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ORIGINAL ARTICLES.

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PRESIDENT'S ADDRESS AT MEETING OF ONTARIO MEDICAL ASSOCIATION, TORONTO, JUNE 6TH, 1894.

BY L. M'FARLANE, M.D., TORONTO.

GENTLEMEN,—I thank you for the honour you have conferred on me by electing me as your president. I feel the onus of the position more from the fact that I follow in the footsteps of a number of gentlemen who filled the position with that grace and dignity which I can scarcely hope to emulate.

We are met here to-day for the purpose of renewing old friendships and forming new ones, and to exchange views and discuss questions tending to the advancement of our profession. I hope that at this meeting the purposes mentioned will be fulfilled to the entire satisfaction of every member present. I am also very much pleased to find that a number of gentlemen from across the line have honoured us by their presence. I feel that it will be to the benefit of the Association as well as to our visitors to meet as frequently as possible in these friendly medical conferences.

It has been the custom for the president-elect to deliver an address. I must confess that I found it a difficult matter to select a subject to comply with this custom. After a good deal of thought I came to the conclusion that it might be of interest to the Association to look back over the history of medicine during the present century, and note the progress our art has made and survey our present position, and then take a look toward the future in the hope that we may obtain some slight forecast of what it may have in store for us and for our successors.

As the history of each century is written—especially medical history—we learn that the representatives of that epoch consider that they have trodden in the very best lines toward the goal of Truth; in fact, they imagine that they alone are in possession of the highest attainable science and of the best methods of investigation, even that they have, in many instances, the truth itself.

This is not peculiar to any one century, but each, as it succeeds the other, looks back over the preceding centuries and wonders that it was at all possible to fall into so many gross systems and theories. When we review the medical history of the present century we find, with all our boasted enlightenment, that we are no more free from error than the earlier centuries, and indeed even surpass them in the monstrosity of many of their medical doctrines. Yet we flatter ourselves that the hypotheses of the time are as so many truths, while we have accustomed ourselves to condemn only the theories of the past.

The systems and theories of the present day, as well as the methods of investigation, will pass away like the races from which they spring, and what we now regard as facts and apparently beyond dispute may readily be disregarded by the historians of the future, as has been done with so many similar views in the past. I know that I tread on dangerous ground when I attempt to call in question any of the so-called facts of science as set forth in the present day, but I hope to be able to show before the conclusion of this paper that in the early part of this century we had quite a number of enthusiastic workers in all parts of the world who were as firmly convinced that they were on the right track in their search for truth as are the scientists of the present time. Yet when we view the work done in the early part of the century with the light now at our disposal how readily do we conclude that it was only the dawn before the breaking of the bright and clear day of the foundation sciences of 1894. History will repeat itself, and I have very little doubt that many of the young men now present will live to see the day when many of our highly cherished theories of disease will be changed for something else. The systems in modern times are becoming more ephemeral. Indeed many of our own day scarcely last more than a couple of decennia, and are outstripped only by the revolutions in therapeutic methods.

The reason of this is obvious. The more cultured and better educated the community become the more likelihood there is of producing a more general spirit of inquiry, and consequently a greater diversity of views in the science and art of medicine as well as rapid changes in recognized systems and theories. This is not simply confined to medicine, but extends to all the sciences, as well as to theology. In the early history of medicine the systems were longer lived, this was no doubt due to the fact that a few leading minds seemed to take the initiative and were willingly followed by a number of others less brilliant, who had neither the education nor the desire to investigate the correctness of the system.

In my review of the state of medicine in the early part of the century it will be impossible for me to follow in detail the various systems, theories and schools that existed during that time. I will therefore briefly name some of them, and when I find one that has been on a line with present medical thought and has given tone to the medicine of the century, I will follow it more in detail. It is quite unnecessary for me to discuss at any length the system known as Homœopathy, as nearly all, if not all, are familiar with the rise and progress of this system that has for its maxim, "Similia similibus," and whose contention is that all the products of disease found on post-mortem section are the result of blundering, and particularly of the blunders of allopathic physicians. Such products are not found after homœopathic treatment. Hahnemann, however, never made autopsies, and consequently was not in a position to express an opinion. Before leaving this subject I wish to call your attention to one of the offshoots of Homœopathy, viz., Isopathy. It can scarcely be conceived that in this enlightened age of the nineteenth century such an abominable, foul and disgusting system could be tolerated for one day, yet it existed and had its followers.

According to this system, like was to be cured by like. Smallpox by variolus pus, diarrhoea by fecal matter, gonorrhoea by gonorrhoeal pus, tapeworm by the ingestion of joints of the worm, etc. Be it remembered that they were to be taken internally. I consider this system one of the most disgusting known to medical history, and it will be a blot on the medical history of the century for all time.

I will now pass to what was known as the School of Physiological Medicine, established in the early part of the present century. This system was better known by the name of its founder, Broussais, a native of St. Malo, in Bretagne, who was noted in his youth for his mental and physical strength. A man of determined will, and ready to establish his views, if necessary, by physical force, if he failed by reason and argument. According to his theory life depended upon external irritation, especially that of heat. The latter was supposed to effect some chemical changes in the body, which in turn maintains regeneration and assimilation, as well as contractility and sensibility. When the heat is withdrawn death is the result. Health depends upon a moderate supply of heat, and disease upon excess or diminution. General diseases and essential fevers were not recognized, and in all cases diseases originate from local irritation of some organ or part of an organ, as the heart or the gastro-intestinal tract, especially the latter. The ganglionic system was regarded as a system of nerve centres related to the general nervous system, and transmitting irritations sympathetically like the latter and independent of the will. Such was, briefly, the basis of the system under consideration. A knowledge of the morbid changes in the gastro-intestinal canal was a key to the pathology of disease. The therapeutics were in a line with the pathology. In febrile and inflammatory diseases nourishment was withdrawn, and a system of antiphlogistic treatment adopted by the application of leeches to the organ or part of the organ affected; and while this was done the physician was strictly enjoined to watch with care the great centre, viz., the gastro-intestinal canal, and prevent the invasion by sympathy of this tract by the application of from twenty to thirty leeches to the abdomen. For instance, a child suffering from croup had a certain number of leeches applied to his larynx, sufficient to control the local irritation, while a greater number were applied to his abdomen in order to prevent the great centre from becoming affected. Some idea of the extent to which this sanguinary system was carried can be learned by the number of leeches imported into France in 1833, viz., forty-one millions, of which only eight to ten millions were exported. General blood-letting and purgation was not considered advisable, inasmuch as the latter, more particularly, caused irritation in the intestinal tract, and thus increased the gravity of the affection.

This system of medicine received strong and persistent opposition from its contemporary, the Paris School of Pathology and Diagnosis. Their views were diametrically opposite. In the latter school the trend of enquiry was in the direction of pathology, or more correctly, pathological anatomy, and the duty of the physician was to search for changes in the pathological anatomy, and to investigate the local products of disease. There was no attention given to the causative agencies producing the pathological changes; local diagnosis and local therapeutics were the order of the day. To medicine was assigned the duty of removing these products, but so much of the time of the physician was taken up in trying to enrich science with some new discovery, and to advance a step in the accuracy of diagnosis by some new physical sign, that no time was left for the consideration of any rational system of treatment or attempt at curing disease. Notwithstanding the onesidedness of this system it has given tone to the medicine of the century. If we have lost in practice

we have gained immensely in the knowledge attained by post-mortem examinations and the so-called investigations of the products of the morbid changes produced in the various organs of the body by disease. This system was not confined to France, but its ideas were extended all over Germany and its influence felt in all foreign countries, especially Russia and Italy. Its influence was also felt in England, but less strongly than in what was called the Dublin School. In England it at first manifested itself as a continuation of the labours of the great English masters of the eighteenth century—a John Hunter and a Matthew Baillie. Even at a later period when this system had won considerable influence, and had, through the teaching of Rokatsanski, one of the famous founders of the New Vienna School, gained a firm foothold in Germany, the English physicians preserved their independence, and never forgot that they had their own great masters. The Dublin School, on the other hand, coming more in contact with the French, adopted their system, and, notwithstanding the fame and excellence of the work done by the founders of this school, they were influenced for many years by the Pathologico Anatomical School of France. The amount of work done in Germany by Rokatsanski in disseminating this system can be judged by the number of post-mortem examinations made annually by him, viz., from 1,500 to 1,800. The amount of morbid material thus furnished was so great that the general practitioner was unable to take advantage of it, and consequently specialties were established. This was the commencement of the age of specialties in Germany, and they far exceeded those of France, although the system was first adopted in the latter country.

In England, the rage for specialties never received the same firm hold that they did in Germany. Yet, while gross pathology seemed to hold the boards in Germany and France, and had its influence in England and Scotland, and especially in Ireland, the discoveries in connection with the nervous system by Charles Bell and Marshall Hall, directed the attention of the profession in the latter countries to a study of physiology and microscopy. In microscopic anatomy, as well as a portion of physiology, they accomplished more than the French, and can point to some important names, for example, Sir Everard Home, on the cells of the lungs; F. Keirnan, the anatomy and physiology of the liver; Sir David Brewster, on the microscope, stereoscope, kaleidoscope; R. B. Todd and W. Bowman, physiological anatomy and physiology of man; Richard Quain and William Sharpey, Goodser, Thomas Wharton Jones, and a number of others, whose works are familiar to those here present who were students in the early part of the century, and, in fact, to those of the present day.

Well do I remember the lectures delivered by my esteemed preceptor in the institutes of medicine, the late Dr Bovell, when he set forth the views and offered criticisms on the work done by Virchow, Lionel Smith Beale, Arthur Hill Hassell, Koleker, Rokatsanski, and others with that eloquence and earnestness of which he was master. In fact, he was far in advance of the times in physiology and pathology in this Dominion. The impress made upon the minds of some of his students directed their future course in life. I may here mention one notable example, my friend, Dr. William Osler, now of John Hopkins University, Baltimore, who was a student of his and got his first ideas of the importance of a careful study of physiology, pathology and microscopy, from his teaching. Dr. Bovell was the first man in this province, so far as I know, who made use of the microscope in teaching physiology and pathology. Long before this time, even in the early part of the century, there were a number of men engaged in special work who were not particularly wedded to any school or

system of thought, and by their individual efforts and collective experience medicine was placed on a scientific basis not before dreamed of. Time will not permit my entering into the various special departments and giving the names of the notable physicians who were the chief writers and teachers.

Let us compare our position to-day with that of the physician of the early part of the century, and when I speak of the early part of the century, I mean up to the sixties. The progress made in the etiology, diagnosis, prognosis, and treatment of disease during the last thirty years is certainly marvellous. Since medicine enlisted the various sciences, viz., physiology, pathology, histology, bacteriology, chemistry, and physiological chemistry, not forgetting philosophy, under her banner a flood of light has been thrown over the hidden mysteries of disease not before dreamed of. With what accuracy can the educated physician of to-day tell the condition of the heart and forecast the prospects of a patient suffering from heart disease. With a like accuracy can he discover the earliest signs of disease in the lungs, and follow from day to day its progress or decline. Look at the wonderful precision with which he can locate the various morbid changes in the brain or spinal column. The kidneys are an open book before him, from which he can, in most cases, tell the exact form of the malady and the stage which it has reached. Thrombosis and embolism of the brain are familiar to him. He can discriminate very readily between the various continued fevers. From the knowledge he has gained of the cause of consumption and its contagiousness, he can prevent its spread, and by an early diagnosis, he can, by climatic and hygienic means, together with the judicious use of medicine, cure the disease, or at least prolong life. The dread scourge, cholera, has, on several occasions in its periodical peregrinations, been stopped in its course by sanitation and isolation. The first point at which it receives a rebuff, if it chooses to take that route to America, is met with in England. If, on the other hand, it wishes to sail directly from any continental port to the United States or Canada, it is met on its arrival with a thorough system of quarantine which prevents its further spread. Diphtheria, typhoid, and all other filth diseases, are in a like manner prevented from spreading by sanitation and isolation. The most pessimistic observer who duly weighs the evidence supplied by the history of medicine at the present time will conclude that his ideas of the progress of our art have been far from correct, and that the work of the bacteriologist in its relation to the etiology of disease, and that of the pathologist in its investigation of the morbid changes resulting from micro-organism, has thrown such a flood of light upon the whole subject of medicine as to satisfy the most sceptical as to what medicine is now achieving.

The growing accuracy of our knowledge of the causes and results of disease is of service to us only in so far as it helps us to a more competent and far-reaching treatment. I therefore think that we are justly entitled to claim that in regard to treatment also great progress has been made.

The knowledge we have attained of the *modus operandi* of remedies is enabling us, in a considerable number of respects, to fulfil indications afforded by the study of disease. The most convincing evidence of the advance of medicine, as shown in the saving of human life, is afforded by the modern methods of statistical research. I regret that I have been unable to get the reports for the last ten years, and will therefore have to be satisfied with quoting from the report published in 1882 by the Local Government Board for England and Wales. In looking over this report of the Local Government Board for England and Wales published in 1882, I find that the annual

death rate from all causes during the ten years, from 1870 to 1880, fell from 22.5 to 21.5 per thousand of the population; and from zymotic diseases, from 4.14 to 3.36, while the mortality from fever alone fell from 0.80 to 0.32 per thousand. It is claimed that during the ten years above mentioned no less than 250,000 human lives were saved in England and Wales alone, and if such a large number was saved in England and Wales, what a multitude must have been saved in all parts of the world. Now, gentlemen, I think we can fairly claim for our profession the credit of saving this vast number of lives. No doubt this saving of life was more by prevention than by cure, although cures also may justly be claimed by us; even prevention has been the work of medical men. They have made the discoveries as to morbid agencies, and have pressed upon the various Governments the necessity of carrying out the legislative Acts tending to accomplish this end.

The saving of human life does not represent all, for it is customary to reckon twelve serious illnesses for every death. We thus see the vast number of illnesses that have been warded off and the amount saved in a pecuniary way, as well as the relief afforded from suffering and distress consequent upon disease. I think enough has been said to convince the most sceptical of what our profession is doing for humanity.

In conclusion, allow me briefly to take a look to the future in the hope that we may obtain some slight forecast of what is in store for ourselves and our successors. I am firmly convinced that the future of medicine will be largely preventive, judging from the past, there is a vast field of enquiry in the direction of inoculation or vaccination with the attenuated virus of many diseases, for example, smallpox, as is well known, and many others as has been demonstrated by Pasteur and a host of observers in the same line. It is a well-known fact that one attack of certain diseases renders the system immune from a second, and if the second does occur it is usually in a milder form. Now, I hope to see the day when scarlet fever, measles, whooping cough, and numbers of other diseases will be dealt with successfully by the inoculation of the attenuated virus of these diseases. I am not prepared to say how far success may attend the treatment of disease by the injection of animal extracts. It is under consideration and deserves a further trial before it is condemned.

Now, gentlemen, if the future of medicine is in the direction of prevention, it becomes a question in how far the State should contribute to help on the good work. Our Provincial Government has in the past and is at the present time giving liberally towards the advancement of education. The public are supplied with a common school system that will compare favourably with that of any other country in the world, and not satisfied with the Public schools, they have contributed largely to building up and maintaining a system of collegiate institutes and High schools that brings to the door of nearly every family in the province the facilities for gaining a knowledge of higher education. They have also established an agricultural college for the education of farmer's sons in scientific farming. This is not all, for in the Queen's Park can be seen a large building—the School of Practical Science for the training of civil and mining engineers, architects, etc.

These institutions have cost the province a large amount of money for their establishment and maintenance, but it is money well spent, and the Government and Legislature are to be commended for their liberality and keen appreciation of the wants of the people. The æsthetic tastes of the community have not been neglected, for art schools have been established in different parts of the province which are costing the country annually a considerable amount of money.

I think I have said enough to show you that the Government of this province is alive to the fact that in order to build up a great nation, "in peace with the adjoining republic," it is necessary to have a thoroughly educated people. I fully appreciate all that has been done on the lines indicated, but I cannot help asking the question, What has been done to save life and prevent disease? This is the all-absorbing question with us, and should be with the Government of the day.

I think you will agree with me that little has been done in comparison with the importance of the subject.

What is the duty of the province in this connection? It is to provide facilities for the investigation of the cause and prevention of disease, not only in man, but in the lower animals as well as in vegetable-like. How is this to be done? By the establishment of a provincial institution, thoroughly equipped and well endowed, having a competent staff of professors well paid, and whose duties should be entirely confined to the work of the institution. If such an institution were established I feel certain that the province would soon be relieved of the burden of its support by the bequests of wealthy citizens, who would consider it a privilege to contribute to such a worthy object.

We have several notable examples of such institutions, viz., Koch's at Berlin, Pasteur's at Paris, and the Technical School at Zurich, as well as at Roumania, etc.

Allow me, in conclusion, to suggest that a committee be appointed at this meeting to wait upon the Government with the view to impressing upon them the necessity of establishing such an institution.

PROFESSIONAL PRIVILEGE AND THE LAW OF EVIDENCE.

BY W. SETON GORDON, COUNCILLOR AT LAW, NEW YORK.

Of all professional men there is none whose round of daily duties brings him of necessity into more intimate acquaintance with the home life of his fellow-beings than the family physician. In reality he is placed in a relationship towards the family he attends which is shared by no other outsider. Its circumstances, surroundings and affairs become in time as well known to him as to any member of it, and this through no effort of his own. No special attempt is made to conceal them from him, and his visits are often under such circumstances that any such attempt, if made, would avail nothing. Even the skeleton in the family closet cannot always be concealed. Custom, based upon that rarely betrayed confidence with which the community honours the medical profession, ordains that he may enter any man's house as the safely trusted counsellor and friend. He is in honour bound to act as such, and he does so. As years increase upon him a peculiar relationship of friendship and mutual attachment is wont to ripen between him and those he has served long and faithfully, which to many in the profession is one of its chief and most honourable rewards.

It is a rule of the law of evidence which governs in this Province, that whatever is communicated to a legal adviser by his client the former cannot be compelled and will not be permitted, without his client's sanction, to disclose. But the same law holds that communications to a medical adviser, even in the strictest professional confidence, are not protected from disclosure. This rule was long ago declared by writers of the best repute to be harsh in itself and of questionable policy, and elsewhere it

has been abandoned. The law of France protects the physician and his patients, so also does the law in many, if not most, of the States of the American Union. The Code of the State of New York provides as follows :

Sec. 834. "A person duly authorized to practise physic or surgery shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity."

The words of the California Code are :

Sec. 1881. "A licensed physician or surgeon cannot, without the consent of his patient, be examined in a civil action as to any information acquired in attending a patient which was necessary to enable him to prescribe or act for the patient."

Against provisions so eminently proper and just it is difficult to conceive what reasonable objection can be offered. It is true that the history of the law of evidence up to the most recent times is marked by a gradual and steady advance along the line of the freer admission of classes of testimony once rejected by the Courts, and it may be urged that to amend the law so as to protect disclosures to a medical adviser would be a step backwards. Yet the objection is more specious than sound. It has never failed of recognition that there are certain matters of fact which the public have no right to probe into, and certain sacred confidences it should not be permitted to disturb; upon which ground communications made between husband and wife during marriage have never been admitted. Nor can it be urged that greater protection would be afforded crime than at present exists, since the above provisions of American Codes have been uniformly construed to offer no obstacle to the compellable disclosure by physicians of crimes against the patient or of criminal attempts by him.

It is and always has been the general opinion of the medical profession that the law in regard to privileged communications between physician and patient should differ in no respect from the law governing similar communications between attorney and client, and this in the interest not so much of the profession itself as of the public which it serves. There would appear to exist in some quarters an impression that a change in this regard is sought by reason of benefit which the profession may expect to derive therefrom, but in what way this benefit may accrue has never been explained. Nor can it be. It is clear that the only protection desired is protection from any disclosure by the physician which should annoy the feelings, damage the character or impair the standing of the patient while living, or disgrace his memory when dead. It is the protection of the individual against the public, and more especially against that portion of the public whose greedy ears are always open to the relation of their neighbours' private affairs. The physician asks no protection for himself. It is not his secrets, but his patients' secrets and his patients' confidence in him which he asks to have respected as sacred. However repugnant to his professional instincts and abhorrent to his feelings he finds it to be compelled to disclose such matters, it is the patient or the family of the patient which suffers.

That the protection desired would enhance, if possible, the dignity of the profession, or would encourage confidences the result of which would be of value to the patient, are considerations of less moment. The profession needs no accession of dignity, and it is questionable if anything could increase the respect in which it is held by the community. It is doubtful if knowledge of the law of evidence is so generally diffused throughout the community that one man or woman in twenty would pause to consider, when about to impart to a medical adviser information of a secret

or confidential nature, whether this secret was safe in his breast or could be wrung from him upon the witness stand in a Court of Justice. Ordinarily, as the physician knows, the occasions when such secrets are imparted are not of a kind to afford either the time or the conditions necessary for a deliberate weighing of consequences. Laws of evidence—all human affairs, in fact—appear trivial to one enduring physical suffering, and an earthly court, however High or Supreme it may call itself, is too insignificant to be perceptible to eyes fixed on eternity.

But the solid and substantial ground upon which the medical profession should demand this change in the law is that, save to expose crime, the public have no right to compel, in any Court of Justice, a physician to violate confidences reposed in him—whether intentionally or involuntarily—in the course of professional duty.

PHYSIOTHERAPY FIRST—NATURE'S MEDICAMENTS BEFORE DRUG
REMEDIES; WITH PARTICULAR REFERENCE
TO HYDROTHERAPY.*

BY EDWARD PLAYTER, M.D., OTTAWA.

All through the records of the history of medicine—in the times of the Chaldeans or Assyrians, of the ancient Egyptians, of Aesculpius and Hippocrates, and down in modern uncivilized tribes, we have clear evidence that in the first or early steps in the science of medicine, the practice consisted for the most part in the employment of magical incantations, the laying on of hands, etc., acting through the mind, as if the chief reliance in the healing of disease was upon the natural living forces within the body.

It was Hippocrates, it appears, who first drew special attention to the inherent natural curative force within the body, and to give it a name, *phusis* (*φύσις*), nature; afterwards Latinized as the *vis medicatrix natura*; while he afterwards recognized subordinate forces, which he termed *dynamies* (*δυναμίες*) relating more particularly to the various organs of the body, *vires medicatrices nature*. Now a Metchnikoff rises up and displays before our wondering eyes, as it were, the *vis medicatrix natura* actually personified in the field of the microscope, certain living blood cells in actual combat with disease germs, while other investigators teach us that there is generated in the body itself, in the blood serum, a germicide more powerful than corrosive sublimate.

It was not intended to make a tirade against drug remedies. Some of them were of much value. Prof. Erb, however, said of "Chemical or internal remedies": "Here we enter upon a very obscure field, which needs thorough cultivation; we know almost nothing of it; the little which therapeutic experience has taught us is neither securely established nor in any way scientifically or intelligibly formed." The practice of the text-book makers and schools giving such remedies first place usually instead of last, in the *materia medica*, was to be deprecated.

Some of the dangers which may arise from drug remedies were referred to: to the recent report in the *British Medical Journal* on the "Inquiry regarding the importance of ill effects following the use of antipyrin, antifebrin and phenacetin," by the Thera-

* Abstract of a lengthy paper read before the Rideau and Bathurst Medical Association.

peutic Committee of the British Medical Association; and to the possibility that "ill effects from the repeated administration of almost any drug may be considerable, even serious, and not be manifested even on close observation, just as we know to be the case with certain kinds of food consumed."

Experiments have shown that mice under the influence of chloral contract infections the more readily; the chloral probably depressing or embarrassing the action of the phagocytes. Who could weigh the mere trace of some one or more of the depressing or soothing drug remedies, commonly given in infectious pneumonia or the sthenic stage of the infectious fevers, which might possibly so interfere with the formation or action of the natural germicides in the body of the patient as to lessen the chances of recovery, or possibly to favor auto-infection? Nor must we meddle too far with benign nature, even with our more natural remedies; as in compensating hypertrophy of the heart, and in certain cases of epilepsy in which an explosion or convulsion at certain intervals seems to give absolute relief. If the cause of the diseased state giving rise to the convulsion, as nature's means of relief, were first removed, the result would be different. When the causes of disease are removed, then, in very many cases—indeed nearly all—if the ordinary essentials of health and life be provided—pure air, water and sunlight, suitable food, clothing and rest, or it may be exercise, probably partial, passive exercise, with the means of absolute cleanliness, then, usually, benign nature "will do the rest." Hence, a very much larger proportion of the time given to the study of medicine should be devoted to the study of pathological conditions, and, especially, to the causes of these conditions.

Physiotherapy is the term given to the application of these natural remedies. The most valuable remedies, pure air and sunlight, are rarely prescribed therapeutically. Were they costly remedies, it might be otherwise. Many people did not know how to breathe and get the full benefit of the fresh air. In modifications of diet, as in feeding and fasting, is a powerful remedy, and also in rest. Mental influence and electricity were referred to. The latter is becoming an important remedy; but Dr. Playter, in his practice, has so far found the electrical effects of massage to be sufficient.

Kinesitherapy—passive local movements, massage and the manual or mechanical movements termed Swedish—is a most valuable remedy, the action of which we can easily understand and control, and the effects of which are "sometimes almost phenomenal." The quickened pulse of the consumptive may be lowered by passive action of the extremities; and the blood corpuscles stagnant in various organs and tissues forced into the general circulation, and so through the lungs and utilized in nutrition.

Dr. Playter then comes to the "last and on the whole perhaps most important therapeutic agent, water, in its various forms of application, as in Hydrotherapy."

When we consider the broad fact that many diseases, functional and organic, if indeed there be any real distinction, are caused more or less directly by dirt—dirt outside the body or within it—we can at once comprehend the value of water as a therapeutic remedy, in its simplest form of application, water in which to wash and be clean. I need hardly refer to its value, as confirmed by the highest authorities, in washing out, with copious water or salt and water injections, the intestines, in cases of cholera. I believe it would have an equally good effect in typhoid fever; nor to its value when copiously swallowed, as at certain "springs," in washing out the entire internal economy, to the minutest recesses, as when the organism has become loaded with the debris—

the dirt, practically—of the ordinary functions of life, which has accumulated from want of proper hygienic care or habits. But water has a very much broader application than is above indicated.

The want of literature on the subject is lamented. The only work in the English language not tainted with quackery, except the valuable treatise by Winternitz, in Ziemssen's Hand Book, now practically out of print, is that by Baruch, published by George S. Davis, of Detroit (Phys. Lies., Lib. Series, 2 vols.), which is recommended. A distinction is made between hydropathy and hydrotherapy. "Works on therapeutics treat the subject with a decidedly step-mother regard," and "dismiss it in a few beggarly line." But "no other remedy has so creditably passed through the vicissitudes of medicine." "Hippocrates laid down rules for the treatment of disease by water, which are at this day followed by both physicians and quacks." Two and a half centuries later, Asclepiades, who attained eminence in Rome, depended almost entirely on diet, massage and baths. He founded the school whence sprang Celsus, the "Latinorum Hippocrates," who used water freely in practice; Aurelianus, who originated the wet sponge abdominal compress for hypochondriacs; Themison and other eminent physicians. His pupil, Antonius Musa, the medical attendant of Horace, by the vigorous use of cold water restored to health the Emperor Augustus. The eminent Galen (second century) was the first to use cold to the head while the body was immersed in warm water. The names of many eminent physicians are given who, during the next 1,500 years, advocated the practice of hydrotherapy. Blair and Cheyne practised it; and the illustrious pathologist, Hoffman, was the first to recognize the influence of water on the "tone" of the tissues. The philosophic Hufeland was an enthusiastic advocate of hydrotherapy, as was Magendie also. Finally, "fever treatment" by hydrotherapy received its initiative from Brand in 1861, and was introduced into England by Wilson Fox.

Respecting the practice of hydrotherapy, Niemeyer, in his work on practice, says: "A series of cases are on record in which complete and perfect cures have been obtained by it after all other methods of treatment have been applied in vain." Dujardin-Beaumont (Lect. at l' Hopital, Cochin, 1827) said: "The benefits which obtain from cold water in the cure of disease arise from its physiological effect upon the circulation, the nervous system, the nutrition, and from its revulsive and heat-lowering influence." Prof. Peter, of Paris, in his preface to the great clinical work on hydrotherapy by Duval, writes: "Hydrotherapy suffices in most cases of disease; added to other treatment it is a most powerful auxiliary." Prof. Erb (in Ziemssen's Cyclop.) writes: "To the most important and most active agents in our field (nervous diseases) belong cool and cold baths, the application of cold water—usually termed cold-water treatment. Having been in recent times practised more rationally, it has attained remarkable prominence. Its results in all possible forms of chronic nervous diseases are extraordinarily favourable." Semmola (Prof. Therapeut. Naples Univ., lect. 1890) says: "Hydrotherapy stimulates cutaneous activity, and with it all functions of tissue change and organic purification; so that often real marvels of restoration in severe and desperate cases are accomplished. Unfortunately these remarkable results are more rare to-day than they were in the time of Priessnitz, of which I was myself a witness." (It is well known that many eminent physicians, as well as patients, from all parts of the world, visited the establishment in Silesia of this great empiric, and became converts to his practice by reason of his marvelous cures.)

Many pages of such quotations, from the highest authorities, could be given in evidence of the value of hydrotherapy.

Last year Rovighi, at a medical congress in Rome, read a paper on experiments he had made, showing that the application of water, apparently hot or cold, produces an increase in the corpuscles, leucocytes and hæmoglobin in the blood; in the same manner it appears as in the kinesitherapy. The conclusions of Rovighi have since been confirmed by Thayer, of Baltimore, and Dr. J. H. Kellogg, of the Battle Creek, Mich., Sanitarium and Laboratory (in *Modern Med.*) At the recent Pan-American Congress, Dr. Baruch drew attention to the remarkable effects of the cold douche in setting the wheels of life again in motion in the very climax of asthenia—thready pulse, shallow breathing, dull eye, subsultus, etc., more surely than any medical agent, even alcohol.

Dr. Playter concludes a lengthy, interesting and instructive paper with his personal experience. In the latter part of his teens, having been a pretty hard-working student, he was troubled a good deal with indigestion, and a consequent want of good general health and vigor. Notwithstanding the strong opposition of his father, who was bitterly opposed to quackery, and after having taken a good deal of medicine from the best physicians in the country, under pretence of visiting friends, he placed himself under the care of a Mr. Brown, who had, during the time of Priessnitz's popularity, started a hydropathic establishment, or "water cure," in Newmarket, Ont. Brown had no true medical knowledge, and his failures probably outweighed his successes, "but the forms of water application he prescribed were beneficial and were the starting point of a faith in the therapeutic value of water." During many after years of laborious country practice, although the want of available correct literature on the subject was a great drawback, the doctor frequently availed himself of water as a remedy, especially in copious draughts of it as a diuretic and diaphoretic, as hot and cold compresses, as a tonic in the form of a cold sponge or shower bath. He never knew the free use of water to do any harm—more than any one could say of drug remedies. When weary and exhausted from riding all day, and perhaps all night, on the saddle or a two-wheeled chaise, nothing would rest and recuperate, soothe the irritated nerves and equalize the disturbed circulation, like a warm bath at a temperature of 93° or 94° to 97° F. Having spent many an hour comfortably reading in such a bath, he spoke from personal experience; and now, largely as a consequence, when not very far from sixty years "young," he feels better, more vigorous, youthful and clear-headed than when at half the age. There is no other preventive of the usual effects of age so effectual as the warm bath. Thus Minerva is feigned to have refreshed the wearied Hercules. And three thousand years ago, Homer wrote that Hector's wife prepared warm baths that "returning from the fight," at Troy, Hector "might be refreshed."

" . . . Not yet the fatal news had spread
To fair Andromache, of Hector dead.

" Her fair-haired handmaids heat the brazen urn—
The bath preparing for her lord's return."

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The fourteenth annual meeting of the Ontario Medical Association was held in the Education Department of the Normal School, Toronto, June 6th and 7th, 1894.

Dr. L. McFarlane occupied the chair. This meeting was one of the most successful that has ever been held. There were in attendance some one hundred and sixty members, twenty-four new members being added.

After the usual routine business of opening, Dr. A. J. Johnston presented a resolution, asking that a committee be formed to take into consideration the question of contract and lodge practice. This was unanimously consented to.

The opening paper was one by Dr. J. H. Duncan (Chatham) on the "USE OF STRYCHNIA IN PNEUMONIA AND CHRONIC HEART DISEASE." He pointed out that it acted upon the vital nerve centres, making them more susceptible to external stimulation, that the heart weakness was due largely to the affection of the nerve centres by the pneumonic poison. This drug increased the irritability of the motor centres. No rule could be laid down as to dosage, but he had given in average cases a thirtieth of a grain every three hours with marked benefit. He referred also to the statement made by certain investigators that its use increased the number of white corpuscles, and thus the phagocytic action of the blood would be materially increased.

Dr. Saunders (Kingston) said that there was another positive element in the heart weakness, viz., the increased amount of resistance of the consolidation in the pneumatic lung, and pointed out that the drug was of value in its direct action in stimulating the heart to overcome the obstruction until the crisis arrived.

Dr. Gaviller (Grand Valley) spoke of the great value he had derived from the use of strychnia in acute and chronic cases. He has found it particularly helpful in the bronchitis of children. He had found it assist very materially in assisting to get rid of the mucous from the bronchial tubes. He cited cases where he had used it in chronic bronchitis of the adult with great benefit, having pushed it in one case till tetanic spasms ensued. He had employed it with digitalis with good success, but he had not given the digitalis in heroic doses as some advocated.

Dr. Temple (Toronto) followed with a paper on "PLACENTA PRÆVIA." He gave an account of the history of the treatment this condition had received in the past and outlined the present lines of treatment. No hard rule could be laid down, but each case must be treated according to the symptoms presented. The great weight of evidence was in favour of the termination of gestation, especially if it were the first attack, and severe, and prior to the seventh month. He considered that where hemorrhage occurred in the early months, there should be no hesitation, if the mother's life were in danger, in sacrificing the life of the fœtus. It would only be justifiable to prolong gestation where the woman was near the seventh month, the hemorrhage slight, the placenta latterly situated, and the woman in reach of a medical man. The patient should be put to bed, kept physically and mentally quiet; and an opiate might be administered. He did not consider there was any virtue in astringents. The procedure, if hæmorrhage occurred severely after the seventh month, he repeated, was to deliver. The membrane should be punctured, the cervix dilated, if possible, the placenta around the separated, and ergot administered. If the cervix were hard and undilatable, and hæmorrhage persistent, he advocated

plugging, and that thoroughly and antiseptically, the woman being closely watched.

Dr. Burns (Toronto) alluded to the occurrence of post-partum hæmorrhage in these cases and the necessity of taking extra precautions. Another point he referred to was the greater frequency of the placenta prævia in multipara than in primipara.

Dr. Mitchell (Enniskillen) coincided with Dr. Temple in the main, but referred to the difficulty of always being able to diagnose these cases. He thought possibly there was a danger of considering that whenever hæmorrhage occurred during gestation, that it was due to placenta prævia, when perhaps this might not be the case. He had used for dilating the os Barnes' dilators. He referred to one or two cases he had had, and considered the great gravity of all such cases to be very great.

Dr. Sangster (Port Perry) said that his method of dilatation of the os was with the fingers, which he found to be the most satisfactory way of accomplishing it. Dr. Hillier agreed with this.

Dr. Oldright (Toronto) pointed out the dangers of plugging. The uterus was a dilatable structure, and after the plug was inserted there was danger of intra-uterine flowing. He thought in most cases the os could be dilated by the fingers.

Dr. Harrison (Selkirk) spoke of the difficulty country practitioners had in these cases by living, as a rule, so far from them. His plan was to dilate the os, and deliver as soon as possible.

Dr. McLaughlin (Bowmanville) wished to know why ergot should be given, as it produced tetanic spasm of the uterine muscle, not producing expulsive efforts. There was thus danger of causing the death of the child. He spoke of the old method of plugging with a silk handkerchief advised by the early teachers.

Dr. Powell reported having eight cases of placenta prævia centralis, with seven recoveries. He emphasized the point that no two cases could be treated alike. He thought the statistics would be materially improved if the process of inducing labour in all cases were adopted where the diagnosis has been satisfactorily established.

Dr. Bruce Smith (Seaforth) said that plugging should be the last resort in placenta prævia; the uterus should be emptied at once. He cited cases in proof of the value of this procedure. He repeated that the patient should be very carefully watched.

Dr. Temple said he had not found post-partum hæmorrhage occur after these cases any more than after ordinary ones. In reply to Dr. Mitchell, he said he took it that the diagnosis had already been made. The subject he was to discuss was the treatment of the condition. As to the use of Barnes' bag, he said they were not usually at hand. He contended in favour of plugging, where it was well done, to check hæmorrhage and induce dilatation of the os. Of course, the silk handkerchief would not answer at all. He deprecated the use of ergot in ordinary cases of labour, but in these cases where the child was not viable, its use was all right.

Wednesday Afternoon.

The first item of interest on the programme was the President's Address, which was a very able one, and was listened to with marked attention.

Dr. McFarlane, on motion of Dr. Temple, seconded by Dr. Harrison, President of the Dominion Medical Association, was heartily thanked for his splendid address.

"THE TREATMENT OF STRANGULATED HERNIE" was the title of the next paper, read by Dr. J. Wishart (London). Dr. Wishart's first point was a reference to

what Mr. Jonathan Hutchinson had said regarding the fatality of strangulated hernia, how that, while mortality in all other surgical procedures had materially lessened in recent years, the mortality following operations for strangulated hernia had increased. This he attributed to the fact that the step of performing taxis had been left in the background, surgeons being too desirous of using the knife. Dr. Wishart gave a tabulated statement of some seventeen cases he had had during the past twelve years, in sixteen of which he had operated, with twelve recoveries. He detailed the special points of interest in each operation.

Dr. Whiteman (Shakespeare), discussed this paper, and cited some interesting cases he had had, outlining the symptoms, diagnosis and treatment. He spoke of the ease with which the operation could be done and its freedom from danger. It was often difficult to know how much taxis should be used. If operation were done, and the bowels looked suspicious of gangrene, the question as to whether to return to it or not was also difficult.

Dr. Rennie (Hamilton), followed. He spoke of the high mortality in these cases. He believed there was a decrease instead of an increase. All cases have not been reported, and we have no large tabulated statements regarding the question. He believed, too, that taxis should not be placed in a subordinate position. Chloroform should not be given any oftener than necessary, as it tended to excite vomiting. Where the bowel was gangrenous, it was because operation had not been done early. In this condition of affairs, the use of Murphy's button would be a favourable form of treatment.

Dr. Grasett (Toronto) said that the importance of this subject was shown from the fact that it had come up for discussion so often during the meeting of these associations. He would not like to dispute such an authority as Mr. Hutchin-

son, yet he was of the opinion that the mortality after operation for strangulated hernia had decreased. He had operated with good result on a patient eighty-nine years of age. As to gangrene, no law could be laid down; each case must be judged on its merits. There were fewer cases of gangrene now than formerly because the strangulation was sooner recognized. He cited a case he had had where gangrene was present to a small extent where he had stitched up with a Lembert suture, returned the gut, and recovery followed.

Dr. Peters (Toronto) said that Mr. Hutchinson was certainly very pronounced in his view regarding the use of taxis, not by gentle manipulation, but by using all the force he possibly could, and after he was tired of getting an assistant to continue the process. Notwithstanding the statistical reports, he thought the results were exceedingly good, because if these cases were left to themselves, they would certainly in most instances end fatally; under operation thirty or forty per cent. of successes was a good record.

Dr. Teskey (Toronto) said that the maxims as laid down by the leader of the discussion was correct enough, but the difficulty was in knowing how to apply them; a great deal of judgment was required. In regard to taxis, he could understand, in a large hernia which would fill the hollow of his two hands, how one's whole strength might be placed upon it to reduce it, but this same rule would not apply to a very small hernia. With regard to the increased hospital mortality statistics in this operation, he suggested that it might be due to the fact that the ordinary outside medical man was now so well trained that he undertook those operations himself with success, and sent only the worst cases to the hospitals.

Dr. Wishart did not agree that this was an easy operation and lightly to be under-

taken. There was always danger in opening the abdomen. He believed that in a case where a country practitioner, far removed from help, met such a case he should give chloroform and try to reduce it at once, as delay was very serious. He had never seen in the cases where taxis had been used even to a considerable extent, any damage done to the bowel when he had opened up. The speakers agreed that where the knife had to be used the radical operation should be done—as a rule.

Drs. G. W. Fox, of New York, and Coonyn, of Buffalo, were invited during the session to seats on the platform.

The Association then divided into sections.

SURGICAL SECTION.

Dr. Bruce Smith was appointed to the chair.

"MCGILL'S OPERATION FOR PROSTATIC ENLARGEMENT" was the subject of the next paper by Dr. A. McKinnon, of Guelph. The reader of the paper gave the history of several cases he had had of Prostatic Hypertrophy accompanied by urethral stricture, cystitis and severe bladder spasms. The operation consisted in a suprapubic cystotomy and removal of a portion of the prostate with very gratifying results. He outlined the technique of the operation fully and of subsequent drainage. He quoted statistics furnished by Bellfield, of Chicago, of forty-one such cases where thirty-two had made recoveries, the patients having regained the power of voluntary micturition.

Dr. Primrose discussed the question of the use of Peterson's bag and the dilatation of the bladder,—how this would enable the operator upon completion of the abdominal incision of stitching the bladder wall and holding it by means of the stitches while it was being opened, instead of cutting down upon a sound, as Dr. McKinnon had advised. He asked also how hæmorrhage was controlled in

view of the vascularity of the prostate. He advocated the advisability of perineal drainage, as in high drainage there was danger of infection of the cellular tissue in front of the bladder.

Dr. Grasett said that his experience was limited in this line of work, having done but one, and that a partial prostatectomy. The result in this case was good. He thought a combination of the suprapubic and the perineal method to be the best, so as to avoid the necessity of incising the mucous membrane above the prostate, the sections being scooped out from below, the opening above enabling the operator to exert pressure downwards on the gland from above.

Dr. McKinnon said that he had found hot water would control the hæmorrhage, but, if necessary, the opening might be plugged.

Dr. R. Whiteman (Shakespeare) followed by a paper on "CHOLECYSTOMY." He described the history of a case of obstructive jaundice. It was difficult to decide whether it was due to gall stone or malignant disease, but the diagnosis inclined to the latter. Cholecystotomy was performed in the usual manner with success. As all of the bile passed out of the abdominal incision, a number of interesting features were observed in connection therewith on the administration of calomel, the flow was lessened, but increased on the giving of salicylate of bismuth. It was also noticed that when the bile decreased, the urine increased, and vice versa. On post-mortem it was found that an epithelial cancer occupied the region of the duodenum at the junction of the bile duct.*

Dr. Graham (Toronto) said he was very much interested in this case, as he had seen it in consultation. The diagnosis was comparatively easy, as the distended gall bladder was in the position one would expect it to be, and the ac-

* Will be published in this journal.

companying symptoms pointed in the direction of obstruction to the outflow of bile, but he had seen cases where the diagnosis was exceedingly difficult, the gall bladder having assumed such a curious shape as to make it unrecognizable. Regarding the treatment of catarrhal jaundice, he advocated the use of large doses of calomel at first, then salol for three or four days, followed by the continuous administration of salicylate of soda. He was pleased with the experimentation on these cases, as it all tended to throw light on the obscure pathology of this trouble.

Dr. Teskey reported the history of a case where cholecystotomy had been done, in which he assisted Dr. Powell and Dr. A. A. Macdonald in operating. The gall bladder was not enlarged. The crescentic incision had been made through the abdominal wall. There was considerable inflammatory adhesion of the omentum. Seventy small gall stones were removed. On account of the adhesions, it was impossible to reach the duct, but it must have been patent as soon as the bile flowed through the intestinal tract, as was shown by the coloration of the feces and the closure of the incision.

Dr. Oldright told of a case he had operated upon where there was a pyæmia, the seat of the pus formation being supposed to be in the neighborhood of the liver. A stone was found blocking the cystic duct, which was pressed along the duct by means of the fingers into the duodenum. The diagnosis was supposed to have been distended gall bladder before opening the abdomen. On opening, a lump was discovered to be a floating kidney.

Dr. Macdonald said in these cases death occurred after the primary operation in 19 per cent. of the cases, but where it was done as a secondary the death rate was reduced to about 10 per

cent. An objection to this operation was the loss of such a large amount of bile, which was needed in the intestinal economy. By its loss there was intestinal indigestion. This loss would not occur after the cholecystotomy. Another procedure was cholecystotomy by aid of Murphy's button. Murphy's latest results show 100 per cent. of recoveries.

Dr. Starr presented a patient suffering from Lumbar Hernia. About twelve months ago while stooping down and lifting, he was seized with a stitch in his side. This was accompanied by the occurrence of a swelling about the size of a duck's egg in his back below the last rib. The lump has persisted. It is slightly tender on pressure, elastic to the touch, and reducible. As it returns into the abdominal cavity it gives a gurgling sensation, and emits a tympanitic note if percussed while the patient strains, its exit was through the triangle of Petit. Its relations Dr. Starr showed by means of charts.

MEDICAL SECTION.

Dr. Mitchell in the chair.

"THE ARTIFICIAL FEEDING AND CARE OF CHILDREN" was the title of a paper by Dr. McCullough of Alliston. He condemned the use of proprietary foods, and spoke of a combination of foods he had used, indicating the amount prescribed for an average-sized child at varying periods up to the age of twelve months. The artificial food, especially in the country, had to be at once cheap and easily obtainable. The composition he advocated consisted of barley water, diluted cows' milk and sweetened water.

Dr. Greig (Toronto) severely denounced proprietary foods. Though people had been warned as to the evil nature of them, these foods are still largely used—more so in Canada than in the United States. From forty to fifty per cent. of such foods consist of starch, which an infant under

seven months is unable to digest. He thought instead of whole barley being used, as advocated by Dr. McCullough, crushed or even ordinary pearl barley preferable, being more easily prepared and answering the purpose better. He thought the subject of fixing amounts for children at certain ages beyond our control, as the stomachs of infants were of different sizes at the same age. The proper rule was to give the child as much as it wants—if it takes too much, the surplus will be thrown up and no harm done. Sterilization of milk was not important, save in large cities where abundance of fresh milk was not procurable. Experiments in American hospitals showed that children were practically starved to death by the use of it, where it had been sterilized at a temperature of 212. As a result, the practice was to have the milk placed at a temperature of about 145 for fifteen or twenty minutes.

Dr. Machell said that although part of the albumen in cows' milk is coagulable, part is not, and in this respect it is similar to the mothers' milk, but in the latter the percentage that is non-coagulable is twice as great as in the former. He agreed with Dr. Gregg in denouncing proprietary foods, which he said were manufactured not for the purpose of benefitting patients, but to make money, and physicians should not play into their hands when as good foods could be prescribed. He also cited Dr. Roach of Boston for the statement that water will do as well if not better than barley water, the function of it being to get in between the case and prevent it from becoming lumpy. He advocated as well the Berlin bottle, obtainable in all drug stores at a cost of fifteen cents.

Dr. McCullough, in reply, said that pearl barley did not come up to the mark, as the virtue of the ordinary barley was the musciline principle, which is the most active. It was contained near the

surface of the hull. In pearl barley it was removed. The amounts mentioned in his paper were only guides and not intended to apply in every case. He did not think in the case of a child, any more than in that of an adult, should food be taken till vomiting results.

Dr. Price Brown (Toronto) read a paper on "ATROPHIC RHINITIS," which was exhaustive in the cause and treatment of this trouble. Though believed by some, it is by no means incurable, but requires a long and careful course of treatment.

Dr. Wilson (Fenelon Falls) asked if any constitutional treatment was used. He thought in some of his patients he obtained good by using some of the alternatives. He thought the origin of the disease was in infancy, and caused by the carrying of the infant with bare head, or by exposing it to draughts or cold temperature; also, later on in life, by the clipping of the hair to the scalp.

Dr. Price Brown said he used the ordinary prescribed tonics. Patients improve in health without any medicine, if the offensive discharges can be got rid of, but these foul secretions do injury to the system. Where a tonic was required he generally gave iodine and strychnine. Douches of water in large quantities were objectionable. Where secretion took place was where cleansing was required. He did not approve of covering children's heads; he considered it well, indeed, to give them cold baths.

Dr. Dolittle explained the operation of electrical massage, worked by a small storage battery, which he showed.

Dr. Campbell (Seaforth) read a paper on "PLACENTA PRÆVIA,"* giving the history of cases in his practice, and touching on most of the points raised on a discussion of the subject at an early part of the Convention.

Dr. Temple wished to know, as Dr.

* Will be published in this journal.

Campbell advocated early termination of labour, why in a case he cited he did not follow this rule. He did not see either the rationale of giving of sulphate of magnesia after delivery, as blood had been lost and the patient was weak, unless it was to prevent milk fever, as in such a case there was danger of septic poisoning.

Dr. Spence agreed with Dr. Temple. He spoke of the difficulty of the diagnosis. Good, common-sense was necessary in the treatment, and by the exercise of this one would get as near the subject as by following any particular treatment laid down. He reported the different stages of an important case in his practice. He thought sufficient aseptic precautions were taken by thoroughly washing the hands with soap and water.

Dr. Scadding described the method of dilating the os followed by Dr. Harris, of New Jersey, the thumb being placed at one side of the cervix, while the first and second fingers are flexed, thus getting the strongest muscles with which to dilate. In a series of eight cases he was able to dilate the os in each of them within twenty-five minutes.

Dr. Mitchell asked the reason for using injections so frequently after labour terminated. He did not think injection of antiseptics necessary, unless there was reason for it, and this could be readily ascertained if the patient was watched.

Dr. Campbell, in reply to Dr. Temple, stated that the patient was being watched by him and there had not been enough loss of blood to weaken her; otherwise he would have operated. His object for delay was that the patient was not in a fit state to be delivered, the os and the cervix being rigid. He gave chloral to soften the os and relax the parts accompanied with a small dose of morphine, in this way preventing laceration. The reason he syringed out the vagina afterwards was to prevent sepsis.

(To be continued in our July number.)

Dominion Medical Monthly.

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TORONTO, JUNE, 1894.

ANONYMOUS CORRESPONDENCE.

The editors of this journal have had brought to their notice certain letters which appeared in the *Toronto Mail* of June 2nd and June 9th inst., purporting to have been written by medical graduates of Toronto University, accusing them of disloyalty to that institution in so far as its Medical Faculty is concerned.

The editors, in their official capacity as conducting an independent medical journal, give an emphatic denial to any charges that may be based upon items of medical news that have appeared in this journal which may have, in any way, related to the University Medical School.

There has not as yet appeared in this journal a single editorial upon said school, and all news items that have been noticed are absolutely correct, and can be traced to the transactions of the Senate and the Medical Faculty.

This journal maintains its right to publish, for the benefit of the medical public, items of interest and news, whether they may reflect favourably or otherwise upon the faculty of the University Medical School or any other medical school in existence.

ONTARIO MEDICAL ASSOCIATION.

The meeting of the above association this year has equalled and perhaps surpassed any other held during the fourteen years of its existence. This has not been due alone to the efforts of the officers and various committees but also to the members themselves throughout the province. Still, many of our ablest practitioners failed to respond to the general invitation to be present and to take part in the programme of the association. It is asserted that the reason is that they are too modest to tell what they have done and that they cannot spare the time. Many valuable clinical experiences might be given which would be of greatest value to the profession, particularly to the younger members, if this reserve were thrown off and the modest brethren would come forward.

Regarding the other objection, it is becoming a custom for the physician to take a holiday now like other professional men, and to spend a few days at a medical association might be made at least a minimum holiday for the busiest practitioner.

This meeting was in many of its features a fine success, good, substantial, scientific work having been reported. Some of the papers, particularly of the school-men, were rather didactic and lacking in originality. A few were too long-winded, and devoid of interest to busy, practical men.

The tendency to discuss the novel and rare operation to weariness was somewhat apparent; while the short, practical, pithy paper being often passed without any discussion, by reason of the time spent on the other, was disappointing. The line of experimental work was very interesting, and it should be encouraged. Reports of experiments on animals with drugs, and of the examination of body fluids, presentations of pathological speci-

mens and reports, all would be of interest to the younger men of the profession, and would incite activity of this kind among them. Every young physician could and should carry on experimental work. We have books to describe the technique of such work, the apparatus is cheap, and there are enthusiastic workers here and there who would gladly furnish any information or help to any interested in scientific research, and the meeting of the Ontario Medical Association could be made a sort of post-graduate course, where at least the younger men, who are so prone to drop their books after graduation, would catch the enthusiasm for scientific investigation.

The friendly greeting of American with Canadian, of city practitioner with provincial brother, of the young doctor with the old veteran, was a marked feature of this meeting—and not the least important.

DISINFECTION IN CONTAGIOUS DISEASES.

It is generally conceded, that, owing to antiseptic methods, lesions and wounds, which were formerly considered mortal, nowadays heal, as if they were of the most simple character. The absolute rule of never permitting any objects, except those which are perfectly clean and free from any infective cause, to come in contact with living tissues has given an extraordinary success to the surgical work of the last twenty years.

In lying-in hospitals also, antiseptic methods have produced notable improvements, in fact, a real transformation. Thirty years ago, hospitals of this class were visited periodically by epidemics of puerperal fever, the nature and origin of which were certainly not understood (to put it mildly), as we understand them today. To save the unfortunate patients.

from death, one sovereign method of prevention (rather radical, it is true), was practised; and that was to close the hospitals. Nowadays the atmosphere of a lying-in hospital is no longer pestilential, labour takes place under normal conditions, the mortality rate is similar to that of rural districts, and epidemics are a thing of the past.

In diseases of the medical order, however, prophylaxis is incontestably more difficult. The surgeon and the accoucheur have only to watch over the individuals whom they are attending, they have present before them the limited surface of the wound, which they have to defend from attack, and as this is the only vulnerable part of their patient, from the moment that it is thoroughly protected, they do not feel any further anxiety as to the result. In medicine it is not so; the physician has also a patient to treat, perhaps to cure; but this patient is an active centre for the production and diffusion of microbes. His medical attendant upon whom the task devolves of warding off the danger does not know all the persons, who are threatened with attack, an individual is attacked often though no particular attention has been directed to his case. To put the question briefly, antiseptics concerns the individual, disinfection aims at the people collectively.

And the difficulty increases from the fact, that we rarely know the route, by which contagia penetrate into the organism. At one time it is by a perhaps imperceptible wound of the integuments, at another by inhalation of the inspired air, at still other times by what we drink or eat, or as the sequel of direct contact. The glass from which we drink, the garment which covers us may conceal the dreaded germs on their surfaces.

As the methods which have succeeded so well in surgery and obstetrical practice do not apply to these conditions, it has been found necessary to seek for a solu-

tion elsewhere. Nature's laws are ever uniform; the seeds of plants are often carried to great distances by the wind, by running waters, birds, etc., but they do not grow unless their vitality is intact: a dead seed is an inert body: a dead microbe is powerless to harm. Hence the necessity of destroying the microbes at a certain point of the route they take before penetrating into the human economy.

Then, again, even the most volatile contagia do not travel far when they are held in suspension in quiet air. For some reason or another they soon fall and attach themselves to furniture, clothing, the floors of apartments, or the soil, etc.

Direct contagion through the single medium of the air is infrequent, and when it does happen to occur it only operates at short distances. One runs some risk in occupying the same room with and breathing the emanations from a patient affected with smallpox, diphtheria or scarlatina, although contact is avoided; but there is no serious danger at 100 yards and still less at 500 yards. Contagia do not travel such distances unless when attached to different bodies.

Hence the necessity of isolation, which is carried out in special hospitals, or in hospitals with pavilions devoted to a single disease.

Isolation has, however, not overcome all the difficulties which meet the practitioner at every step.

In a large city where can one get all the room necessary for a real isolation? The indispensable special attendants cannot be procured, and frequently the strictest orders will be violated; as such isolation is only relative, its effects cannot be absolute.

Then there is the difficulty of removing a patient from home and friends, and placing him in the hands of strangers. Knowing therefore, as we do, that isolation is insufficient to remove all the difficulties,

and that it is really necessary to depend on disinfection, physicians, and more particularly those who are engaged in public health work, should strive to make disinfection as simple and perfect as possible, something which can be done anywhere and at any time. The rules should be few in number, clear, precise and easily understood. They should not call for anything specially difficult or dangerous to perform. Then, as the means of disinfection so recommended are more frequently required by the poor, they should be inexpensive.

We shall return to this subject in a subsequent issue.

A HOSPITAL FOR CONSUMPTIVES.

This journal has frequently called attention to the importance of the careful sanitary management of consumptives, so as to prevent, as far as possible, the spread of this dreadful disease. We have also quoted frequently from the views of eminent authorities, and from the deliberations of medical societies upon this question.

It is with unfeigned pleasure that we notice the generous offer of Mr. W. J. Gage, of this city, to give \$25,000 towards the establishment of a hospital for consumptives. We trust that it will not be long before we may chronicle other generous offers from some of our wealthy citizens to aid on this laudable object.

It is a matter of extreme interest to note that, in Great Britain, the death rate from this disease has been greatly reduced within recent years. It may be safely said that the isolation afforded by the many British hospitals, but especially by such ones as the Brompton Hospital for Consumptives, and the Royal Victoria Hospital for Diseases of the Chest,

has had no small share in this good work.

We commend this cause to those who have the means. There are in our midst many who can afford to give. If giving to a hospital for the relief of human suffering and the treatment of disease be a noble work, then we certainly think that to give to a hospital that would do for this Province a work similar to that done in London by the Brompton Hospital, is the most noble of noble works. "Go and do thou likewise."

Items, Etc.

We take pleasure in stating that Dr. D. W. Montgomery, Professor of Dermatology in the University of California, has joined our editorial staff.

Drs. Forfar and Hay, of this city, have returned from an attendance at the New York Polyclinic and Hospital. They express themselves as greatly pleased with the institution.

ONTARIO MEDICAL COUNCIL. — The election of officers resulted as follows: President, Dr. D. L. Phillip, Brantford; Vice-President, Dr. William T. Harris, Brantford; Registrar, Dr. R. A. Pyne, Toronto; Treasurer, Dr. W. T. Aikins, Toronto; Solicitor, Mr. B. B. Osler, Q.C.

ONTARIO MEDICAL ASSOCIATION. — The following officers were elected: President, Dr. Bruce Smith, Seaforth; Vice-Presidents, Dr. A. A. McDonald, Toronto; Dr. Welford, Woodstock; Dr. Saunders, Kingston; Dr. Forrest, Mount Albert; General Secretary, Dr. T. N. E. Brown, Toronto; Assistant Secretary, Dr. Charles Temple, Toronto; Treasurer, Dr. J. H. Burns, Toronto.

We are glad to notice that the regular private wards of the Toronto General Hospital proper are now available for the treatment of patients by their own physicians, who are duly registered in Ontario, and who are members in good standing of any one of the following incorporated medical societies, viz., The Canadian Medical Association, the Ontario Medical Association, the Toronto Medical Society, the Toronto Clinical Society.

The luncheon given to the members of the Ontario Medical Association by the Toronto members at the Royal Canadian Yacht Club was greatly enjoyed. Among the guests who enlivened the proceedings by bright speeches were Dr. Hingston, Montreal; Dr. Pilcher, U. S. Army, Fort Niagara; Dr. D. W. Montgomery, San Francisco; Dr. Stockton, Buffalo, and Dr. Harrison, Selkirk. Before the members took boat to return to the city they were posed on the lawn by Dr. E. E. King, who secured an excellent negative. We understand a photograph of the group is to be sent to every member present.

At the closing meeting of the Toronto Medical Society, the following notice of motion was introduced by Dr. A. J. Johnson, and seemed to have the unanimous approval of those present: "That no member shall engage, contract or agree to attend any lodge, club, or society, whatever, at a certain price per head; and any member persisting in such practice after the passage of this by-law, shall be deemed as acting in violation of professional honour and ethics, and shall be liable to expulsion; and shall be expelled, as provided for under by-law No. 6 of this Society." The motion will be voted on at the first meeting in the autumn.

FINAL EXAMINATION.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The following have passed the final examination of the College of Physicians and Surgeons of Ontario:

Passed with Honours—W. T. Connell, Spencerville.

Passed—W. H. Alexander, Bolton; H. E. Armstrong, Orono; T. Agnew, Belgrave; W. J. Anderson, Shanley; J. R. Allen, Napanee; D. J. Armour, Cobourg; W. B. Boyd, Uxbridge; J. H. Bull, Weston; J. L. Bradley, Airlie; H. A. Cuthbertson, Wyoming; W. E. Crain, Brockville; J. Crawford, Toronto; B. Campbell, Parkhill; J. D. Curtis, Middlemarch; Frank Coleman, Hamilton; A. L. Danard, Allenford; T. G. Devitt, Bobcaygeon; T. S. Farncomb, Newcastle; J. W. Ford, Woodham; F. J. Farley, Smithfield; A. K. Ferguson, Kirkton; G. H. Field, C. C. Field, Cobourg; H. R. Frank, Brantford; A. G. A. Fletcher, Toronto; A. B. Greenwood, Newmarket; E. D. Graham, Sutton West; G. B. Gray, Elora; A. Galloway, Beaverton; R. J. Hastings, Guelph; D. H. Hogg, London; N. W. Harris, Toronto; T. C. Hodgson, Beaverton; Gertrude Hulet, Norwich; F. W. Hughes, London; W. A. Hackett, Belfast; C. M. Kingston, West Huntingdon; J. A. Lawson, Brampton; R. M. Lipsey, St. Thomas; J. D. Leith, Dromore; H. D. Livingstone, Georgetown; W. H. Miller, Cottam; F. W. Morden, Picton; S. H. Murphy, Renfrew; J. R. Mencke, Toronto; G. S. McCarthy, Ottawa; D. A. McClenahan, Tavsley; J. McMaster, Toronto; J. W. McIntosh, Toronto; L. Y. McIntosh, Strathmore; W. J. McCollum, Toronto; J. F. McKee, Aurora; A. A. McCrimmon, St. Thomas; C. F. New, London; E. L. Procter, Toronto; G. D. Procter, Brantford; J. Park, Feversham; C. D. Parfitt, London; J. Pritchard,

North Wakefield, Quebec; A. B. Parlow, Iroquois; H. N. Rutledge, Streetsville; J. P. Russell, Toronto; J. Reeves, Eganville; C. E. Smyth, Toronto; W. Stephen, Anderson; F. W. Smith, Sheffield; C. B. Shuttleworth, Toronto; J. Scager, Ottawa; J. P. Sinclair, Toronto; R. B. Wells, Toronto; T. H. Whitelaw, Guelph; N. C. Wallace, Alma; J. D. Windell, Pontypool; J. A. White, Oakwood; P. D. White, Glencoe; T. Wickett, Belleville.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.
Correspondents are requested to be as brief as possible.

DISLOYALTY.

The anonymous letter writer who condescends to malicious personalities in public newspapers is a being to be despised. The "Another Old T. S. M. Boy," who writes on the 28th of May last to the *Mail* under the heading of "Disloyalty to the University," has, by that anonymous letter, so marked himself, but prudently for himself conceals his identity. An anonymous letter writer making personal attacks cannot be anything else than of a low type, from whom one could expect nothing, but what is mean and degrading, and who is so conscious of his contemptibility that he hides himself, and wisely, from public criticism, which he is too humanly to meet.

I would not condescend to notice the letter were it not for the attack made on me as a representative of the medical graduates in the Senate of the University, and I believe it due to my constituents to repudiate the public imputation of disloyalty to the University, even though made in such a cowardly way, and I take advantage of the columns of the *MONTHLY*, which are always open to correspondents for the discussion of all medical matters which are of general interest to the profession. They were so

open in the May issue to "An Old T. S. M. Boy," I believe, not because his letter was one of personal abuse, but because he very fairly raised some questions which have been for a long time in the minds of our wisest practitioners, and it seems only fair that such should have an opportunity of placing their views before the medical men of Canada.

I have never been, and am not either personally or in my representative capacity, disloyal to the University, my *alma mater*. My loyalty does not, however, depend upon my looking or hoping for a place of profit in its gift as it does with some, nor am I a seeker after such place. That loyalty does not take the form, as some would wish it did, of a tacit or expressed satisfaction with the *personnel* of the Medical Faculty, substitution in a portion of which would, I believe, be of great advantage to the public generally. It is not, I trust, a loyalty which will stand by and see a faculty or members of a faculty stretch their girdle by profits of hard work which were earned and properly belonged to some supplanted members of the old school, out of whose ruins arose that very faculty.

If the Faculty is to be vigorous and effective, it must be free from those faults and weaknesses which the sycophant and selfish would seek to fasten on it. Not being connected with any school or faculty, my hands have not been tied or my judgment warped by personal interest, and I have no desire to conceal from criticism my acts as a representative of the medical graduates, whose interest I have endeavoured to advance. I am quite aware that by not pandering to the views of some interested few their antagonism to me has been engendered. This I accept as a compliment. It is only when aggressive men are dead and the grass grown over them that they will be free from the attack of the pusillanimous, who then, washing their hands in invisible soap, will, with velvet tongue and

great solemnity, say, "*Nil nisi bonum de mortuis.*" One cannot wonder that such a writer of such an anonymous letter hopes that the DOMINION MEDICAL MONTHLY may be "an ephemeral venture in journalism," but even in expressing this hope, though he did not see it, he pays a compliment to the character and success of the MONTHLY, as jealousy never fastens its fangs in a failure.

W. H. B. AIKINS.

MY ANONYMOUS CORRESPONDENT.

An anonymous letter appeared in the *Mail* of June 2nd, referring to the DOMINION MEDICAL MONTHLY, with which I have the honour to be connected, and incidentally referring to me, not by name, of course, to which I would have no objection, as in counter-distinction to the correspondent in the *Mail*, I am not by nature a coward. This gentleman, who is, in my opinion, exceedingly discourteous to his profession in that he uses the public press for his pleasant communications, shows himself about as ignorant of professional ethics as of the matters which he proceeds to discuss in his letter. For his information and those of the profession—not the lay public who may happen to be interested—I would say that I am a graduate of Trinity Medical College in Medicine, a graduate in honours in the Science Course of the University of Toronto, and have the highest respect and the most sincere desire to assist either Alma Mater. For this reason I objected to the Arts Faculty, of which I am a graduate, being impoverished by the expenditure, as stated by Sir Daniel Wilson, of \$130,000 to aid medical education. As I had the pleasure of paying for my medical education, I do not see why I should be called upon to pay taxes, in order that a few gentlemen, politically related to the

powers that be, should draw salaries and prepare competitors against me.

It is well known that the Legislature granted \$160,000 for the reconstruction of the university buildings, the university had thrown up its hands in despair, educational want was stalking abroad through the land, yet they could spend \$130,000 to benefit the gentlemen aforesaid, not the university, not my Alma Mater.

I am very pleased to see that the sum of \$5,000 a year, which was earned by my old professors of the Arts Department, and was handed over to the gentlemen of the Medical Department, is now retained by the Arts Department, and my Alma Mater correspondingly benefited. Further, I am pleased to see that buildings which cost some \$70,000, which they formerly had rent free, but which were rated at \$30,000 for the benefit of the Medical Faculty, who now pay the magnificent rent of \$1,200 per annum, is a step, but only a small step, in the right direction, *i.e.*, towards relieving my Alma Mater from the burden which designing men and subservient politicians have placed upon her. But I am pained to see that my Alma Mater has allowed the gentleman who is principally responsible for this to order himself an LL.D., which was the highest honour she could confer upon the man who got such satisfactory letters (to himself) from Sir Daniel Wilson upon this subject.

If there is any further information that my anonymous correspondent would like to have it will be cheerfully furnished, if that gentleman is not afraid to put up his head so that we can turn up the returns and find how much salary he is drawing for protecting the University Medical Faculty.

Yielding second place to no one in my desire to assist my Alma Mater, whether in medicine or arts, I remain, my anonymous correspondent,

Yours sincerely,

W. B. NESBITT.

MEDICAL COUNCIL AFFAIRS.

EDITOR DOMINION MEDICAL MONTHLY :

SIR, -In this letter I shall consider the question of vested rights involved in the dispute between the profession and the Council, and I shall also refer to the causes and extent of the revolt in the profession against its irresponsible and arbitrary Government.

There are three vested rights, or so-called vested rights, involved :—

First, that claimed by a number of colleges and universities which, as they assert, gave up certain rights and privileges, and for this surrender received representation on the Council by the Act of 1865.

The second is similar in character to the first and is claimed by the homœopaths after the passage of the Act of 1869. These I shall discuss together, because their claims are similar in nature and placed upon the same basis.

It is sometimes vaguely asserted that each university and college, as well as the old Homœopathic Board had the power of examining students and issuing licenses granting permission to practise the medical profession. This is not correct. Not one of these institutions ever had any power whatever to grant a license. The sole and only power they had was that of examining and giving a degree or certificate certifying that the student had attained a certain educational status. This power not one of these educational bodies has surrendered. Some are still exercising it just as of old, and all the others can have theirs resurrected, if they choose, and examine once more. The power to issue a license prior to 1865 lay exclusively in the hands of the Governor-General of Canada. Upon the presentation of a degree or certificate of examination, with a certificate of character and the payment of a sum of money, the Act provided that the Governor "may" (or may not) grant

a license. Up to the date above mentioned I believe the licenses were universally issued, but their issue always remained a matter of mere good pleasure, and at any time when Her Majesty's representative thought it well in the public interest to withhold a license he could do so, and no right of the colleges or homœopaths would be invaded by such action, and when in 1869 the Governor ceased to issue licenses no power or right whatever touching the *practice* of the profession was taken from these examining bodies, for they never had any. How could they surrender what they never possessed? Besides the very fact that the State retained the right to give legal effect to degrees and certificates of qualification so as to enable the holder thereof to practise, implies that it also reserved to itself, as common sense tells it would do, the right to invest its authorization to practise medicine with whatever conditions or qualifications the public welfare or its own will might render necessary or desirable. Moreover, so far as the colleges are concerned, the wording of the Act of 1865 clearly establishes my contention. After reciting the bodies, only five in number, to receive representation the Act adds, "And any other college or body in Upper Canada authorized, *or hereafter to be authorized*, to grant medical or surgical degrees, etc." How could a college coming into existence after 1866 surrender rights and privileges possessed before it was created, and therefore be entitled to representation? The words of the Act prove clearly two propositions :—First, the principle on which representation was given was not the surrender of rights and privileges, but the mere fact that the institutions named, or to be named, were teaching and examining bodies ; and, second, the words "hereafter to be authorized to grant medical and surgical degrees and certificates of qualification, etc.," prove that the func-

tions of the bodies then in existence and those to come into existence were to continue, and not be surrendered. The contention therefore that representation was a *quid pro quo* is utterly fallacious.

But there are stronger grounds still on which to establish the argument against the vested-right claim. It is this: The general profession never gave permission to the appointees of the colleges and the selectees of the homœopaths to lord it over them in the Council. The general profession never was a consenting party to the compact of 1865 or 1869, by which the privilege of representation was granted. The general profession was not even consulted as to the propriety of the legislation of those years. I challenge the Council to produce the names of a score, nay, a dozen, medical men who say their opinion was sought and obtained in favour of the scheme. It is a matter of history and beyond dispute that the colleges originally sought and obtained the legislation of 1865, each taking to itself a representative upon the Council, and in 1869 they were joined by the homœopaths and electics, who demanded and received five members each, and a dozen seats were thrown to the general profession to balance up the heterogeneous and hostile factions. There the matter has rested since the inception of the Council, except that the electics, with a keener appreciation of the ridiculous than their comrades of the dilutions, have long since ceased to demand representation, as their numbers, like the homœopaths did not entitle them to one seat at the Council.

It is argued, however, that inasmuch as the general profession has elected its twelve representatives for nearly thirty years it has accepted and become a party to the original compact. I deny this. The profession has during all these years tolerated but never acquiesced in the arrangement. The medical practitioners of

this province are a long suffering body of men. They are so isolated that combination for defence is possible only under provocation that has become intolerable. That crisis came when, as I pointed out in a former letter, the Council reached forth its grasping hand, and seized powers transcending those possessed by any corporate body in Canada or in the wide world, so far as I know.

The third vested right rests its claim upon a better foundation.

Every practitioner in this province prior to 1874 passed all the examinations prescribed, paid all the money demanded, obtained a certificate of character, satisfied every requirement of the law, and obtained a license or registration that entitled him to practise his profession, as long as he lived without interference from any source whatever. Prior to 1865, the license was issued by Her Majesty's representative the Governor General of Canada, and the permission to practice the profession was without condition, save, good conduct and coterminous with life. Subsequent to 1865 and up to 1874 the Council granted registration, which was equally without condition and equally coextensive.

The man who purchases a hundred acres of land from the Crown makes his settlement duties, pays all moneys demanded, complies with all the requirements of the law, becomes the possessor of a vested right, no more indisputable, no more inalienable than the holder of a certificate of registration or a license from Her Majesty's representative. This vested right is, in my judgment, beyond dispute. But in 1874 the Council approached the Legislature in order to secure power to impose an annual tax, stating at the same time as a reason for securing the power that the receipts of the Council were not equal to its expenditure. Dr. Sangster, in his admirable letters, has proved beyond doubt or cavil that this statement was not

in harmony with fact. The Council, however, accomplished its purpose, and by retroactive, the most offensive of all kinds of legislation, succeeded in robbing the members of the profession of a vested right which cost them years of study and thousands of dollars to obtain. Is it to be wondered, Mr. Editor, that there have been twenty years of irritation, if not of rebellion against an Act so arbitrary and unjust? The members of our profession are as sensitive of their honor as any class of men in the world, and are prepared cheerfully to meet all their just and lawful obligations, but they felt in honour bound to resist the annual tax, and this resistance is almost universal. No fewer than 4,227 letters during a decade of years have been sent out to the members of the College, by the Solicitor of the Council, demanding payment on penalty of process of law. Several hundred medical men have been dragged into the Division Courts and subjected to the costs and annoyances of law suits. But all these methods of treatment, though heroic in their character, most signally failed to bring the profession into line. Something more radical was necessary, and then came the Dernier ressort. As already pointed out in a previous letter, the Council with the lights turned down, in order to keep the profession in profound ignorance of its purpose, secured the now notorious legislation of 1891, with its far-reaching powers, by which the Council could erase the names from the register of all who still refuse to pay up its demands, and if any dare to sell a pill or push a lance, after erasure, the Council had in store for him a fine of \$100 with costs, and a cell in a common gaol. Well, sir, with the terrors of this terrific law hanging over their heads what was the result? No doubt many paid from sheer fear of extinction as practitioners, but notwithstanding all the terrors of the law and the firm and systematic methods adopted by the

Council for its enforcement, there were at the close of 1892, 1,295 who refused to bow the knee to Baal and pay the tribute. I venture the assertion that there are not from Sarnia to Cornwall three hundred medical men who willingly or cheerfully pay the annual tax. What is the reason for this resistance, which no methods, even the most crucial, can tame or conquer? Is it, as the Council asserts, dishonesty? Not even our worst enemies, excepting always the Council, will believe this. We must look elsewhere for the solution of a resistance so determined, so persistent, so irrepressible, so universal, and it is this: the imposition of a tax infringes upon a vested right, if life duration which every practitioner secured for himself prior to 1874, and it violates the fundamental principles which underlie all taxation, viz., that the men who demand and spend the tax shall be subject every one of them to the votes of those taxed. Upon this principle the whole profession takes its stand in its resistance of the Council's arbitrary invasion of its rights. I believe I voice the views of my fellow practitioners when I say that I am willing to pay \$2, \$10 or \$20 per annum for the maintenance of the Council upon two conditions:—*First*, that every man who imposes and spends any money shall be amenable to the votes of the profession; and *second*, that after the application of the most rigid economy in the management of Council affairs it becomes evident that an annual tax is necessary. But so long as the present reckless era of speculation and extravagance prevails; so long as members of the Council sup their porridge at their own fire side, dine in their own banqueting halls, slumber and dream complacently on their own couches, and then demand and take out of our treasury for these valuable services to the profession \$3.50 per day, under the deceitful misnomer of hotel expenses; so

long as members take out of the treasury Pullman fares for railroad travel where no Pullman cars run, so long as they continue to demand our money and seek to govern us in violation of the fundamental principles of constitutional government. so long as they seek to enforce these demands by coercive measures that would grace the sceptre of an ancient Czar of Russia, just so long may this irresponsible Council look for war to the knife on its reckless, arbitrary and despotic methods of government. The only ultimate remedy for our professional ills is, not the destruction of the Council, but independence, the free untrammelled powers of self-government, and no man who respects his profession and respects himself can suffer his vote to be cozened out of him by those who desire to see the continuance of a condition of things that is so humiliating as to be a disgrace to a body of educated men calling themselves a learned profession.

Yours, etc.,

J. W. McLAUGHLIN.

LETTER FROM DR. SANGSTER.

EDITOR DOMINION MEDICAL MONTHLY:

SIR, — As a rule I very decidedly decline to trouble the profession with matters relating to myself personally. At the outset of the dispute which has been agitating the Medical electorate for the past two or three years, I very well knew that I could take part in it, only at the expense of some outlay in both time and money, and that, in all probability, my motives would be vilified, my honesty aspersed, my consistency questioned, my utterances falsified, and my aims misrepresented, and that, quite possibly, I should obtain in return, the reformer's usual reward of kicks in place of thanks. No sane man could hope to reduce within proper bounds an established oligarchy, which

had grown strong and defiant by nearly thirty years of unquestioned power, without receiving many thrusts and some hurts. These I was prepared to endure with such equanimity as I could command. To me the only really unhappy and regretful result of the conflict has been that my attitude on Council matters has ruptured personal friendships and alienated kindly regards (especially in the city of Toronto) which were the outgrowth of half a lifetime of intimate intercourse and association. To very many of those who, naturally by position and alliance, hold opinions and aspirations diametrically opposed to mine, I have, in the long past, stood in the position of teacher to students, while others were for years associated with me in the work of medical education, and the severance of the almost affectionate relations which uniformly subsisted between us until within the past few months has been, to me, a matter of deep regret. Some, it is true, have generously accorded me the right of private judgment, and that liberty of action, within reasonable and lawful limits, which all freemen claim, and although their sympathies are not with me, can still give me as warm and as kindly a hand-clasp as of yore. Others apparently cannot forgive my advocacy of professional independence and clear responsible government. Well, one must do what he thinks is right, and not count the cost, and, in my case, I have, as a per contra to these vexations, the assurance that the great majority of my fellow practitioners are with me heart and hand. It is therefore rather because my friends urge me thereto, than because I myself think it at all necessary, that I ask space to make the following explanation.

Nearly two years ago, to discount my utterances, it was suggested that, holding the views I do, I had no right to accept a position (that of examiner) in the gift of

the Council, and that, while I refused to contribute to the funds of that body by paying the annual assessment, and believed that the money was wrongfully obtained from the profession, I ought not to have accepted any of it in payment for my services. This is almost as ingenious as it is disingenuous, and perhaps I ought to have corrected it sooner. Like other misrepresentations, it was started by those who knew the whole facts of the case, but it is, I am told, repeated by many who seem really to think there is something in it. Let me explain.

1. From the establishment of the Board of Examiners till 1872, I held a position thereon, being the appointee of the University of Victoria College. The Medical Faculty had nominated me to that position, and my friend, the late Dr. Berryman, as representative to the Council, and our appointments were confirmed by the University Senate or Board. If there was any further formality of confirmation by the Council itself, in one case or the other, I was not aware of it. I accepted my position from the University, and so held it just as I presume some of the examiners do to-day.

2. The relations between the Board of Examiners and the Council became strained on the question of holding a fall examination, the former positively refusing to hold a supplemental test as required by the Council. In 1872 the tension between the two bodies became so great that the Council dismissed the entire Board, and constituted itself a Board of Examiners, and held a fall examination. My connection with the Council therefore ceased in 1872—more than two years before an annual assessment was thought of, and more than two years before the Council began to obtain money wrongfully from the profession.

3. In 1874, when the tax was imposed, I openly and publicly expressed my de-

termination never to pay it, unless forced to do so, until the educational bodies were also assessed, and I am glad to say that I have never broken or thought of breaking that resolve.

4. Even were my position not thus perfectly consistent and unassailable in this matter, I maintain that it would be the height of absurdity to claim that my opinions in 1894 must necessarily conform completely to those of 1884 or 1874. Our surroundings change, and our opinions and springs of action change with them. Prior to 1871, my professional chair in the University was worth annually from \$1,000 to \$1,200 in hard cash. Very possibly, if I still had to look at things through so dense an auriferous mist, I should continue to see matters very much as they appear to my friends—the professors, and teachers, and examiners of the medical schools of to-day.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, June 8th, 1894.

UNIVERSITY OF TORONTO.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Permit me just two or three lines. Let me quote the wise old words, "Be all things to all men," I hold that an institution such as the University of Toronto; or its medical faculty, cannot afford to make enemies any more than the individuals. If I am not sadly mistaken the University of Toronto, and particularly the medical faculty, have been making many enemies of late. Those who are responsible for this ought to be severely taken to task.

Yours, etc.,

ALUMNUS.