED WOMEN.—In the treatment of leucorrhœa in young unmarried women, instances frequently occur in which the usual practice of making an examination to ascertain the con-

dition of the pelvic viscera is so obnoxious to the patient, or is so firmly opposed, that the physician is forced to abandon it, and have recourse to medicine. In such cases Dr. Slocum has learned to depend upon the scientific action which cantharides appears

[Continue? on page 362

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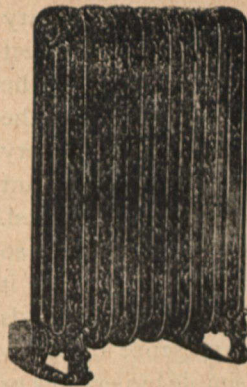
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Formulæ.**

(Continued.)

DYSPEPSIA (Continued).—

℞ Pepsinæ puri gr. xxx.
 Acid. hydrochlor dil. . . f℥ ij.
 Glycerini f℥ j.
 Tr. gentianæ comp.,
 q. s. ad f℥ iij.
 M. Sig.: A teaspoonful in water
 after meals.—*Aulde.*

℞ Zinci valerianatis ℥ ss.
 Ex. Belladonnæ gr. iij.
 Ex. nucis vomicæ gr. v.
 M. Ft. pil. No. xxx. Sig.: One
 pill after each meal. (*In atomic form.*)
 —*Pepper.*

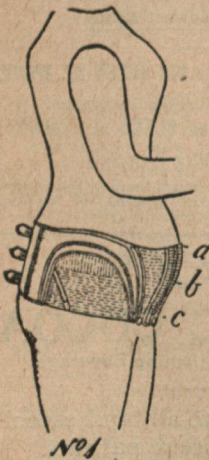
℞ Pepsin gr. v.
 Bismuth. subnit gr. x.
 Strychn. sulph gr. ʒss.
 Carbon. ligni gr. v.
 Thymol gr. ¼.
 M. Et. ft. chart. No. i. Sig.:
 Powder after each meal.—*Vanderbilt
 Clinic.*

℞ Bismuth. subcarb. ℥ iij
 Morph. sulph gr. j.
 Pulv. aromat ℥ j.
 M. Et. div. in chart. No. xii. Sig.
 A powder in milk before each meal.—
Bartholow.

℞ Bismuth. subnit ℥ iv.
 Mucil. acaciæ f℥ j.
 Sodii bicarb ℥ iv.
 Infus calumbæ f℥ viij.
 M. Sig.: Two tablespoonfuls be-
 fore each meal.—*Fothergill.*

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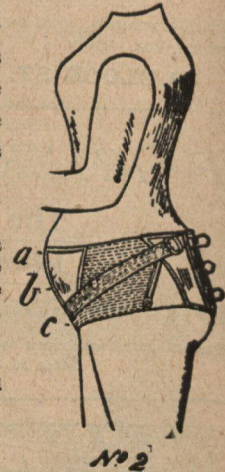


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Tr. gentian comp. . . . ad f℥ij.

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three times a day.—*Da Costa.*

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Syr. simp. f℥ij.

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a day.—*Bundy.*

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Aquæ q. s. ad. ℥iv.

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 Pulv. carbo. lig....āā ℥iij.
 Aquæ..... f℥iv.

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℞ Pepsin. crystallizat... ℥j.
 Acid muriat. dil.... f℥ss
 Glycerinæ..... f℥j.
 Vini xerici....q. s. ad. f℥vj.

M. Sig.: Tablespoonful after each meal.—*Gerhard.*

℞ Aq. chloroform..... f℥x.
 Aq. destillat..... f℥viiij.
 Aq. menthæ pip..... f℥ij.

M. Sig.: A teaspoonful before or after meals. (*Flatulent form.*) *Hutchard.*

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 Aquæ..... f℥xv.

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℞ Mist. ferri et ammon.
 acetat..... f℥iv.

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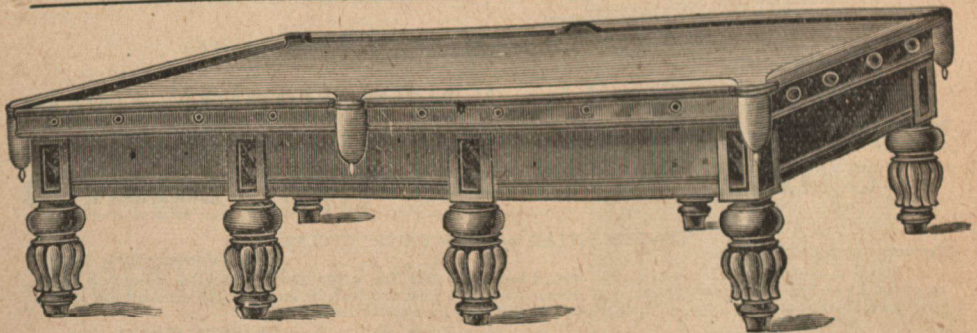
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 renew frequently.—*Da Costa.*

℞ Tr. digitalis f ʒ iij.
 Elix. calisayæ . . . q. s. ad f ʒ iij.
 M. Sig.: Teaspoonful three times
 a day.—*Wood.*

ENTERITIS.—

℞ Tr. opii deod. f ʒ j.
 Sig.: Ten drops every two or three
 hours to the point of tolerance.—*Da
 Costa.*

℞ Liq. potass. arsenitis . . gtt. l.
 Tr. opii gtt. cxx.
 Aquæ f ʒ iij.
 M. Sig.: Teaspoonful before meals
 three times a day.—*Bartholow.*

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 Sacch. lact. gr. xii-ʒ ss
 M. Et. ft. chart. No. xii. Sig.:
 One powder every three hours.—
Starr.

℞ Pulv. ipecac. comp. . . . ʒ j.
 Bismuth. subnit. ʒ ij.
 M. Et. ft. chart. xxiv. Sig.: One
 powder every two or four hours for a
 child five years old.—*J. Lewis Smith.*

℞ Hydrarg. chloral. mit. gr. j.
 Bismuth. subnit gr. xxxvi-
 ʒ j
 M. Et. ft. chart. No. xii. Sig.: One
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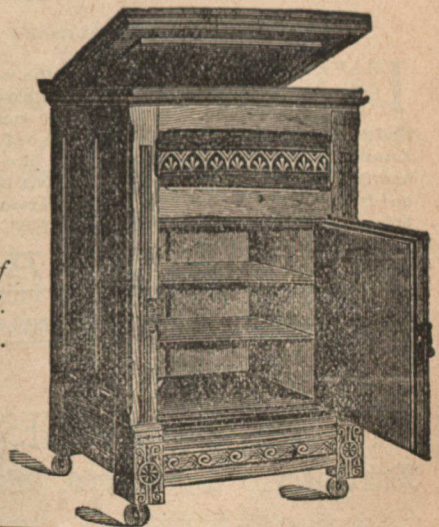
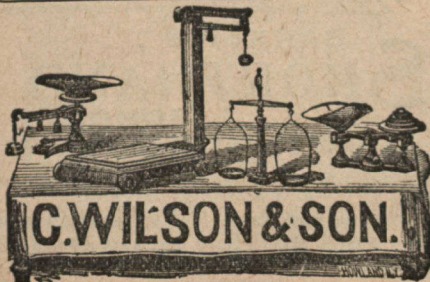
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R Ol ricini f ʒ j
 Pulv. acaciæ
 Sacch. alb. āā ʒ iss.
 Tr. opii ℥ iij.
 Aq. cinnam. ʒ xj.
 M. Sig.: Teaspoonful every four hours for a child of one year.—
Tanner.

R Bismuth. salicylat. . . . gr. xxiv-lxxij.
 Syr. acaciæ f ʒ j.
 Aq. cinnam. q. s. ad f ʒ iij.
 M. Sig.: Teaspoonful every three hours.—*Porvell.*

EPILEPSY.—

R Lobelinæ hydrobrom. . gr. ½-j.
 Aq. destillat. f ʒ iiss.
 M. Sig.: Teaspoonful three or four times a day.—*Bartholow.*

R Ex. conii. fl. f ʒ ij.
 Sig.: Fifteen to sixty minims not over three times a day.—*Spitzka.*

R Nickel brom gr. xvj.
 Aq. destillat. f ʒ ij.
 M. Sig.: Teaspoonful several times daily.—*Da Costa.*

R Ferri brom gr. iv.
 Potass. brom. f ʒ j.
 Syr. simp. f ʒ vj.
 Aquæ f ʒ viij.
 M. Sig.: Tablespoonful twice daily. (*In anemic patients.*—*Bartholow.*)

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R Potassii bromidi ℥ j.
 Sodii bromid ℥ ss.
 Ammonii bromid ℥ ij.
 Syrup f ℥ ij.
 Aq. gaultheriæ., q. s. ad f ℥ vj.

M. Sig.: A teaspoonful t. d. (For a child of seven.)—*Rex*.

R Potass. brom.
 Ammon. brom āā ℥ j.
 Ex. ergotæ fl. f ℥ ss.
 Aquæ q. s. ad f ℥ ij.

M. Sig.: Teaspoonful three times a day, well diluted. (When maniacal

excitement follows the attack, or cerebral congestion or hæmorrhage is feared.)—*Charles R. Smith*.

R Potass. brom.,
 Sodii brom,
 Ammon. brom āā ℥ iij.
 Potass. iodid.,
 Ammon. iodid āā ℥ iss.
 Ammon. carbonat ℥ j.
 Tr. calumbæ f ℥ iss.
 Aquæ q. s. ad ℥ viij.

M. Sig.: Teaspoonful and a half before each meal, and three teaspoonfuls at bed time.—*Brown-Séguard*.



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" Lithium.....	1.6147 "	Bi-Carbonate of Lime.....	29.4405 "
" Barium.....	.6099 "	" Magnesia.....	82.1280 "
" Strontium.....	.5070 "	" Iron.....	.6856 "
" Calcium.....	3.3338 "	Alumina.....	.5830 "
" Magnesium.....	59.0039 "	Silica.....	1.3694 "
Iodide of Sodium.....	.2479 "	Density.....	1.0118 "
Bromide of Sodium.....	.8108 "		

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R Tr. belladonnæ ℥ij.
 Potass. bromid gr. xv.
 Chloral hydrat gr. v.
 Aquæ q. s. ad ℥j.

M. Sig.: Dose, one teaspoonful.—
Starr.

R Potass. iodid.
 Potass. bromid āā ℥j.
 Ammon. bromid. ℥ss.
 Potass. bicarbonat ℥ij.
 Infus. calumbæ f℥vj.

M. Sig.: Teaspoonful before each
 meal and thrice the dose at bedtime.
 —*Brown-Séguard.*

R Tr. belladonnæ ℥ij.
 Sodii bromid gr. xv.
 Chloral hydrat gr. v.
 Aq. menthæ pip. q. s. ad f℥j.

M. Sig.: Dose, one teaspoonful.—
Vanderbilt Clinic.

R Potass. bromid.
 Sod. bromid āā gr. x.
 Ammon. bromid gr. v.
 Sod. bicarb gr. ij.
 Liq. potass arsenit. ℥j.
 Aquæ q. s. ad f℥j.

M. Sig.: Dose, one drachm.—
Vanderbilt Clinic.

R Potass. bromid.
 Sodii bromid āā gr. x.
 Ammonii bromid gr. v.
 Sodii bicarb gr. ij.
 Liq. potassii arsenit. ℥j.
 Aquæ ad ℥j.

M. Sig.: Dose, one teaspoonful.
 —*Starr.*

R Pulv. sodii borat ℥j.
 Syr. aurant. cort. f℥j.
 Aq. destillat. q. s. ad f℥iv.

M. Sig.: Tablespoonful three times
 a day.

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- R. Ammon. bromid. ʒvj.
- Antipyrin ʒj.
- Liq. potass. arsenitis. fʒj.
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M. Sig.: Tablespoonful in water night and morning.—Wood.

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- R. Ol. erigerontis (Canad.) fʒij.

Sig.: Five to fifteen drops on sugar every four hours, or repeated as required.—Willard.

- R. Ex. hamamelis fl. fʒij.

Sig.: A teaspoonful every one to three hours.—J. V. Shoemaker.

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- Pulv. acid. tannic. ʒj.

M. Sig.: Insufflate into the nares anteriorly and posteriorly.—Sajous.

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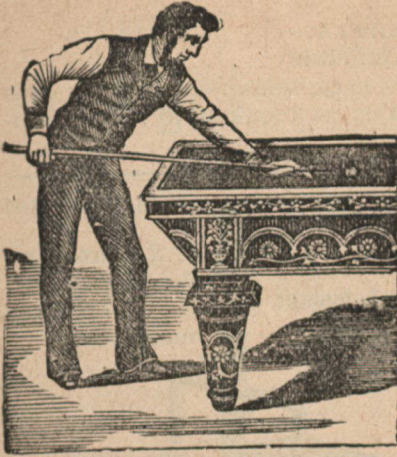
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R Liq. ferri persulphatis f ʒj.
Aq. destillat f ʒ iij.

M. Sig.: Inject into nostril.—
Gerhard.

R Pulv. acid. tannic ʒ ij.

Sig.: Insufflate a small quantity
after cocaine has been applied.—
Ingalls.

R Succ. limonis ʒ ij.

Sig.: Inject into nostrils.

R Tr. aconit. rad. ℥viii.
Liq. ammon. acetat . . f ʒ j.

M. Sig.: Teaspoonful every half
hour. (In plethoric cases.)—*Thomas.*

ERYSIPELAS—

R Antifebrin ʒj.

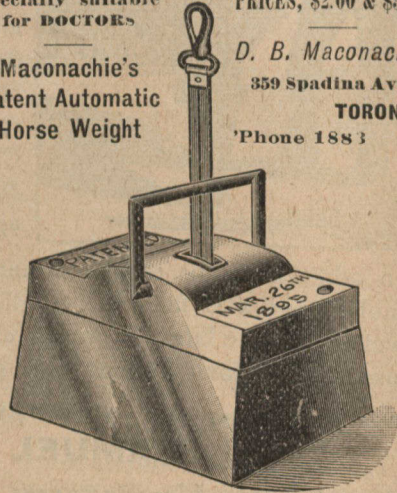
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 TO BE HELD IN TORONTO

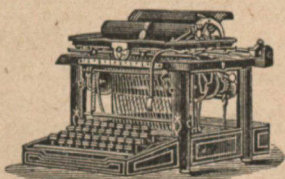
The Primary and Final Examinations commence on **Tuesday, the 10th of September, 1895, in Toronto**, at 9.30 a.m.

By Order,

R. A. PYNE, REGISTRAR,
 TORONTO, ONT.

N.B.—Candidates' application forms may be had on application to the Registrar. The application is to be properly filled out, declaration executed, and delivered into the hands of the Registrar, accompanied by the tickets and certificates and Treasurer's receipt, not later than the **3rd of September, 1895**. All candidates for final examination are required to present their primary tickets and certificates with certificate of registration as a matriculate at the same time.

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ERYSIPELAS (*Continued*).—

℞ Tr. ferri chlor.

Syr. simp. āā f ℥j.

Aquæ q. s. ad f ℥iij.

M. Sig.: Teaspoonful every two or three hours well diluted.—*Charity Hospital, N. Y.*

℞ Ferri sulphat. ℥j.

Aquæ Oj.

M. Sig.: Apply by compresses, and renew every two or three hours.—*Velpeau.*

℞ Creolin ℥j.

Iodoformi ℥ss.

Lanolini ℥x.

M. Ft. unguentum. Sig.: Apply with a camel's-hair brush and cover with gutta-percha.—*Koch.*

℞ Cretæ præparat.

Adipis āā ℥j.

Acid. carbol f ℥j.

M. Sig.: Apply to part and cover with lint.—*Duckworth.*

℞ Ichthyol ℥j.

Lanolini ℥ix.—M.

—*Nussbaum.*

℞ Plumb. acetat ℥j.

Tr. opii f ℥j.

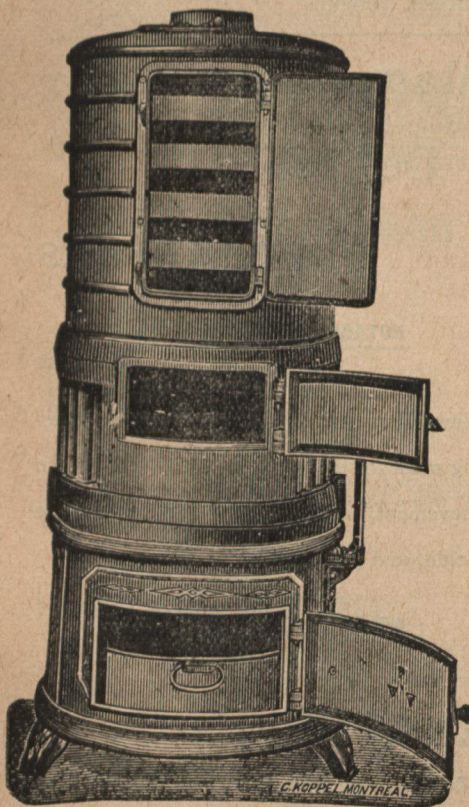
Aquæ q. s. ad Oj.

M. Sig.: Shake the bottle well, and wet cloths or lint thoroughly with the lotion and apply to the affected parts.—*Charity Hospital, N. Y.*

℞ Potass. permanganat. gr. vj.

Aq. destillat f ℥vj.

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



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Daily clinical instruction in the spacious wards and Theatre of the Hospital will be given by members of the Hospital Staff on all interesting cases, Medical and Surgical. Arrangements have also been made for the delivery of *daily clinics*, out-door, in-door and bedside in the Hospital, by the respective members of the in-door and out-door Hospital Staff which has been recently largely increased.

FEES FOR THE COURSE.—The Fee for Anatomy, Surgery, Practice of Medicine, Obstetrics, Materia Medica, Physiology, General Chemistry, Clinical Medicine and Clinical Surgery, \$12 each. Practical Anatomy, Practical Chemistry, Normal Histology and Pathological Histology, \$8 each. Medical Jurisprudence, \$6; Botany and Sanitary Science, \$5 each; Registration fee (payable once only), \$5. Students are free in all the regular branches after having paid for two full courses. Surgical appliances is an optional branch, fee, \$5.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas, Fellowship, etc., will be given in the Annual Announcement.

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ERYSIPELAS (*Continued.*)—

℞ Argent. nitrat. gr. lxxx.
 Aq. destillat f ℥ iv.

M. Sig.: Paint two or three times all over and a little beyond.—*Higginbottom.*

FETOR OF AXILLÆ, BREATH, AND FEET.—

℞ Sodii bicarb. ℥ iij.
 Aquæ f ℥ viij.

M. Sig.: Bathe the parts frequently.—*Bartholow.*

℞ Sodii biborat. gr. xv.
 Thymoli gr. viis.
 Aq. destillat f ℥ lxxv.

M. Sig.: Mouth wash.—*Magitot.*

℞ Potass. permanganat. gr. x-xxx.
 Aquæ f ℥ viij.

M. Sig.: Apply locally.—*Bartholow.*

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On July 12, at the Exhibition Track, the Two-Mile Handicap was won by CECIL ELLIOTT, on a **Gendron Racer**, with A. H. REID a close 2nd, on a **Gendron Racer**. There were about 25 contestants in this race, but, of course, could not win. They did not ride a **Gendron Racer and Buckeye Tires**.

July 13th—Kingston Road 10 mile Record lowered by 34 seconds on a **Gendron Racer**, by R. E. McCALL.

July 1st, at Brampton, the **Gendron Racer** crossed the tape first **SIX TIMES**.

July 13th, Island Track, 1 mile 2.40 class, was won by J. H. GRATZ, on his **Gendron Racer**, with R. E. McCALL, on his **Gendron Racer**, a close 2nd.

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

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FEET (*Continued*).—

℞ Acid salicylici gr. xlv.
 Pulv. amyli ℥v.
 Pulv. talc. ℥xxij.

M. Sig.: Dust over the feet. (Used in the German army.)

℞ Plumbi acetat ℥j.
 Acetat. destillat f℥j.
 Spt. vini methyl. f℥ij.
 Aquæ ad f℥xxj.

M. Ft. lotio.—*Barrett*.

℞ Powdered rice ℥ij.
 Bismuth. subnitrat ℥vij.
 Potass. permanganat. ℥ij.
 Powdered talc f℥iss.

M. Sig.: To be dusted upon the perspiring parts.—*Coll. and Clin. Rec.*

Catarrhal.

℞ Antifebrin ℥j.
 Spt. vini gal f℥ss.
 Elix. simp. q. s. ad f℥ij.

M. Sig.: Teaspoonful every four hours.—*Heinzelmann*.

Relapsing.

℞ Quiniæ sulphat ℥iv.
 Acid. sulphuric. dil., q. s. ut ft. sol.
 Spt. æther. nitro f℥ss.
 Syr. tolu.

Aquæ āā q. s. ad f℥ij.

M. Sig.: Teaspoonful three or four times daily.—*Da Costa*.

Remittent.

℞ Acid. carbol f℥j.
 Tr. iodinii comp f℥ij.

M. Sig.: Four drops every four hours, well diluted.—*Bartholow*.

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

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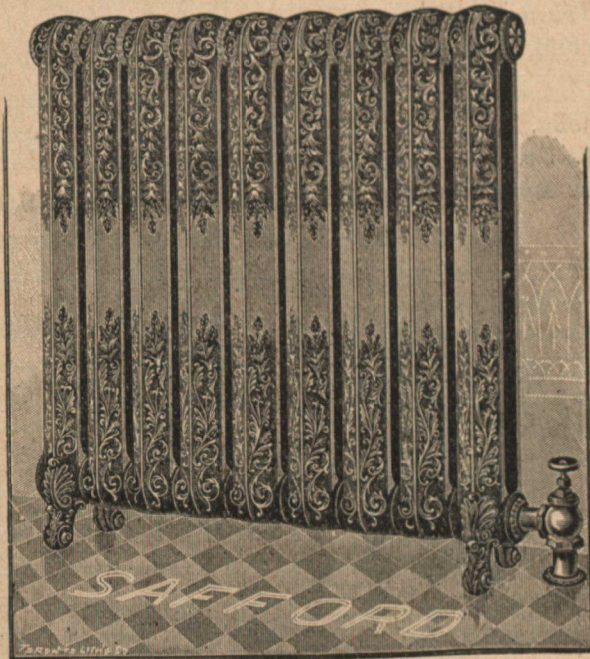
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FEVERS (*Continued.*)—

Scarlet.

℞ Tr. ferri chlor..... f℥j.
 Potass. chlorat..... gr. xlviij.
 Glycerinæ f℥j.
 Aquæ..... q. s. ad f℥ij.
 M. Sig.: Teaspoonful every two hours for a child of four years.—
Morris.

℞ Acid. boracic..... ℥ss.
 Potass chlor..... ℥ij.
 Tr. ferri chlor..... f℥j.
 Glycerinæ
 Syr. simp..... āā f℥j.
 Aquæ..... f℥ii.
 M. Sig.: Teaspoonful every two hours for a child of five years.—
J. Lewis Smith.

℞ Infus. digitalis..... f℥iv.
 Sig.: One-half to one teaspoonful every two or three hours.—
Bartholow.

℞ Acid. carbol..... ℥xx.
 Vaseline ℥j.
 M. Sig.: Apply to body night and morning.—
Starr.

℞ Ol. menthæ pip..... ℥xv.
 Ol. olivæ f℥ij.
 M. Sig.: Apply to body night and morning.—
Starr.

℞ Tr. digitalis f℥ss.
 Liq. ammon. acetat... f℥iiss.
 Spt. æth. nit..... f℥ij.
 Syr. tolu..... f℥ss.
 Aq. cari..... q. s. ad f℥ij.
 M. Sig.: Teaspoonful every two hours for a child of six or eight years.—
Goodhart and Starr.

Simple.

℞ Liq. ammon. acetat... f℥iiiss.
 Sept. æther. nitros... f℥iv.
 M. Sig.: Teaspoonful to tablespoonful every two hours.—
Hartshorne.

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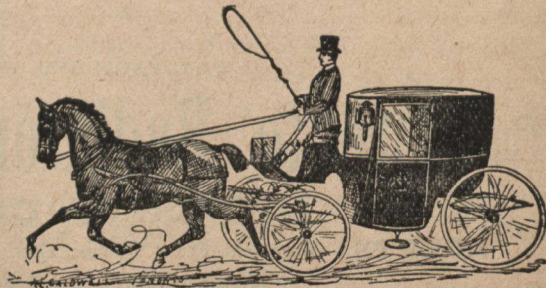
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The Primary subjects are taught, as far as possible, practically by individual instruction in the laboratories, and the final work by clinical instruction in the wards of the hospitals. Based on the Edinburgh model the instruction is chiefly bedside, and the student personally investigates and reports the cases under the supervision of the professors of Clinical Medicine and Clinical Surgery. Each student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical wards for a period of six months each, and to have presented reports acceptable to the Professors on at least ten cases in Medicine and ten in Surgery.

About \$100,000 have been expended during the last two years in extending the University buildings and laboratories and equipping the different departments for practical work.

The Faculty provides a Reading-Room for Students in connection with the Library, which contains over 15,000 volumes.

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COURSES.—The regular course for the degree of M.D., C.M., is four sessions of about nine months each. Arrangements have been made with the Faculty of Arts of McGill University by which it is possible for a student to proceed to the degrees of B.A., and M.D., C.M., within six years, the Primary subjects in Medicine, i.e., Anatomy, Physiology and Chemistry, being accepted as equivalent for Honour Natural Sciences of the third and fourth years of the Arts course.

ADVANCED COURSES.—The Laboratories of the University and the various Clinical and Pathological laboratories connected with both Hospitals will, after April, 1896, be open for graduates desiring special or research work in connection with Pathology, Physiology, Medical Chemistry, etc. A post-graduate course for practitioners will be established in the month of April, 1896, and will last for a period of about six weeks.

HOSPITALS.—The Royal Victoria, the Montreal General Hospital, and the Montreal Maternity Hospital are utilized for purposes of Clinical instruction. The physicians and surgeons connected with these are the Clinical Professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the out-door department of the Montreal General Hospital alone last year.

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NIGHT-SWEATS OF PHTHISIS.—
M. Alb. Robin (*La Medecine Mod-
erne*) prescribes :

- R Pulv. agarici gr. viij.
- Zinc oxidi gr. iss.
- Pulv. camphor gr. ⅓.

M. Sig.: For one cachet. To be taken on going to bed.—*Medical and Surgical Reporter.*

ANTISEPTIC POWDER.—

- R Hydrarg. chlorid. corros. gr. i.-v.
- Ac. borici ʒ i.
- Ac. tannici gr. x.
- Sac. lactis ad ʒ ii.

Mix sublimate gradually and thoroughly with the sugar, then add the rest. Useful where iodoform is usually employed.—*N. Y. Medical Journal.*

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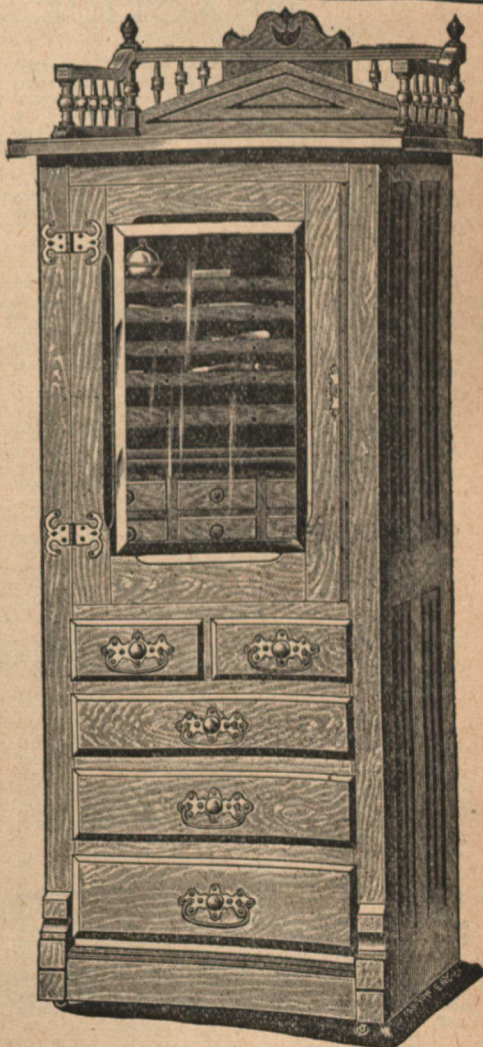
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