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THE

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A MONTHLY JOURNAL OF BRITISH AND FOREIGN MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO. JULY, 1878.

Selections: Medicine.

PATHOLOGICAL SOCIETY OF LONDON.

Dr. Dickinson showed a specimen of Ulceration of the Intestines in connection with Granular Kidney. He said that two years ago, in his Croonian Lectures, he had related two cases of granular kidney in young subjects, both of whom died from peritonitis due to perforation (or nearly complete perforation) of the bowel from ulceration. This ulceration resembled that of dysentery, except that it occurred in the ileum, and not in the colon. Dr. Greenhow had since mentioned to him a third case of ileal ulceration and purulent peritonitis in a girl aged twenty, the subject of granular kidney. The present was the fourth case with which he was acquainted. The patient was a young man twenty years of age, who had marked symptoms of chronic Bright's disease, copious pale albuminous urine, very little dropsy, albuminuric retinitis, extreme hardness of the pulse, and hypertrophy of the heart. He had occasional hæmorrhage from the bowel and nose, as well as the retinal hæmorrhages. The supervention of peritonitis (from which he sank) made Dr. Dickinson think the case to be parallel to the other three. The kidneys were markedly granular and fibroid, and an interesting fact was that the renal lesion was the direct outcome of an attack of scarlet fever fourteen years before. At that time, when he was six years old, he had scarlatinal dropsy, and ever since his health had been bad. The ileum was ulcerated, and in two places perforated; the peritoneal sac containing purulent fluid. There was no tu-

bercle, and no evidence of typhoid ulceration. As to the way in which the ulceration arose in these cases Dr. Dickinson was unable to speak with certainty; he believed it to be an actual result of the granular kidney with which it was associated, and it might be due to hæmorrhage into the wall of the gut. The President remarked upon the youth of all the patients, and asked whether any explanation could be given of this. Dr. Dickinson said that in the present case the renal disease was clearly due to scarlet fever, and in another it was due to calculous affection. The President asked, further, what proof was there of the absence of typhoid fever? Was the temperature raised? It was remarkable that in not one of the cases was the patient advanced in life. Dr. Dickinson said there was no history of typhoid fever in any of the cases, and two of them were under observation for a long time. There was no noticeable rise of temperature, and the chronicity of the disease put any acute fever out of the question.

DR. ALFRED CARPENTER ON ALCOHOL.—Dr. Alfred Carpenter's medical deliverance on Alcohol has not unnaturally excited attention beyond the bounds of the Medical Society. The question is a very large one, with commercial, fiscal, dietetic, physiological relations, besides pathological ones. As an illustration of the commercial aspect of the use and non-use of alcohol, we may say that the Temperance and General Provident Society in thirty-eight years has accumulated a fund of more than two and a quarter millions sterling as the savings and property of surviving members. But the sanitary and medical bearings of alcohol alone

explain the interest with which the public regard the subject when treated in a way they can partly comprehend. Dr. Alfred Carpenter showed a decided aversion from those easy assumptions which have been so current with teetotalers. He withheld his assent from the view that there is no utilisation of alcohol in its passage through the body. He would not consent to abolish it as a mere luxury, nor would he assume that because a large dose of alcohol is injurious, a small one would likewise be so. He reviewed the facts ascertained as to its action on the blood, reducing the power of the corpuscles to absorb oxygen, abstracting water from the blood-discs and making them adhere, increasing the coagulability of the fibrinous or plastic part of the blood, and its tendency to be deposited in vessels or organs—effects surely forthcoming when the proportion of alcohol to water in the blood exceeds one part in five hundred, and leading to those morbid appearances with which pathologists are familiar. He maintained that the alcoholic drinks commonly used, and taken, as they commonly are, undiluted, and very often unmixed with food, "must be hurtful." Surprise is expressed that such discoveries have not been made before. This feeling is natural, and we only mean here to say one or two words in reply to it.

The first is this, that physicians are now concerned much about the origin of refined processes of degeneration, the postponement of which is one of the great ends of medicine, and one of the great secrets of longevity. Not content with curing actual and gross disease, they aim at averting any departure from the proper structure of tissues and organs, or the enjoyment of perfect functional health. They want all men to live longer. In order to do this, the aim must be to prevent disease as well as to cure it. In this way they have come to consider the action of alcohol, and, without going into controversial details, certainly find it to be a most potent factor in producing degenerative changes in tissues.

Our second remark is this: that while the case is made out against any but the slightest use of alcohol, and this with meals, there is a great deal yet to be done by physicians in

elucidating the physiological and pathological action of the temperate use. Some recent statistics show, or seem to show, that, according to the experience of the Temperance and General Provident Society, the abstainers are more liable to death by lung disease, by heart disease, by zymotic disease, and by casualties; while moderate drinkers are more liable to death by nervous disease, by liver and kidney disease, and by dropsy. We can well believe, as the same statistics show, that, out of a thousand insured of the two classes respectively, abstainers and carefully sifted moderate drinkers, four of the later died to three of the abstainers. We consider that, if anything is made out, it is that any considerable quantity of alcohol, in ordinary constitutions, leads infallibly to mischief. But we want this subject treated carefully, in a truly scientific spirit, as if there were no moral or commercial interests attached to it, feeling assured that the more dispassionate the medical discussion of it the more will it help the cause of health and morals.

BRAIN-FEEDING.—The press of work and the strain of worry are so great in these days of hot haste and breathless enterprise, that, except under conditions rarely established and maintained, the power of self-nourishment and repair in the mind-organ is not sufficiently strong to keep it in health. It follows that it must be fed and nourished by special design. An adequate supply of oxygen is the preliminary requirement. Then comes the question of food: and, whatever else may feed the brain, workers with this organ should be assured that alcohol will not sustain it. Alcoholisation and oxygenation are directly antagonistic processes; and even if alcohol be food for the brain, the organ cannot feed when the nutrient fluid circulating in its vessels is disabled from the task of conveying oxygen, which happens whenever spirit is present in more than very moderate proportions in the blood. The relief afforded by alcohol from the sense of depression produced by a lack of oxygen, is, therefore, illusory. It is procured by over-stimulating an organ which is both exhausted and impaired.

—*London Lancet.*

A HELP TO DIAGNOSIS IN CASES OF ABDOMINAL OBSTRUCTION.

[BRYANT]

—	ACUTE— Obstruction or Strangulation.	CHRONIC OBSTRUCTION—		ACUTE OR CHRONIC— Intussusception.
		From Disease of Large Intestine.	From Disease of Small Intestine.	
Previous condition of subject.	In good health	Ailing for some time with abdominal symptoms.	Ailing, with previous at- tacks of incomplete ob- struction.	In good health.
Mode of attack	Very sudden and acute.	Symptoms gradually in- creasing in severity, or acute grafted upon old,	Paroxysms of colicky pain, upon old symp- toms.	Sudden onset, and increas- ing when acute, subsi- ding when chronic.
Early symptoms :				
Pain	Abdominal pain— fixed, central, and paroxysmal.	Pain diffused and in- creasing with disten- sion.	Pain—paroxysmal, with intervals of ease and hypogastric.	Pain—fixed, and often relieved by pressure.
Vomiting	Vomiting rapidly be- coming fecal.	Intermittent and fecal towards the last.	Occasional during attack of pain.	Rapidly becoming fecal in acute cases, ab- sent or intermittent in chronic.
Collapse	Collapse very marked.	Absent till the end.	Absent till late.	Very marked in acute cases, not so in chronic.
Constipation	Absolute constipation, and inability to pass flatus.	Gradually increasing in severity.	Attacks of constipation, alternating with natu- ral relief.	Occasionally present, but as a rule "dysenteric" symptoms, straining, tenesmus, muco-san- guineous stools, or hemorrhage.
Abdominal distension, Manipular indications,	Rapid and severe, cen- tral and hypogastric. Tympantitic; distended coils at times to be felt.	Gradually increasing, lumbar and epigastric. A fixed swelling at times to be felt in either iliac fossa.	Never great, increased during attack. A doughy condition of bowel, becoming knotty during attack.	Rarely severe, Distinct tumour often to be felt, its shape vary- ing during attack.
Visible indications	Abdomen tense in um- bilical and hypogas- tric regions, with vis- ibly distended coils.	Abdomen broadly dis- tended; coils of intes- tine visible.	Coils of intestine very visible.	Nothing marked to be seen.
Peristalsis	Rarely visible.	Marked.	Very marked.	Not visible.
Urine	Scanty or suppressed.	Natural in quantity.	Natural.	Natural.
Rectal examination ...	Lower bowel probably quite empty.	Stricture of bowel may be felt in rectum or in sigmoid flexure by manual examination.	Nothing abnormal.	Rectum may contain mucus or invaginated bowel.

—London Lancet.

ACUTE BRIGHT'S DISEASE CURED BY JABORANDI.—* * * * And now you will, of course, want to know what our treatment has been. how we have brought it about that in the course of two weeks after her admission the patient is entirely recovered. The general dropsy, albumen in her urine, and dyspnoea all gone together. I ascribe all my success in the treatment of this case to the free use of jaborandi. Five days after the jaborandi treatment was begun, the whole face of the case was changed. The dose I ordered was one drachm of the fluide extract of jaborandi thrice daily. This dose produced excessive diuresis and diaphoresis. I am convinced that in jaborandi we possess a most valuable agent for combating the dropsical complications of Bright's disease. It should be given either in the form of the infusion, or the fluid extract. In cases where uræmic poisoning is a factor, and where the drug is consequently not well borne by the stomach, I have

administered jaborandi by injecting it into the bowel. Though the effects of the drug when injected were not so striking as in the present case, I yet see no reason why it should not be given by the bowel as well as by the mouth. I have also tried the drug hypodermically, but I prefer not to speak positively at present of its effects when so used. In one instance I will say that it did produce considerable irritation of the skin. How are we treating this woman, now that the dropsy has all gone? She is taking dialyzed iron internally and hypodermically. This treatment is improving vastly her general health and nutrition. The origin of the disease in the present case is a very common one. It was brought on by cold and exposure. In children, acute Bright's disease generally follows scarlet fever. In adults it usually comes on immediately after exposure to dampness and vicissitudes of weather.—Dr. DaCosta in Hospital Gazette.

EXTRACTS FROM REPORT ON HISTOLOGY AND MICROSCOPY.

TRANSACTIONS OF CALIFORNIA STATE MEDICAL SOCIETY, 1877.

It is an accepted truism that no physician is competent for all the duties of his profession without a practical acquaintance with the microscope and microscopic manipulation: yet it is to be regretted that so few are to be found who are even tolerably expert in such studies. It is not an uncommon thing to find physicians who are well informed in other departments, who imagine that the examination of a pathological specimen may be easily made by a cursory view of a small piece or a drop of the fluid under the microscope, when in reality many hours or days are needed for the preparatory hardening, staining, and mounting, which are requisite for an intelligent judgment. In cases of doubtful pathological structure or diseased function, the only reasonable course left for those who are not sufficiently skilled in manipulation is to refer the examination to others. To facilitate such microscopical examinations, it is often necessary to transmit the specimens by mail. For this purpose Dr. Richardson, author of the "Handbook of Medical Microscopy," advises the use of acetate of potash. A fluid drachm of sediment containing tube-casts, etc., may be poured in a two-drachm vial containing the solid acetate. The latter will absorb the liquid so that it may be transmitted without leakage. For tumours, etc., a small piece, from one-fourth to one-half inch square and one-tenth of an inch thick, should be placed in a couple of drachms of saturated solution, made by pouring one-half an ounce of rain water upon one ounce of dry granulated acetate of potash. After forty-eight hours' soaking, the piece should be drained and wrapped in several folds of india rubber or oiled silk. In this way specimens may be sent by mail without risk of either decomposition or desiccation. As the acetate has no effect on oil globules, this plan enables us to recognize fatty degenerations in cases where specimens in alcohol or glycerine afford negative results. With deposits of acetate of lime or triple phosphates this plan will not answer, and Dr. Richardson advises the addition of twenty to thirty per cent. of carbolic acid to the fluid which contains them.—*Pacific Med. and Surg. Journal.*

THE CONTINUOUS BATH.

Hans Hebra (*Cbl. f. Chir.*, 1878, p. 89; from *Wien. Med. Wochens.*) has within the last fifteen years treated more than five hundred patients with the aid of the continuous bath. With the exception of some slight local irritating influence upon the skin, observed in a few cases, no disagreeable symptoms have been observed. The bath has even been continued during menstruation without disturbance. The treatment has been used,—

1. In burns (56 per cent. mortality). Favorable effect upon all symptoms; the effect in allaying pain is remarkable, Scars usually soft and smooth, and movement in no way hindered.
2. In pemphigus. While no cases of *P. vulgaris* proved fatal, a mortality of 81 per cent. was observed in *P. foliaceus*. In the latter affection the patient's condition was only endurable when in the bath. Relapses were not prevented.
3. In confluent variola. All patients in whom the eruption showed itself profusely were placed in a warm bath when the eruption had reached its height, and with the best results.
4. In gangrenous wounds and ulcers, whether of syphilitic origin or not. Of the latter, gangrenous buboes were most frequently thus treated. (Mortality, 12 per cent.)
5. In phagedænic chancres the result was not less happy. In phlegmon and in fistulous wounds which would not heal in any other way, the continuous bath acted surprisingly well.

SALICYLATE OF SODIUM IN GOUT.—Dr. Bisson writes to the *Année Médicale* for February the account of a case of refractory gout of twelve years' standing in which this remedy was found of great use. The patient suffered from a severe attack every autumn; most of the joints had been affected, and there were numerous chalky concretions which here and there had ulcerated through the skin. No medicine had been of the least avail. Dr. B. gave the salicylate in doses of eighty grains in twenty-four hours, and with the best results.—*Phil. Med. Times.*

Surgery.

SACRO-ILIAC DISEASE — DIFFERENTIAL DIAGNOSIS FROM HIP-JOINT DISEASE.

I now present you with a case which was sent to me through the kindness of Dr. Hunt, of New Jersey, and which was supposed to be a case for exsection of the hip-joint. Dr. Hunt first saw the patient (colored) two weeks ago, but no satisfactory history of the case has been obtained. All the information which I have been able to obtain has been from the patient himself since his arrival at the hospital. He states that he is eighteen years of age; that two years ago he suffered from what might be called a general rheumatic fever. He has been exposed to wet, but under what conditions and to what extent was not ascertained.

As yet no satisfactory diagnosis has been made, and it is for the purpose of arriving at some definite conclusion in reference to this interesting and obscure case, that I have brought it before you.

When I first saw him three days ago, he was sitting up in bed, and occupied the exact position which a patient in the second stage of hip-joint disease usually occupies; that is, with the leg flexed upon the thigh, the thigh upon the trunk, the foot everted, and the limb *abducted*.

We will now apply Nélaton's test for displacement of the head of the femur, which consists in passing a line from the anterior-superior spinous process of the ilium to the tuberosity of the ischium. A line thus drawn will pass, when there is no displacement, exactly over the apex of the trochanter major, which we find to be the course of the line in this case. Now, if we had a fracture of the neck of the femur, the trochanter would be above this line; if absorption of the neck, head or acetabulum, the trochanter would also be above this line; the leg would be *adducted*, inverted and shortened. The position which the patient occupied when I first saw him, was sitting with his left leg flexed, abducted and rotated outward, which is the position of a limb when the hip-joint is over-distended, as with

pus or serum. Further, in hip-joint disease, if the capsule of the joint be not ruptured, you cannot invert the toe, adduct the limb, or extend the thigh, without producing a great deal of pain. But in this case, taking care not to affect parts external to the joint by the motion of the limb, and to hold the pelvis absolutely still, we can invert the toe, and slowly adduct and extend the limb without causing pain. This would go to show that it was not the hip-joint which was involved, or else that the capsule of the joint has been ruptured, and the effusion into the joint squeezed out. Yet this can hardly be the case, for as we look at the limb, we see that it occupies the position common to the *second* stage of hip-joint disease. If the capsule of the joint had been ruptured or perforated so as to liberate the pus, the limb would no longer retain its present position, but would assume the position common to the *third* stage of hip-joint disease. Now, the limb can get in this position from muscular contraction, but if the deformity be due to muscular contraction, we cannot invert the leg and rotate it in, which movements we find can be effected in this case. This fact alone has satisfied me that there is no distention of the joint.

You probably will have observed that in making our examination we have avoided, as far as possible, all sources of irritation and excitement to the patient, for when these patients become irritated, it is almost impossible to do anything with them. As he lies quietly on his couch, we may make some further observations. Our object is to elicit the exact location of the disease. By the application of Nélaton's test line, we have found that the trochanter major is in its normal position. I can crowd the head of the femur firmly into the acetabulum without causing pain. And again, the leg is too long, and its position too good for a carious head of the femur, or carious acetabulum. You will observe that so long as we confine our examination to the hip-joint proper, our manipulations give rise to no pain; but when we crowd the ilii together with only a slight force, great pain is produced. By passing my thumb around the sacro-iliac junction, I elicit severe pain, and upon the inside I find a fullness which is indicative of a sacro-iliac

abscess which has burrowed its way along down the thigh. In my examination of the patient three days ago, the pus broke out on the left side at the upper portion of the thigh. Nearly a half pint escaped, and so strongly was it impregnated with the odour of faecal matter, that at first I took it to be a portion of the contents of the large intestine, but further examination proved this not to be the case. The matter discharged must have lain for a long time in contact with the rectum, and have derived its odour from the faeces through the principle of osmosis. I am happy to state that Dr. Stephen Smith agrees with me as to the probability of this explanatory conjecture.

It is painful to witness the extreme suffering of this man; but to-day he is far more comfortable than when I first examined him.

Many of the symptoms which we have elicited from this patient this afternoon are present in cases of hip-joint disease, but it has been our aim to show you how they are to be differentiated from those of true hip-joint disease. If I make firm pressure over the iliac fossa on the right side I get no pain, but pressure in the same situation on the left side gives rise to extreme pain. Now observe what I am doing. Extension of the femur gives the patient ease; so it does in hip disease, but you will observe that I am extending the ilium through its attachments to the femur. I am making extension upon the sacro-iliac junction, and that is where the disease exists. As soon as I cease to make extension the patient is in agony, but so long as the extension is applied he is at ease. By placing my left hand over the superior crest of the ilium and pulling with great force, thus drawing the ilium from the sacrum, great relief is afforded the patient. While holding the ilium away from the sacrum, I am crowding the head of the femur firmly into the acetabulum, which gives rise to no pain, and settles the question that there is no disease of the hip-joint.

We have spelt out this case, as it were, and can now easily arrive at a correct diagnosis. We have found in our examination that so long as we do not affect parts external to the hip-joint, our manipulations give rise to no pain. With the sacro-iliac articulation extended, we can make firm compression over the trochanter

major without producing pain. When the ilia are crowded together, intense pain is produced. Here, then, we have a clear case of *sacro-iliac disease*, which has gone on to suppuration, and the pus has found its way along down under Poupert's ligament, and come out upon the anterior portion of the thigh.

With reference to the treatment of this case, the first step of essential importance is that a free outlet for the imprisoned pus should be made, and the parts cleansed thoroughly. For this purpose, we will make a free incision along the anterior portion of the thigh where the pus has accumulated, rinse the cavity out with carbolic wash, fill it with Peruvian balsam, and stuff in some oakum. Had the abscess opened posteriorly over the sacro-iliac articulation, I would have made a free incision down to the joint, and lay open fully any sinuses leading to dead bone, removing at the same time any accessible portions of necrosed bony tissue. By placing this patient in the upright posture, the chances for drainage will be greatly improved, and the antiseptic applications which we have made will tend to bring about a more healthy state of affairs.

In the treatment of these cases of sacro-iliac disease, I have recommended extension. During the time when the patient is in the erect posture, extension is to be made by increasing the thickness of the sole of the shoe which is worn on the foot of the unaffected side to such an extent as will permit the foot of the affected side to swing clear of the ground, and thus extension upon the sacro-iliac articulation will be made by the weight of the limb on the affected side. The extending force may be further increased by running lead into the sole of the shoe on the affected side. This method of extension is intended only to be used while the patient is exercising on his crutches. At night, and whenever resting in the horizontal posture, extension is to be kept up by a weight and pulley over the foot of the bed. The foot of the bed is to be raised a few inches higher than the head of the bed, by means of which the body acts as a counter-extending force. The abscess of the anterior portion of the thigh is now opened freely, and a large amount of very offensive pus with a distinct faecal odour is escaping.

I have just made out another important point in this case. By introducing my finger through the incision which has been made to liberate the pus, I can pass it up and about the capsule of the joint which I find to be unruptured. This confirms our exclusion of the hip-joint from disease.

We now inject the cavity with carbolized water, and having thoroughly washed it out, fill it with Peruvian balsam. We elevate the limb, so that the disinfecting balsam may come freely in contact with all parts internally. We will stuff in some oakum, cover the part with oil silk, and over this apply a roller bandage. Extension must be made as we have already suggested. The patient should have a pair of crutches, so that he can get out into the open air and sunlight. He should have a sustaining diet.—*Dr. Sayre in Virg. Med. Mon.*

TREATMENT OF SEVERE ARTERIAL HÆMORRHAGE FROM PUNCTURED WOUNDS OF THROAT AND NECK.

BY MR. WM. HARRISON CRIPPS, F.R.C.S.

Royal Medical and Chirurgical Society.

The paper discusses the treatment to be adopted in cases of severe arterial bleeding, that have resisted all simple means, and in which operative measures become necessary. The class of cases include punctured wounds about the angle of the jaw and through the mouth, hæmorrhage from the tonsils, or from cancer of the tongue or mouth, and secondary hæmorrhage after surgical operations, &c. The treatment usually adopted in these cases has been a ligature upon the common carotid. Upon analysis of a considerable number of cases, it is found that, after this method of treatment, rather more than half the patients die. The causes of these deaths are approximately as follows:—Rather more than 30 per cent. from brain symptoms; rather more than thirty per cent. from recurrence of the bleeding; and 30 per cent. from other causes. It thus appears that one-third of these deaths are directly due to ligature of the carotid, and that in another third the operation had proved useless for arresting the bleeding. The brain symptoms

appear to result from the already anæmic brain having a considerable portion of its blood-supply suddenly cut off, hæmorrhage occurring from the original wound (after ligature of the common trunk) must either be due to the blood coming as a regurgitant stream brought down the internal carotid, or by blood being brought through the fine anastomoses of the terminal branches. Experiments and facts narrated in the paper show that in a certain number of instances the bleeding is due to a regurgitant stream through the internal carotid, or to blood brought to the proximal end of the wounded vessel by the inferior thyroid. A table accompanying the paper shows how the bleeding vessel, wounded in the situation described, has most commonly proved to be the external carotid, or one of its branches, a wound of the internal carotid being of rare occurrence. Having discussed the cause of the high mortality following ligature of the common carotid, ligature of the external carotid, about half an inch from the bifurcation, is recommended as likely to prove a safer and more efficient method of controlling the bleeding. The grave danger of cutting off the blood supply to the brain is avoided by this operation, while at the same time the chance of recurrent hæmorrhage is diminished in proportion to the number of instances in which it occurs as a regurgitant stream. The objections raised to the operation are: (1) the fear of secondary hæmorrhage from the proximity of large branches; (2) that, should the wounded vessel prove to be the internal carotid, a ligature upon the external would be a useless operation. The first objection is answered by reference to cases narrated by M. Guyon, showing the rare occurrence of secondary hæmorrhage from the external carotid. The second, by the comparatively few instances in which the wounded vessel has proved to be the internal carotid. Moreover, should the mistake occur it is not beyond remedy, for a ligature might still be placed upon the common trunk at its bifurcation; on the other hand no remedy can be found for a patient dying in a comatose condition caused by obstructing the internal carotid on account of a wound of the external carotid or one of its branches.—Mr. Holmes only recalled one case

of punctured wound in the neighbourhood of the tonsil in which the internal carotid was thought to have been invaded, and ligature of the common carotid was had recourse to. If in such cases it were certain that the wounded vessel was not the internal carotid, but a tonsillar branch of the external carotid, then clearly it was right to tie the latter vessel by preference. Mr. Cripps' argument was forcible, that the same incision made to expose the external carotid would serve also to secure the common trunk, supposing the first ligature failed to arrest the bleeding.—Mr. Baker had tied the common carotid in a case of hæmorrhage in the neighbourhood of the tonsil, from an injury by a tobacco-pipe. The patient died from loss of blood rather than the operation, and the ascending pharyngeal was found to have been the vessel wounded, showing that in such a case ligature of the external carotid would not have succeeded. Still, for the majority of cases the suggestions of Mr. Cripps were of value.—Mr. H. Cripps, in reply, said that in his collected cases only seven or eight were of wounds within the mouth, the majority being wounds behind the jaw. Wounds of the internal carotid were very rare, even in injuries in the neighbourhood of the tonsil, the tonsillar branch of the facial artery lying more superficially than the internal carotid, which out of five cases had been found post mortem to be wounded only in one.—*London Lancet.*

A SUBSTITUTE FOR COD-LIVER OIL IN CASES OF SKIN DISEASE, ATTENDED WITH MARASMUS.—After relating the circumstances which led him to employ oil of linseed instead of cod-liver oil, the doctor stated that latterly he was accustomed to use, in the place of the emulsified oil, simply the flaxseed itself. His patients were directed to carry it around with them, and take from a teaspoonful to a tablespoonful at a time. In this way they used sometimes half a cupful in the day. It was palatable and agreeable, and seemed to be readily assimilable. Its use was unattended with diarrhoea, and produced no eruptions, or other disagreeable symptoms. He had used it in pemphigus foliaceus, lichen planus, lichen ruber exudativus, psoriasis, and in many phthisical and diathetic disorders, with the happiest results.—*Dr. Sherwell in Archives of Dermatology.*

LOCAL TREATMENT OF THE VARIOUS FORMS OF SYPHILIS.

Sigmund (*Vierteljahrsschrift. f. Derm. u. Syph.*, 1877, p. 436; from *Wiener Med. Wochens.*) prefers water, alcohol, ether, collodium, and glycerin as excipients before the various ointments, the former being neater and cleaner, simpler, more easily prepared and kept, and more conveniently used. Chlorate of potassium and acetate of lead may be used with advantage in aqueous solution (1:30) as protectives in excoriations of the skin of uncertain character. Even in extensive injuries, when these are superficial, they act well by coagulating the secretion and thus preventing further infection. They do not irritate the wound or the neighboring healthy integument, and they cause no pain. The lead is to be used preferably in excoriated, moist papular infiltrations, mucous patches, etc., in order to prepare these for the later use of other local means. Alcoholic solution of corrosive chloride of mercury (1:400), when applied carefully, covers excoriated and eroded patches of skin with a thin adherent layer under which the formation of epithelium goes on rapidly. The application can easily be confined to the spot required, and its action may sometimes be hastened by quickly brushing the affected region with alcohol beforehand. Stronger solutions (2-10:400) are caustic, and are best made in collodium. Sulphate of copper solution (1:200-400) makes a good wash or injection for use between the prepuce and glans. Stronger solutions (1:50-100) used for 5 to 15 minutes are caustic, and concentrated solutions (1:3) are useful in deeply destructive processes in the soft parts: they give rise to a sharply-defined adherent crust, which comes away after some days, leaving a healthy sore. This salt may be employed to advantage in other forms (as ointment, crystal, powder, plaster) instead of nitrate of silver. The latter is particularly useful in lesions about the mouth. Empl. hydrarg. is a variously useful ointment, but is too stiff for ordinary use, and should be mixed with empl. saponis. From this mixture may be formed little plates, balls, rods bougies, etc., at pleasure. Syphilitic infiltrations become more rapidly absorbed under the local use of empl. hydrarg.

The preparations of iodine and bromine are particularly useful in diphtheritic exudations. Iodoform Sigmund thinks only occasionally useful, and not to be recommended, on account of its disagreeable and penetrating odor. Chloride of gold is quite inert

Chloride of iron acts very much like sulphate of copper, only it is more penetrating and injures the whole skin. In indolent, easily-bleeding, gangrenous ulcers, complicated with scrofulosis or scorbutus, occasionally used according to Lister's method, chloride of iron acts surprisingly well.

Chloride of zinc acts very much like chloride of iron, but is not quite so satisfactory in the cases above mentioned. Chloride of zinc paste is not suitable for syphilitic patients. Phenyl, salicyl, and thymol are not worth much either as dressings or as caustics. They are useful, however, in diphtheritic and necrotic wounds, and also in abscesses of the lymphatic glands if these are complicated with diphtheritis and gangrene. They may be employed in watery solution 1 : 50 to 100 for cleansing or as paste. —*Phil. Med. Times.*

CARBOLIZED GUT AS A SURGICAL DRESSING.

In a communication to the *Allgemeine Medicinische Central-Zeitung* for February 17, Dr. Flashar, of Polkwitz, writes as follows:—

Starting from the fact that catgut threads used for ligature are completely absorbed, it occurred to me to prepare portions of intestine in the same way as catgut, and to use them in appropriate cases as dressing. Having procured a piece of dried sheep's intestine, I cut it lengthwise, and soaked it in carbolized oil (ten per cent.).

After about six weeks, I had an opportunity of trying it in the case of a young man whose right hand had been injured by a machine. The wound, which gaped widely and penetrated the deeper tissues, extended obliquely along the surface of the hand to the middle and ring fingers, both of which were injured. The edges were torn and ragged, and the subjacent tendons were partly laid bare. After cleaning the hand and wound, I applied to the latter a

large piece of the prepared intestine, still dripping with oil, in such a way as to overlap a portion of the uninjured skin. The whole was covered by a cotton-bandage and left undisturbed as long as circumstances allowed. For the first time, at the end of six days there was some offensive smell, and the patient felt a slight burning; previously to this neither pain, swelling, nor inflammation had been observed. The dressing was opened on the seventh day, and, to my astonishment, I found that the portions of intestine lying on the wound were perforated, and for the most part absorbed; the wound beneath was in an advanced state of cicatrization, so that it wanted comparatively little to complete its closure. The smell which had been perceived proceeded from the portion of intestine which lay on the sound skin; it had there assumed a whitish colour and appeared like intestine which had been softened in water. The dressing was renewed, the sound part being left free, and in a remarkable short time the small remaining portion of the wound was healed. The cicatrix was so soft and pliable that the vitality of the hand and fingers was not impaired in the slightest degree.

I made a second trial of the same material in a case of separation of webbed fingers in a young child. After cutting through the uniting membrane, I wrapped each finger separately in prepared intestine, and also laid a piece in the angle of the wound. Cicatrization went on equally in all parts of the wounded fingers. Unfortunately the parents, who lived in a village, were prevented by bad weather from bringing their child to me at the proper time for removing the dressing, and consequently readhesion took place to a trifling extent. The cicatrix was so soft, and the tissues felt so normal, that I had no fear of future contraction and stiffness. In this case also I observed that the portion of intestine which lay on the normal skin had become soft and pale.

I believe it is absolutely necessary to soak the intestine for a month in the carbolized oil, in order to render it fit to be used as a dressing to amputation-wounds where skin-flaps cannot be formed, or to wounds in which a great loss of substance is to be feared, especially on the skin. —*London Med. Record.*

TREATMENT OF BURNS AND SCALDS.

BY CHRISTOPHER HEATH, F.R.C.S.

In private practice you will find the carron-oil—lin. calcis of the British Pharmacopœia, which is made with olive-oil, and is therefore pleasanter—answer very well; but you can use zinc or any other simple ointment.

We have of late in this hospital taken to use a preparation which is the invention of Mr. Godlee, and has the advantage to be to a great extent antiseptic. This is the boracic-acid ointment, and is made up in this way:

Boracic acid in fine powder....	1 part;
White wax.....	1 part;
Paraffin.....	2 parts;
Almond-oil	2 parts.

Melt the wax, paraffin, and oil with a gentle heat; then add the acid, and continue stirring until it remains of uniform consistence. Before using it should be reduced to a soft mass by rubbing it in a cold mortar.

The paraffin makes the ointment rather hard and solid in cold weather, and therefore it wants rubbing down in a mortar, or slightly warmed, and then it answers very well, and forms as good a dressing as you can have. So much for the first stage.

If you should be unfortunate enough to meet with an extensive burn all over the body, I should strongly advise you to make use of a warm bath, and put the patient, burnt clothes and all, into the bath. Hebra, of Vienna, treats his skin-patients with warm baths, and lets them sit in the bath until all the crusts soak off; and we may advantageously adopt the same plan with severe burns. Put them into the warm bath, and arrange that the temperature should be kept up. The water surrounding would float off the patient the burnt clothes and cuticle, and you would be left with a healthy granulating surface, and possibly might thus save a patient's life.

Jean Joseph Pascal, born at Callian (Var), formerly Physician in Chief and the first Professor in the Military Hospital of Strasbourg, has just died at Bordeaux. His writings were chiefly contributed to "*Les Memoires de Med. Militaire.*"

Midwifery.

NOTE ON TWO CONTRASTED FORMS OF WEAK LABOUR.

Dr. Matthews Duncan communicated to the Edinburgh Obstetrical Society (*Edinburgh Med. Journal*, Feb. 1878) a note entitled as above, of which the following is an abstract:—

"The two forms of weak labour spoken of by Dr. Duncan in this paper are frequently confounded with one another with injurious practical results; but they are essentially different, and require a correspondingly different treatment. The one form is common and well known, the other has only been recognized of late years, and is not yet at all well known. The common form depends upon inertia of the uterus, and is most frequently seen in multiparæ who have had many children and are elderly. In this case the uterus is not stimulated to sufficient activity, and the delay is due to inefficiency and infrequency of the pains. The stage of the after-birth is apt to be attended with hæmorrhage. The rarer form is due to a quite different cause, and is, in many respects, a contrast to the former. It occurs chiefly in primiparæ, or in young women who have a special nervous mobility. Here the uterus is unduly but morbidly active. The tonic permanent contraction goes on with premature and injurious rapidity; the intermittent pains are frequent and painful, but inefficient. The body of the uterus, with its fundus higher in the abdomen than usual, is retracted over the body of the child, so that it forms only a comparatively small cap over the lower foetal parts, and a distinct rim or sulcus can be felt a little below the umbilicus, where the contracted uterine body is attached to the greatly expanded cervix. The condition of the uterus in this form is similar to what is found in labours where the advance of the child has been long obstructed, and it is attended with like danger, yet there is no apparent difficulty in propelling the child and no obstruction. The treatment of two forms of labour so distinct from one another is naturally different. In the former, where the delay is due to inertia, the uterus is to be stimulated by oxytocics—of which ergot is the best—and by

kneading, rubbing, and similar means. In the latter, or premature uterine reaction, the uterus is not to be stimulated but soothed; opium and chloroform may be useful, but all oxytocics are to be avoided. Early delivery, if necessary with the forceps, is desirable. A case is given in which the second of these two forms was accurately observed."

MEDICAL EVIDENCE FROM THE STATE OF THE OVUM OR FŒTUS IN CASES OF CRIMINAL ABORTION.

(*The Boston Medical and Surgical Journal*,
January 31, 1878).

Dr. F. W. Draper, in his report on the progress of forensic medicine, gives as follows the conclusions of a committee of the Société de Médecine Légale:

"1. Abortion in the *first* month of pregnancy is always attended with the expulsion of the complete ovum (*en bloc*), and it passes from the woman unperceived by her.

"2. The aborted ovum may, however, in some cases undergo spontaneous rupture during its passage through the neck of the womb.

"3. From the *second* to the *third* month also the ovum may be expelled in a complete condition; but this is not usual, except when the fœtus is dead. When the fœtus is living, it is more common to find that it has undergone rupture. This depends on various conditions, such as the degree of resistance offered by the ovum, the force of the uterine contractions, and the state of the cervix uteri.

"4. The absence of the fœtus does not prove that there has been criminal interference, for if the dead ovum have remained long in the uterus the fœtus or embryo may have disappeared by solution.

"5. Dating from the *third* month it is usual to find the ovum broken up, abortion taking place at two periods, with the discharge of the fœtus followed by that of the placenta.

"6. At the *fourth* month, and subsequently, abortion may be regarded as a delivery on a small scale. At this period it is exceptional that the ovum is found expelled entire.

"7. Up to the third month the cord is too

weak to resist the force required to extract the placenta; and, *a fortiori*, it would not be strong enough to allow an inversion of the parts, as was assumed in the case reported to the Society.

"8. Rupture of the membranes, taken alone, cannot, therefore, be regarded as a sign of intentional abortion, and even if accompanied by an inversion of the membranes it cannot be admitted as sufficient evidence of a criminal act, even in the early stage of pregnancy."—*Phil. Med. Times*.

POST PARTUM HÆMORRHAGE TREATED BY THE INJECTION OF HOT WATER INTO THE UTERUS.—Dr Lombé Attil, in the *Lancet* of February 9th, extols the use of this remedy. He gives notes of 16 cases. The temperature of the water must be from 110° to 115°. The tube of the syringe should be carried fairly into the uterus. He also advocates similar treatment in flooding in miscarriages or abortions.

THE CELL AND PROTOPLASM.—In a lecture recently delivered at the Royal Institution, Professor A. H. Garrod said that he believed the original idea of a cell, as first taught by Schleiden and Schwann, is incorrect. The use of the reagents they employed, to get clearness as they supposed, really brought about artificial changes which led them to believe that a cell consisted of cell wall, cell contents, nucleus, and nucleolus. He would define as a cell a separate mass of protoplasm, whether surrounded by formed material or not. This formed material comes from the precipitation of salts of lime by the protoplasm and from the formation of hyaline, etc. In this way the tissues of the body are built up. In the growth of the epidermis, the cells are gradually more and more filled with precipitated matter, the protoplasm occupies less and less space, and finally the cells die and are removed from the surface. In fatty tissue, the hydrocarbons of the food are gradually precipitated in the cells till the protoplasm becomes only an investing membrane.—*Philadelphia Med. and Surg. Reporter*.

Therapeutic Notes.

HOME-MADE MINERAL WATERS.

A writer in the *Medical Press and Circular* says: At my instigation, some of my medical friends have used the following mixture where the bitter saline purgative waters of Friedrichshall and Hunyadi Janos were indicated, with equal if not more satisfactory results in abdominal diseases, hepatic congestion, even attended with hæmorrhoids, plethora, etc.:

Sulphate of soda.....	3 drachms.
“ “ potassa.....	3 drachms.
“ “ magnesia.....	4 drachms.
Bicarbonate of soda.....	1 drachm.
“ “ potassa.....	1 scruple.
Water.....	20 ounces.
Muriatic acid.....	1 drachm.

Mix. The bottle is to be kept well corked, and in a cool place. A wineglassful the first thing every morning, in a tumbler of cold water. The addition of the muriatic acid answers a two-fold purpose: it saturates the mixture with carbonic acid gas, making it more palatable and the small quantities of chlorides it generates add to its efficacy in a surprising way. Sulphate of potassa is the best cholagogue in the saline shape, and invariably enters largely into all the natural waters of use in hepatic congestion. But all the natural waters contain more or less sulphate of lime (in common *parlance*, plaster of Paris), which adds nothing to its efficacy, and is objectionable.

Again: in gouty and rheumatic diatheses, where an iodized alkaline aperient is indicated, the following may be prescribed, and will be found far more efficacious than any of the natural waters:

Dry sulphate of soda.....	3 ounces.
“ “ potassa.....	6 drachms.
Bicarbonate of potassa.....	2½ drachms.
Carbonate of lithia.....	½ drachm.
Iodide of potassium.....	½ drachm.

Mix. Dose, a teaspoonful the first thing in the morning in half a pint of tepid water.

If the patient prefer cold to tepid water, plain cold or aerated may be used.

In renal affections, where a course of the warm alkaline waters of Vichy or Carlsbad, or the cold ones of Vals, Jachingen, and

Marienbad is desired, we may use (as Dr. Wade suggests) dilute solutions of potassa and soda bicarbonate with citrate of lithia. Sir H. Page has found soft or distilled water of great service in the palliative treatment of renal affections, and either the one or the other should always be used in the preparation of the solutions. They may be taken warm, or charged with carbonic acid.

By adopting such measures as these, we can confer, in some measure, the boon of mineral waters on poor patients, which is now only enjoyed by the wealthy.

SUCCESSFUL TREATMENT OF STRYCHNIA POISONING BY THE HYPODERMIC INJECTION OF APOMORPHIA.—In the April number of the *American Journal of the Medical Sciences*, Dr. R. Glisau, of Portland, Oregon, reports a case of strychnia poisoning, treated by apomorphia hypodermically. The symptoms were well marked and severe. It was impossible to give an emetic or use the stomach pump on account of the trismus. A third of a grain of muriate of apomorphia was injected, and vomiting commenced five minutes after. After the vomiting there was no recurrence of the general tetanic spasm, but an occasional contraction of a few muscles, when the patient was touched, moved, or disturbed.

Dr. Glisau has a prejudice against the use of apomorphia in narcotic poisoning, generally, and in ordinary forms of disease requiring emetic, because of the occasionally dangerous results where vomiting is not produced, but he believes it pre-eminently adapted to poisoning by strychnia on account of the two-fold action of *antagonizing the rigidity of the muscular system, and of promptly relieving the stomach of the unabsorbed portion of the poison.* He estimated that the patient took six grains of strychnia. Half an hour elapsed before he arrived. From his experience of strychnia poisoning, he is firmly convinced that death was chiefly prevented by the prompt action of the muriate of apomorphia.

LIQUOR ARSENICALES IN PRICKLY HEAT.—This remedy is highly recommended by a writer in the *Indian Medical Gazette*. He gives it in the usual doses.

RATIONAL TREATMENT OF LEAD POISONING.—

Dr. Geo. Hay, in a communication to the *Philadelphia Medical Times*, whilst approving of the method at present in vogue of treating acute saturnine poisoning, takes exception upon chemical grounds to that ordinarily pursued in the treatment of the chronic affection. In the acute form, he says, the poison is without the system, that is to say, in the alimentary canal, and the object of treatment is to render it insoluble, and hence unabsorbable, and to get it out of the stomach and intestines as speedily as possible; both of these objects are very well obtained by the administration of sulphate of magnesium. In the chronic form of the affection, however, the poison is in the tissues, and the treatment should be to render it as soluble as possible in the aqueous fluid of the blood, and to promote its excretion by the various enunctories. These ends, he maintains, cannot be reached by the administration of the usual iodide of potassium and sulphate of magnesium; and for chemical reasons he suggests the substitution of the chlorides, and especially common chloride of sodium. He would give it in one drachm doses three times a day. If a saline hydragogue cathartic is required, it should be chloride of magnesium or citrate of magnesium, and not the sulphate. No sulphates of any kind whatever should be used, except those unavoidably present in the food. At the same time he would promote elimination by the skin by means of the daily use of tepid baths and a soft flesh brush. Debility should be overcome by the use of such tonics as *tinctura ferri chloridi*, *liquor strychninæ* (not the sulphate), *tinctura cinchonæ*, &c., and such nutrients as animal broths, milk, eggs, &c. The patient must of course be protected from any source, patent or occult, of perpetuation of the poisoning, and a suitable drinking water should especially be provided.

Original Communications.

OVARIOTOMY.

BY J. H. COTTON, M.B., L.R.C.P. AND S., ED.

The frequency of ovariectomy and the success which has attended the operation during the last few years, seem to justify medical men in undertaking the operation at an earlier stage of the disease than is recommended by writers on the subject. In too many cases the operation is resorted to as the last means of giving the patient a chance for life, when she is worn out by continual suffering and the inroads made by disease upon her constitution. That it may be safely undertaken in the early stage is now an established fact of gynæcology, and the following case is given as an illustration of how little danger attends the operation when performed under favourable circumstances:—

Mrs. W—, aged forty-five, sanguine temperament, of good family history, consulted me on December 29th, 1877. She gave the following account of her condition. For some years she had been subject to severe hepatic trouble, attended with dyspepsia and general loathing for food. Had frequent fugitive attacks of peritonitis. In early youth had been troubled with dysmenorrhœa, which had passed away after marriage. For some time had had a swelling on the back over the region of the right lobe of the liver, which, after a discharge of blood per rectum, had disappeared. Is now troubled with severe dyspepsia, and suffers severely from nervous prostration. About three years ago she lost a relation, and her menses, which till then had been regular, ceased suddenly. Suffered at the time some pain over the region of the ovaries. Has an anxious hippocratic expression: skin tinged yellow. Made no mention of tumour. Upon examination, liver was found to be slightly enlarged, with tenderness over the part. In the right iliac region a tumour was found about as large as the head of a small child, which was diagnosed as ovarian. When informed of the nature of her trouble and the only means of affording her permanent relief, she expressed herself as resolved to have the operation done as soon as possible. She

PROPYLAMINE IN CHOREA.—Dr. H. Parkhauser recommends the above agent as a specific in chorea, curing in three or four days. He gives it in doses of from 15 to 19 grains per diem, dissolved in ζiv . of water and ζij . of syrup, given in tablespoonful doses every hour.

was informed as to the risks, and advised to wait until it was causing greater functional disturbance. Subsequently she consulted Dr. Groves, of Fergus, who gave the same opinion. She, however, insisted that it was breaking down her health and wished to be operated upon. After consultation with my colleague, Dr. Black, I resolved to operate in May. To improve her dyspepsia she was put upon lacto-peptinē and nitro-muriatic acid mixture, with good results. By April her general health was much improved, and the operation was fixed for the 7th of May. The preparation and the details for the operation were entrusted to Dr. Black who was associated with me in the after treatment of the case. I was also ably assisted by Drs. Groves of Fergus, Trimble of Queenston, and Ecroyd of Mount Forest. There were also present Drs. Dunbar, Jones, and Jamieson, and Mr. Cotton, Medical Student. A careful examination was made of the tumour. It was found to have increased rapidly in size. The situation was observed in the left side. The uterus was immovable, and it was feared that the organ was implicated. Obtained from left iliac region, with hypodermic syringe, a quantity of dark grumous fluid. Were it not that the contents of ovarian cysts vary so much in their physical characters I would be inclined to regard this as pointing to malignancy.

OPERATION.—An hour before the operation the patient was given tr. opii. gtt. xxx., and just before the administration of chloroform one ounce of brandy. Dr. Ecroyd began the administration at eleven o'clock, and in about five minutes the patient was well under its influence. I commenced the operation by an incision, beginning one inch below the umbilicus, and extending for about five inches in the linea alba. This incision it was found necessary to enlarge. The peritoneum having been reached it was divided upon a director, and the tumour exposed to view. The hæmorrhage, which was trifling, was readily controlled; and the abdominal cavity explored for adhesions. The tumour was found to be adherent to the left side, the cystic portion occupying the middle and left side of the abdominal cavity. The adhesions having been carefully separated, the tumour was drawn up and tapped with a large

trocar, and a large quantity of thick grumous fluid escaped. The upper part of the cyst wall was very thin and was unfortunately ruptured, a quantity of the contents escaping into the abdominal cavity. The tumour was found to spring from the right ovary by a long non-vascular pedicle. This was transected and secured by a strong carbolized silken ligature. The tumour was then cut off, and the pedicle returned into the pelvic cavity. The uterus was found to be firmly wedged low in the pelvis, a condition which had obscured the diagnosis. The left ovary was healthy. The peritoneal cavity having been carefully sponged out, the wound was closed by six deep carbolized silk sutures and covered with oiled lint. The abdominal walls were supported by strips of adhesive plaster, and bandaged with flannel. The patient was placed in bed one hour and ten minutes after the beginning of the operation. The pulse was 76, with very slight symptoms of shock. She was given a hypodermic injection of morphia sulph. gr. $\frac{1}{3}$, which was repeated in half an hour. Symptoms of nausea appearing, twenty drops of tr. opii. in a tablespoonful of iced brandy, were administered, after which she slept for about an hour.

The microscopic examination of the tumour and fluid which together weighed twenty-one pounds, gave the following results: Fluid contained a quantity of granular matter, epithelial scales, pus and blood cells, the debris of degenerated tissue. Specific gravity 1016. The solid portion presented all the characters of the adenomata, originating from the ovary.

PROGRESS.—May 7th. Three hours after the operation the patient rapidly rallied, the pulse being 85, full and soft, temperature 98.5°, skin moist and warm. No nausea. Is but slightly under the influence of opium. Eight p.m., pulse 105, temperature 100°. To take the following: (a) R. Tr. aconitæ gtt. xx, ex. gelsemini 3 gr., Tr. opii. co. ʒiv, liq. ammon. acet. ad. ʒij, F.M. sig. coch. parv. 3 tia hora. (b) R. Pv. opii. gr. vi, Hydrarg. subel. gr. ii, Quinine gr. xii, ft. pulv. No. vi. sig. Unam cap. 3 tia. hora.

May 8th.—Six a.m., pulse 102, temperature 99.2°. Passed a good night, slept about five hours. Some nausea, vomited three or four times towards morning. Expressed herself as

feeling very easy. Substituted *cerii. oxalas* for the quinine, in powders, to continue the mixture. Six p.m., has slept about four hours, no vomiting, but little pain. Has taken a raw egg, and some milk in which crushed wheat had been boiled. Pulse 104, temperature 99.5°.

9th.—Seven a.m. Condition improved, has a good appetite. Has had no pain. No tenderness over abdomen. Urine, which has been drawn off every six hours, is dark-coloured, alkaline reaction, copious deposits of earthy salts. Pulse 95, temperature 98.5°.

Eight p.m. Pulse 98, temperature 99.3°. Complains of sharp darting pains over abdomen and in back. Tongue moist. To continue mixture and powders.

10th.—Seven a.m., pulse 90, temperature 99.3°, tongue coated, breath offensive. To omit mixture and to take the following every three hours:—*R. Lactopeptine gr. iv, cerii. oxal. gr. ii, opii. gr. ʒ.* Ft. pulv.

Eight p.m. Pulse 90, temperature 99.2°. Pain in seat of wound, no tenderness over abdomen. To continue liquid diet.

12th.—Troubled with flatus. Was given an enema of warm water with half an ounce each of turpentine and *tr. assafœtidæ*, which gave relief. Was given *pv. rhæi. co. gr. x.* every four hours till bowels were moved.

15th.—Removed stitches. From this day the patient rapidly improved, with no unfavourable symptoms.

MILK.—To convert, so to speak, cow's milk into human milk, allow one-third of a pint of new milk to stand for about twelve hours, remove the cream and add it to two-thirds of a pint of new milk, as fresh from the cow as possible. Into the one-third of a pint of blue milk left after abstraction of the cream, put a piece of rennet one inch square. Let the vessel stand in warm water till the milk is fully curdled, which requires from five to fifteen minutes, the rennet being removed as soon as the milk curdles, and put into an egg cup for future use, as it can be employed daily for a month or two. Break up the curd thoroughly, and separate the whole of the whey, which should be rapidly heated to boiling, when a little more casein separates and may be removed by straining. 110 grains of powdered sugar of milk is to be dissolved in this hot whey, and the sweetened fluid added to two-thirds of a pint of new milk.

Translations.

From *Lyon Medical*.

HARMLESSNESS OF LIQUORICE WOOD IN SACCHARINE DIABETES.

BY M. STANILAS MARTIN.

Some months ago, a man affected with permanent diabetes was seized with an intense thirst, which was augmented by an increase of temperature; he came and put this question to me: Would there be any danger in my taking a liquorice drink? Before answering positively, we thought it well to ascertain whether the sweet principle of this *maceratum* could traverse the liver without being transformed into glycogen, as occurs in the case of starch and sugar.

This patient, having consented to submit himself to the experiments we were desirous of making, we caused him to drink each day, one litre (quart) of water, in which there had been allowed to infuse in the cold 10 grammes (150 grains) of the liquorice wood cut into small bits; night and morning he sweetened his half-cupful with a teaspoonful of the same preparation, but made in more concentrated proportions, and in the following doses:—Of liquorice wood, deprived of its bark, and cut into small bits, 5 grammes (75 grains); of cold water, 15 grammes. Allow it to macerate for 4 hours, then decant.

This preparation, made with ordinary water, does not keep so well as that made with distilled water. In the absence of distilled water, a little brandy may be added.

The addition of the *maceratum* of liquorice to coffee in no way affects its aroma or flavour, it slightly modifies its bitterness without altering its properties.

We have analysed the urine of this patient every day, and have never found the least increase of sugar in it. For 15 days we mixed with the food given to a rabbit, a certain quantity of liquorice wood reduced to an impalpable powder. The animal was killed in order to remove its bladder; the urine that it enclosed contained glycyrrhizine, which led us to the conclusion that this glucoside, as Gorp-Basanez considers it, is not changed in its

nature by traversing our digestive organs, and is in nowise altered by the influence of the alkalis of the blood or by oxygen.

Diastase, placed in contact with a concentrated infusion of this wood, does not affect its sweetening properties.

From our experiments, it may be admitted that diabetics may, without fear of aggravating their malady, make an habitual use of liquorice: it will supply the place of sugar.—*Bulletin de Thér. Méd. et Chir.*

From *La France Médicale*.

DIAGNOSIS OF DIABETES.

In a communication published in the *Berliner Klinische Wochenschrift* (Nos. 41 and 42, 1876,) Dr. Veit points out how important it is to make an early diagnosis in saccharine diabetes. The beginning is rarely sudden, and when the affection is fully developed it is very rarely, if ever, curable. He insists upon the nervous symptoms which often precede the appearance of diabetes. The urine should be examined in all neuroses of uncertain nature. Having determined the presence of sugar it is necessary to ascertain whether the glycosuria be permanent or temporary. Temporary glycosuria or melituria may show itself suddenly after a powerful cerebral excitation, in persons who were previously in the enjoyment of good health; it may also show itself after carbonic oxide poisoning, after traumatic lesions, such as falls or blows upon the head, after wounds of the brain or alcoholic excesses. It is also found in certain diseases, such as sciatica, cerebral apoplexy, mental alienation, and phthisis. Quincke has found sugar in the urine after morphia poisoning. Traces of sugar have been found in the urine of pregnant women and of nurses. Change of disposition, abnormal irritability, insomnia, and extreme sensation of fatigue, trouble of vision, itching of the skin, pruritus of the genitals, especially of the vulva, more or less continuous headaches, are often the precursors of saccharine diabetes. In all cases of ill-defined neuroses, headaches, more or less continuous, especially in very stout individuals, Veit examines for sugar in the urine; in the last two or three years he has thus eight times discovered diabetes in cases where

nothing else led it to be suspected. As for furuncle and carbuncle, their connection with diabetes is too well known to need to be insisted upon here.

From *L'Union Médicale*.

THE PERCUSSION OF BONE.

Lkucke employs percussion of bone in a host of surgical cases, either to discover various painful points, owing to the modification which disease impresses upon the normal percussion note afforded by bone, textural changes in different parts of the skeleton. He practices this percussion either with the fingers or with a little plexor, and he never omits to compare the results obtained with that afforded by a similar exploration of the (corresponding) sound bone, on account of the great variations which are furnished by different persons. * * The acoustic differences between diseased and sound bones may be especially noticed in the case of the long bones of the limbs. It should always be recollected that the epiphyses give a higher note than the diaphyses. A recently consolidated fracture, by the lower note elicited by percussion in its vicinity, affords evidence of obliteration of the central canal and of the presence at this point of a thick osseous mass of compact tissue. Chronic osteitis of the epiphyses also furnishes a duller sound, whilst a tibia whose tissue is rarefied gives a note remarkably higher than that emitted by the sound tibia of the other leg. This percussion should always be practised while the limb is raised and not resting upon a resisting plane (bed or table.)

From *Gazette des Hôpitaux*.

THE ELEMENTS OF THE BLOOD.

At the *Société de Biologie*, M. Pouchet made a communication upon those little bodies which are found in the blood, and which M. Hayem and he have recently studied, each from his own standpoint. He observed that these bodies had been seen by Donné in 1842, and had been described by Zimmerman in 1846. M. Hayem, it will be remembered, considers these small bodies as germs of the red globules. M. Pouchet, after a great number of researches, thinks he can affirm that they are detached fragments or emanations from the bodies of the leucocytes.

THE CANADIAN
Journal of Medical Science,

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

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

TORONTO, JULY, 1878.

CHANGE OF RESIDENCE.—Dr. Zimmerman, Corresponding Editor of this Journal, has removed to 171 Church Street. All communications, letters, and exchanges should be directed to the above address.

THE ONTARIO MEDICAL COUNCIL.

In our last issue we ventured to suggest that the representatives of the profession in Council assembled might, perhaps, more profitably spend their time in reforming our system of medical education than in the noisy and childish wrangling to which we have too often had to refer with sorrow and indignation. But the late meeting, we regret to say, has been no exception to many that preceded it, and four days were occupied at great expense, while comparatively little work was done. Indeed, were it not that we live in hopes that the next election may make the *personnel* of the Council what it ought to be, we should be strongly disposed to discuss the question, "*Is the Medical Council of Ontario worth preserving?*" As at present constituted, it is not, but if, after next election, by the votes of the profession purged and cleansed, it reassembles clothed and in its right mind, we shall as cordially and as earnestly support it as we have ever shewn ourselves anxious to do from its beginning. There are many good men and true in the Council, capable, honourable, and anxious to do their duty, but, unfortunately, they are in the minority. In view of the coming opportunity that we shall have of expressing our dissatisfaction with the actions of some of the members,

we urge all to carefully study the report of the late meeting of the Council, and to recollect how similar have been the reports for many years. There are points of reform in medical legislation upon which we hold views, we are aware, that many conscientiously oppose; there are others, however, often referred to by us, which a large majority of our medical brethren, if they take that interest in the cause of higher medical education that it is their duty to do, must support. We have felt strongly that the present system of appointing examiners is a wrong one, yet we know of many who honestly hold a different opinion. We hold that the didactic teaching demanded is excessive, yet others think differently, and we are content to wait for a reform that we must obtain in time; but what we want is to have capable men sent to legislate for us, not noisy obstructionists, or utter incapables, who crowd out the service of the working men. We wish to have a Council that will be able to carefully guard the money that is entrusted to them, and transact our business without waste of time; one that will not interrupt business for hours in order to send a deputation to the Attorney-General upon an impossible errand; one that will not adjourn for hours in order that all its members may accept an invitation to visit the Hospital, when a Committee could have been deputed to do so; one that will not year after year sanction the payment of money to any member for doing work that he was never asked or ordered to do. At present we find that a member unauthorized by the Council, without the sanction of the Executive Committee, assumes the duty of improving and superintending the printing of the Bill to Amend the Ontario Medical Act, and not only that, but he has the presumption to charge fifty dollars for such service, and actually receives from the Treasurer \$28 50 for cab hire to the Parliament House in connection with the same work. We find that the same member assumes without authority to prepare an elaborate Anatomy Bill, though warned that such a Bill could not pass, and for this he presents an account of \$100. We find the same member receiving \$17 50 for cab hire and service at the college; he, unauthorizedly, supervises the Annual Announcement, and

for this he charges \$30. Another bill paid this same member is \$29 50 for cab hire and messengers, and so on *ad nauseam*. Year after year this thing is done. The Council meet; the Finance Committee report; a great hubbub occurs, and yet the very men who are loudest in their denunciations of the practice, after boiling over, simmer down and vote that the money be paid, on the distinct understanding, of course, that this year shall be the *very last time*. Now, what happened this year? The account presented amounted to \$282 50, in addition to \$30 already paid. After warm discussion, it was voted that \$170 be paid in full of all demands, a sum very indignantly refused by the gentleman to whom it was voted, who claimed all, or nothing, yet, we venture to say, a sum exactly \$170 more than he had any right to expect. With an equal sessional allowance with other members, he presents in addition an account for \$10 25 for cab-hire during the late meeting of the Council. There is one point more upon which we must again join issue with the Council, and that is, the yearly recurring farce of special examinations. Every year is to be the last, but still the evil goes on. It is an injustice to those who, not looking for like favours, have at the expense of time and money complied with the rules and regulations of the Council, and it is an encouragement to others to evade the regular examinations, if they think that they will have the chance of a *pro forma* one, as we know the examination held this year practically was. There is one question upon which we were glad to see the majority of the Council prevail, and that is the refusal to pass resolutions granting registration of British qualifications, until a reciprocity was assured them. The decision to secure either a building or a site for a building, in order to provide a suitable examination hall or council chamber, meets with our cordial approval. We shall be glad to see this matter successfully carried out, and have no doubt from the character of the committee appointed to attend to it that the work will be well done. A Registrar's office centrally situated is greatly needed. The present building in the Queen's Park is too far away to be available to any one but the

Registrar himself. In time, too, we hope to see a College Museum and Library established. In view of the additional expenditure that this project will entail, we trust that the annual assessment will be impartially levied, and that the astute Vice-President and the Executive Committee, backed up by Dr. Daniel Clark's resolution as to payments, will see during the ensuing year that no wasting of trust money is allowed, and we look to the influence of the medical press throughout Canada to stir up the profession to a sense of their duty, to send, as their representatives in the next Ontario Medical Council, conscientious, consistent, and capable men.

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association met this year in Buffalo, on Tuesday, June 4th. The Committee of Arrangements had made preparation for a thousand delegates, not more than six hundred, however, availed themselves of the opportunity of attending. When the Society had been called to order, the proceedings were opened with prayer by the Rev. T. Van Bokkeler of Trinity Church. Dr. Rochester, of Buffalo, then addressed the Association, welcoming the members to the hospitality of the city.

The President, T. G. Richardson, M.D., of New Orleans then delivered his Annual Address.

The address, which was a long and able one, dwelt particularly on the two great questions of the day, Medical Education and State Hygiene. Under the former head, Dr. Richardson recommended greater strictness in examination of students and a more thorough and elaborate course of study than had hitherto been insisted on.

Harvard, Chicago Medical College and the University of Pennsylvania were especially complimented on the changes they had recently made in their Medical Curriculum.

The President also recommended the giving prizes in money to those practitioners who had sent in the best original thesis on some medical subject. The object of the prizes being to stimulate original investigation among members of the profession.

Following the President's address, Dr. Brodie of Detroit read a short report of his visit to the Canada Medical Association, which met in Montreal last fall. The Dr. spoke in the highest terms of the courtesy shown to him by members of the Canada Association.

The Association then resolved itself into five different sections, before which a number of papers were read.

The forenoon of each day was occupied by a general meeting of the Association, and the afternoon, by a meeting of the various sections. On Wednesday morning, Prof. Smith of Philadelphia, Chairman of the Surgical Section, read a very elaborate paper on the Physiology and Pathology of Bone, especially in relation to chronic inflammation of joints as *Morbus Coxæ*. He described, and strongly supported the view, that both the white and red corpuscles of the blood were, to a great extent, formed in bone marrow.

He related a number of experiments and exhibited some specimens in proof of this theory. On this view of the physiology of blood, he then proceeded to explain the pathological process which takes place in *Pyæmia* and in *Morbus Coxæ*. The thesis was concluded by a reference to the treatment of the latter disease, and also of similar conditions in other joints, during which he took occasion to say that the extension treatment of Sayre, as adopted for Potts' disease of the Spine, was in use more than a century ago.

Dr. Smith strongly insisted on the presence of a dyscrasia in most of these cases of joint diseases. A short discussion followed, in which Drs. Gouley and Sayre took part. Both of these gentlemen strongly opposed the idea of struma, or any other form of dyscrasia, being successive to the production of joint diseases. Dr. Sayre related a case of hip joint disease in a little boy, the history of whose ancestors was traced back two hundred years, and no case of consumption had been found in any of the progenitors. The Dr. gave this as a strong argument against the old idea of struma.

Dr. Cutter of Boston gave a lecture on the peculiar changes which take place in the white corpuscles of the blood in syphilis. The lecture was illustrated by several photographs. He is

a strong believer in Lostofer's and Salisbury's views with regard to this disease.

The members of the Association were entertained on Tuesday evening by the Buffalo club, on Wednesday evening by the Society of Arts and Science. In the museum of the latter, there is a remarkably fine mineralogical cabinet.

On Friday an excursion was made to Niagara Falls, which ended the proceedings.

During the meetings, we were frequently disagreeably impressed by the patronizing manner which the schoolmen exercised towards those of the general profession. The former seemed sometimes to forget that they were not speaking to students, but to their equals in professional attainments. We were also struck by the absence of a very large number of the most scientific and most persevering of the younger rising men of the profession. As to why this should be, we would not presume to give an opinion.

The Canadian delegates, Drs. Clark, Trenholme, and Botsford, by the invitation of the President, occupied seats on the platform.

ART PUBLICATIONS OF GEORGE STINSON & Co., PORTLAND, MAINE.—We have received from the above firm copies of steel engravings entitled "Life's Morning," "Happy Hours," and "Empty Sleeve." These are certainly beautiful specimens of art and a credit to the firm publishing them. Their chromo of "Calla Lillies" is an elegant one. An advertisement appears in another column.

CANADA MEDICAL ASSOCIATION.—This Association, which will meet in September next at Hamilton, ought to be largely attended by the profession, and especially by those residing in the Western part of Ontario. We would suggest to County and Territorial Associations, where they exist, the advisability of appointing delegates. It is hoped that many will go prepared to read papers.

CANADIANS IN ENGLAND.—David H. Dowsley, of Clinton, and George T. McKeough, of Chatham, and James Fulton, M.D., have been admitted members of the Royal College of Surgeons, England.

Book Notices.

McGill University, Montreal, fortieth annual announcement of the Faculty of Medicine.

Eulogy upon Lunsford P. Yandell, M.D.
By Theodore S. Bell, M.D., Louisville, U. S.

Old Age, its Diseases and its Hygiene. By Lunsford P. Yandell, M.D., Louisville, Kentucky.

By-law to regulate the Proceedings of the College of Physicians and Surgeons of Ontario. Too cumbrous for use. Contains 151 clauses

The Physics of Infectious Diseases. By C. A. LOGAN, A.M., M.D. Chicago: James McClurg, & Co. 1878

The Herald of Health, a Manual of Practical Hygiene, or Guide to Health. E. W. GRAY, Editor, Bloomington, Ill. May, 1878. Vol. I., No. 1. Sixty cents a year—twenty months, one dollar.

University of Toronto. New Curriculum in the Faculty of Medicine.—The proposed curriculum of the University of Toronto in the Faculty of Medicine is now before the Senate. It exacts a high standard of knowledge, and will render the degrees evidences of high culture both in preliminary and professional education. We shall publish it next month.

New Medical Register.—We have received a copy of the *New Medical Register*, which will not be published until the names of those said to be registered have been revised and examined by the Executive Committee at its first meeting. There are about 1,700 names on the roll, as against 1,478 in 1874. This gives, according to the Registrar-General's estimate of the population for 1876, 1 to every 1,100 inhabitants.

Functional Disorders of the Brain and Nervous System induced by overwork and other influences incidental to modern life, with the formula and treatment, by the use of Phosphorus. Published by Wm. Warner & Co., Philadelphia, compiled from monograph by S. Kirby, M.D., M.R.S.C.E., and Prof. J. A. Thompson.

Meetings of Medical Societies.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

ANNUAL MEETING OF THE COUNCIL.

The Council met on June 11th, in the City Council Chamber. The credentials of the new members, Dr. Herriman of Port Hope, and Dr. Spragge of Toronto, the newly elected members in the place of Drs. Dewar and Hodder, deceased, having been examined and found correct, the retiring President, Dr. Clark, gave an address.

During the past two years he (the President) had endeavoured to carry into effect the penal clauses of the Medical Act, the only exceptions made being in the cases of graduates in medicine who had shown valid reasons for not having come up for license at any of the examinations. An effort had been made to get a Bill of amendments to the Medical Act passed at the last session of the Local Legislature. The Bill having been introduced late in the session, failed to pass; but a canvass of the House showed that both sides were favourable to the amendments. In view of the difficulty in the way of providing sufficient accommodation for the examination of the large number of students coming up for examination, he suggested that the building in the Queen's Park at present occupied by the Registrar should be fitted up for the purpose, or that a piece of property should be purchased in a central part of the city and a suitable registrar's office and examination hall erected thereon. He had observed that Dr. Hingston had made reference in an address before the Canada Medical Association to Dr. Jenks, of Detroit, who had been threatened with prosecution for practising medicine on the Canadian side of the line. While there was no objection to distinguished medical men crossing over to consult with some of their Canadian brethren, there was a decided objection to their coming over to treat patients. If they did so they must pass the examinations prescribed by the Canadian colleges, or else expect to be prosecuted, as they should be.

The President having left the chair and the Registrar taken it,

Dr. BERRYMAN, seconded by Dr. LYNN, moved a vote of thanks to the retiring President, which was carried unanimously.

ELECTION OF PRESIDENT.

Dr. WM. CLARKE, of Guelph, nominated Dr. Campbell, of Toronto, for the presidential office, which Dr. BERRYMAN seconded.

Dr. MACDONALD nominated Dr. DANIEL CLARK, seconded by Dr. GRANT.

On the vote being put, Dr. Campbell was declared elected on the following division :

YEAS.—Drs. Wm. Allison, C. V. Berryman, David P. Bogart, D. Campbell, George A. Carson, Wm. Clarke, Seth S. Cornell, E. G. Edwards, W. B. Geikie, G. Henderson, George Logan, J. P. Lynn, R. J. P. Morden, E. W. Spragge, and Elias Vernon—15.

NAYS.—Drs. W. T. Aikins, Alex. Bethune, W. H. Brouse, D. Clark, J. A. Grant, Weston L. Herriman, John Hyde, C. A. Irwin, M. Lavell, J. D. Macdonald, J. W. McLaughlin, and James Ross—12.

On motion of Dr. WM. CLARKE, Dr. Wm. Allison was unanimously elected Vice-President.

STANDING COMMITTEES.

On motion the following Committee was appointed to draft Standing Committees for the year:—Drs. Brouse, Geikie, D. Clark, Macdonald, Cornell, Berryman, and Vernon

The Council then adjourned for fifteen minutes to give the Committee an opportunity to perform its duties. At the expiration of that time,

Dr. GRANT, on behalf of the Committee, reported the following list of Standing Committees:—

REGISTRATION.—Dr. Bethune, Dr. Bogart, Dr. Henwood, Dr. Lynn, Dr. Vernon, Dr. Spragge.

PRINTING.—Dr. Cornell, Dr. Carson, Dr. Macdonald, Dr. Morden, Dr. Muir, Dr. Lynn.

EDUCATION.—Dr. Aikins, Dr. Brouse, Dr. Berryman, Dr. Geikie, Dr. William Clarke, Dr. Edwards, Dr. Grant, Dr. Lavell, Dr. Logan, Dr. McLaughlin, Dr. Morrison, Dr. Daniel Clark.

FINANCE.—Dr. Hyde, Dr. Herriman, Dr. Henderson, Dr. Irwin, Dr. Ross.

RULES AND REGULATIONS.—Dr. Brouse, Dr. Berryman, Dr. Bogart, Dr. William Clarke, Dr. Daniel Clark, Dr. Edwards.

The report was adopted.

SECOND DAY—MORNING SESSION.

The President took the chair at ten o'clock.

REPORTS.

The report of the Board of Examiners was received and referred to the Education Committee.

The report of the Medical Prosecutor was read. It stated that he had during the year visited every county in the Province of Ontario, and had found a large number of unregistered practitioners. The enforcement of the Act gave general satisfaction, the public being favourable to it; but many who openly violated the Act had escaped because evidence could not be obtained without great expense and loss of time. Out of seventy-five cases tried all had been fined, but in twenty cases the fines had not been paid.

This report was referred to the Committee on Registration.

MEMORIAL OF CONDOLENCE.

Dr. DANIEL CLARK, seconded by Dr. EDWARDS, moved the appointment of a Committee, composed of the President, Dr. William Clarke, and Dr. Berryman, to draft a suitable memorial of condolence with reference to the late Drs. Dewar and Hodder, to be forwarded to their respective families. Carried.

EXECUTIVE COMMITTEE.

The REGISTRAR read the minutes of the various meetings of the Executive Committee held during the year. After some discussion they were referred to a special committee.

PROCEEDINGS OF THE COLLEGE.

Dr. ALLISON moved,

That the by-law to regulate the proceedings of the College of Physicians and Surgeons of Ontario as adopted by the Executive Committee, acting under the instructions of the Council, be ratified, leaving it open to any member to offer any amendments during the present meeting of the Council.

The PRESIDENT called Dr. Grant to the chair, saying that he wished to speak on this motion.

Dr. ALLISON said the President was now in his proper place. (Laughter.) He adverted to the great labour which Dr. Campbell had given to perfect these by-laws.

Dr. DANIEL CLARK gave Dr. Campbell the fullest credit for his painstaking efforts; but the by-laws he considered altogether too voluminous and complicated to be made practicable in the hands of any President unless he gave great study to them.

After further discussion,

Dr. CAMPBELL said that it had always been impossible for the Council to give time enough to prepare by-laws itself, and the subject had been referred to a Committee. It was better to have rules, even imperfect ones, than no rules at all.

It was agreed that the Council should go into Committee on the by-law to-morrow afternoon.

MEDICAL EXAMINERS.

Dr. ALLISON moved,

That in consequence of the extreme dissatisfaction that exists among the members of the profession with the manner in which the examiners are appointed, it is expedient that in future no member of the Council shall be appointed to the office of medical examiner, but that all appointments to that office shall be made from among the registered members of the profession outside the Council.

Dr. AIKINS said that if this motion passed it would be a censure on every member of the Council who had been an examiner. Some years ago, several examiners had given 100 per cent. (the maximum) to every pupil.

Dr. GRANT considered the proposition as absurd. There was no need of a change. The position of examiner was called a lucrative one, but he thought it was anything but that.

Dr. WM. CLARKE observed that if they did their work properly, the \$100 each was the dearest earned money the examiners ever got. (Hear, hear.)

Dr. BROUSE, as the representative of a territorial district, was opposed to the motion, and he hoped Dr. Allison would submit with his usual grace to have it voted down.

Dr. MACDONALD denied that there had been any corrupt doings under the present system. It was a mistake to say that this Council were entirely responsible to the medical profession. They had a higher responsibility, viz., to the public. (Hear, hear.)

Dr. HERRIMAN said there were as good men outside of the Council as in it, and as fit to be examiners. If they were outside persons the students would then have an independent body in this Council to appeal to, which they had not now. In his election this was made a test question, and because of his views he was elected by a large majority, thus showing the feeling among the outside profession. If there were honours in the positions why not distribute them?

Dr. WM. CLARKE remarked that whether this motion were passed or not there would still be some examiners whose positions would not be affected, as they were appointed by Act of Parliament.

Dr. DANIEL CLARK admitted that there was some force in the remark that the Council would be an independent Court of appeal under another system, but the proportion of examiners appointed by the Council was too small to affect their decision. Moreover, there had only been one single appeal against the examiners during the past thirteen years. He thought the best men outside or inside of the Council should be appointed, but the Council should have something to say in the matter.

Dr. ROSS said he had voted for Dr. Allison's motion last year, but he was going to vote against it now.

Dr. EDWARDS believed that they could not do better than appoint the examiners from themselves.

Dr. BETHUNE spoke in opposition to the motion.

Dr. HENWOOD, as a territorial representative, was also opposed to it, and he believed the majority of his constituents were also. It was better that teachers should examine students than ordinary practitioners, no matter how high their attainments might be.

Dr. LAVELL said many men simply desired to become examiners, with a view of gaining personal distinction thereby, and without having the slightest qualifications for the position. The only security, therefore, to the profession and the public was in the Council appointing the best men wherever found.

Dr. GEIKIE spoke in a similar strain.

The motion was then put and lost, only three voting for it.

PROVIDING ACCOMMODATION.

Dr. AIKINS, seconded by Dr. WM. CLARKE, moved :—

That a deputation, consisting of the under-named members of Council, do wait upon the Honourable Attorney-General, at his departmental office, this day at four o'clock, to request aid from the Government of Ontario towards the erection of a proper building for the College of Physicians and Surgeons of Ontario :— Drs. Aikins, Daniel Clark, W. Clarke, Geikie, Brouse, and Ross, with the official members.

Dr. AIKINS presented the Treasurer's report for the past year. The leading features were :—

RECEIPTS.—Balance on hand last year, \$5,208 14; Dr. Pyne, Registrar, \$1,319 75; the matriculation examination fees, \$861 40; professional examination fees, \$5,910; interest, \$79 64; sundries, \$50; total, \$13,428 93.

DISBURSEMENTS.—Expenses of last meeting of Council, \$1,208 30; accounts, \$1,111 29; expense of Executive and sub-Executive Committee meetings, \$534 30; salaries, \$1,000; expenses of April examinations, \$1,151 23; balance in Bank of Commerce, \$8,423 81; total, \$13,428 93.

It was recommended that the number of members on the Executive Committee be reduced, and that members at a distance be not placed on.

The report was referred to the Finance Committee.

AN OMITTED NAME.

Dr. LOGAN, seconded by Dr. W. CLARKE, moved,

That Dr. Chaffey's case be referred to a Special Committee for investigation, consisting of Drs. W. Clarke, D. Clark, Edwards, Morrison, and the mover.

Some time ago it was agreed to hold a special examination for certain persons in this Province, and a gentleman named Dr. Chaffey was not notified.

The motion was carried.

THE ELECTORAL BY-LAW.

Dr. ALLISON, seconded by Dr. McLAUGHLIN, moved,

That leave be given to bring in a by-law to amend the electoral by-law of 1874.

The motion was carried, and the by-law was passed through every stage and became law. The by-law abolished the requirement that

those voting at elections for members of the Council shall be compelled to make their declaration before a Justice of the Peace.

AN ADDRESS TO LORD DUFFERIN.

Dr. GRANT, seconded by Dr. BROUSE, moved,

That an humble address be presented by the College of Physicians and Surgeons of Ontario to His Excellency Lord Dufferin, on the occasion of his departure from Canada; and that a Committee consisting of Drs. D. Clark, W. Clarke, McDonald, Berryman, with the mover and seconder, be a Committee to frame the same.

The Council adjourned for an hour, during which time the Special Committees were in session.

THE DEPUTATION.

At four o'clock, in accordance with the resolution passed by the Council, a deputation waited on the Attorney-General. They were received by that gentleman and the Hon. Adam Crooks.

The ATTORNEY-GENERAL promised to give the matter his serious consideration, and to consult with the Senate of the University about the proposal.

The Council re-assembled at five o'clock, and confirmed the minutes of the previous part of the session.

The PRESIDENT reported the result of the interview with the Government.

The report of the Special Committee appointed to examine the minutes of the Executive Committee was presented and adopted.

Dr. BROUSE, seconded by Dr. GRANT, moved :—

That in the opinion of this Council the time has arrived to secure a permanent building for its use, that a Committee be appointed to take the necessary steps for such, and that any arrangement the Committee may make shall be binding on this Council; the Committee to consist of Drs. Allison, Aikins, D. Clark, W. Clarke, and the President.

The mover said there was a valuable lot to be had, and centrally situated; and he thought the Government, besides giving the buildings, should allow a sum of money towards the construction of the same.

The names of Drs. Ross and Berryman were added to the motion, which was carried, only two members dissenting.

The Council adjourned till eight o'clock.

The Council re-assembled at eight o'clock p.m. Dr. Allison, Vice-President, occupied the chair.

Dr. HENWOOD presented a statement containing a schedule of fees to be charged in the counties of Brant and Haldimand.

It was referred to the Registration Committee.

Dr. McLAUGHLIN presented the report of the Committee appointed to consider the advisability of adopting an intermediate examination in lieu of the matriculation examination.

The report, which recommended the Council not to make the proposed change, was adopted.

A number of accounts were presented and referred to the various committees, after which the Council adjourned till ten o'clock on Thursday morning.

THIRD DAY—MORNING SESSION.

The proceedings opened at ten o'clock.

Dr. BETHUNE, on behalf of the Registration Committee, presented a report, recommending that the tariff of fees for the counties of Brant and Haldimand be adopted; that the requests of S. G. Robinson, J. B. Baldwin, and J. S. Campbell for permission to practise be not granted, as contrary to the Medical Act; that the case of Dr. Bomberry, an Indian, and a graduate of McGill College, who desired registration in Ontario, receive the favourable consideration of the Council; that Dr. Mallory's request for registration be not granted until he comply with the requirements of the Medical Act; that Dr. Comfort be protected from prosecution till next examination; that Dr. Drummond, of Jamaica, West Indies, who applied for registration in the Dominion under a misapprehension of the terms of the Medical Act, be communicated with by the Registrar, and be furnished with a copy of the Medical Act; and that the report of the Public Prosecutor be referred to the Finance Committee.

The Council went into Committee on the report on Dr. Bomberry's case.

Dr. BETHUNE explained that he only desired to practise among the Indians, and that he desired to be protected from prosecution. He

had been prevented from attending the last examination by illness.

On motion it was agreed that Dr. Bomberry be granted a special examination.

The other clauses of the report were adopted in Committee and in Council.

RECIPROCITY IN REGISTRATION.

The PRESIDENT stated that he had received a letter from the Registrar of the General Medical Council of Great Britain, embodying a copy of the minutes of that Council, a copy of the British Medical Act, and other documents. He inferred from the communication that the British Council would be quite ready to interchange registration with Canada.

The communication was referred to the Registration Committee.

The PRESIDENT, having left the chair, moved the following resolutions:—

1. Resolved—That the President of the College of Physicians and Surgeons of Ontario be authorized to inform the Registrar of the General Medical Council of Great Britain that his certificate of registration to practise both medicine and surgery in Great Britain will be accepted by the Council of the College of Physicians and Surgeons of Ontario, as constituting a sufficient title to registration in the Ontario Medical Register whenever the Registrar of the General Medical Council of Great Britain notifies our Registrar that he is prepared to accept the certificate of registration in the Medical Register of Ontario as a sufficient title to registration in both medicine and surgery in the Medical Register of Great Britain; and that such registration shall be allowed in Great Britain upon the same terms of payment as required in Ontario, namely, two pounds sterling.

2. Resolved—That the Council of the College of Physicians and Surgeons of Ontario recognize the force of the principle enunciated by the "Medical Acts Committee" of the General Medical Council of Great Britain, that "while freedom of choice as to places of study ought to be open to all, the Committee would think it inadmissible that British students, intending to practise in the United Kingdom, should have the option of undergoing in any other country than their own the examinations which are to test their fitness for practice"; therefore, applying the same principle to Ontario students as is applied by the General Medical Council of Great Britain to British students, the Council of the College of Physi-

cians and Surgeons of Ontario consider it inadmissible that Ontario students, intending to practise in Ontario, should have the option of undergoing in any other country than their own the examinations which are to test their fitness for practise, and that the recognition of registration in the British Medical Register shall not be held to exempt from the examinations established by the Council of the College of Physicians and Surgeons of Ontario any one who had begun his medical studies at any of the medical schools in Ontario, or who could have been properly considered as a resident in Ontario before the commencement of his medical studies.

3.—That all such students from Ontario as are referred to in the foregoing resolution shall be required to pass at least the "final" examination of this Council, and shall pay the usual examination fees therefor.

4.—That the President be authorized to request the Directors General of the Army and Navy Medical Department of Great Britain to recognize registration as a member of the College of Physicians and Surgeons of Ontario as constituting a sufficient qualification for candidates to present themselves for examination as surgeons before their respective Medical Boards.

The Council went into Committee on the resolutions.

Dr. DANIEL CLARK did not think it would be advisable, in the present condition of their negotiations with the medical authorities in Great Britain, to adopt them. If they went before the Medical Council in a dictatorial tone, he felt sure from the tone of the English medical journals that their proposition would be politely kicked away. It would be much better to bide their time, and the reciprocity of registration would come.

Dr. McLAUGHLIN agreed with the last speaker, more especially as Canada would not be injured by the delay. It was not Canada, but England, that would be benefitted by reciprocity of registration, and the latter would ultimately find that out.

Dr. ALLISON said another reason for delay was that a Medical Bill was at present before the English House of Lords, and it would be better to wait till it was passed.

Dr. CAMPBELL said the gentlemen who had spoken were acting under a misapprehension. His object was that young men, simply with

University degrees, going to England should not ignore this Council. He had written to the Registrar of the British Medical Council, calling attention to the evil.

Dr. DANIEL CLARK asked who gave Dr. Campbell authority to write that letter.

Dr. CAMPBELL said he gave himself the authority.

Dr. DANIEL CLARK said Dr. Campbell had assumed, shortly after his (Dr. Clark's) election as President, to act as though he were President of this Council, and he had written letters without his authority.

Dr. CAMPBELL said the members did not evidently comprehend the danger of the evil against which he was acting.

Dr. WM. CLARKE thought the act of Dr. Campbell in writing that letter was a monstrous assumption. He contended that no member should dare to do anything on behalf of this Council without authority from the Executive Committee.

Dr. LAVELL would be prepared at the proper time to move for reciprocity of registration, but medical affairs in England were now in a transitional state. He was not prepared to stand any snubbing from the English Council, or to go as a suppliant, knocking at their door.

Dr. BETHUNE moved that the resolutions should be laid over till the next meeting of the Council.

Dr. Bethune's motion was carried, and the Committee reported to the Council, which adopted their report.

INSUFFICIENT REGISTRATION.

Dr. DANIEL CLARK moved,

That no registration of persons alleging to have been practitioners before 1850 shall be permitted to take place until the credentials of such applicants have been examined by the Council or Executive Committee, and the sanction to register given in the same to the registrar.

He observed that clergymen and others sometimes felt themselves qualified to practise on the ground mentioned in the motion, and his object was that they should not be permitted to do so unless properly qualified in terms of the Medical Act.

Eighteen had been registered in this way, two being homœopaths and three eclectics.

On the suggestion of the President, Dr. Clark added to his motion the words, "and this clause refers to section 23, sub-section 2, of the Ontario Medical Act."

The motion was then carried.

BURSARIES FOR STUDENTS.

Dr. DANIEL CLARK moved,

That three bursaries of \$60, \$40, and \$20, respectively, be given at the final examination to those three students who obtain the highest marks in any four subjects which may be decided upon by the Council.

Dr. AIKINS thought it would be well to conserve their funds if they were going to enter on a building project.

The PRESIDENT pointed out that the Council had not the power to establish competitive examinations.

Dr. CLARK withdrew the motion.

The Council then adjourned till one o'clock.

VISIT TO THE HOSPITAL.

At one o'clock several of the members of the Council drove to the General Hospital, and were received by Dr. O'Reilly, the resident medical officer of the institution.

On the Council reassembling at the City Hall,

The minutes of the proceeding session were read and confirmed.

Dr. BETHUNE presented the

REGISTRATION COMMITTEE'S REPORT,

Which recommended that Dr. Nevitt, Dr. Comfort, and Dr. Chaffey be allowed a special examination at the same time as that of Dr. Bomberry.

The Council went into Committee of the Whole on this report.

Dr. W. CLARKE entered a protest against the principles of special examinations as being derogatory to the profession generally; he held that those who wished to practise should go before the Board in the usual way.

Dr. CAMPBELL agreed with the remarks of the last speaker, but he moved that Dr. Nevitt be placed upon the list.

Dr. CLARK maintained his objection on the ground that special examinations were illegal, and were not contemplated by the Act, and

therefore, could not be recognized by the profession.

A desultory discussion followed, during which Dr. Clark quoted the Medical Act in support of his argument, *i.e.*, that candidates for admission to practise must go before the full Board for examination. He held that such an examination was a *sine qua non* to the admission to general practice.

Dr. BERRYMAN held that some charity should be extended to those who wished a special examination, and he strongly argued in favour of that privilege being granted.

That section of the report was finally adopted.

Several questions as to the admission of graduates of Lower Canadian Medical Colleges to practise in Ontario were discussed, notably the case of Dr. Fresette, who sought to be admitted by passing the final examination by the Board in Ontario.

Dr. CAMPBELL supported the claim of Dr. Fresette.

The application of Dr. Fresette was refused unless he chose to comply with the terms of the Ontario Medical Act.

The report was discussed in Committee of the Whole, Dr. Macdonald in the chair.

On Dr. Campbell assuming the Presidency of the Council,

Dr. GRANT then moved, seconded by Dr. McLAUGHLIN,

That it is the opinion of the members of the College of Physicians and Surgeons of Ontario that the matters pertaining to medical education should, as far as possible, be reduced to one uniform basis for the entire Dominion in order to simplify rules and regulations and set aside any Provincial jealousies which may exist, and thus make our profession a unit from the Atlantic to the Pacific; also that in consultations the greatest possible latitude should be extended to professional gentlemen of well-recognized ability in the neighbouring Republic, thus exercising that known liberality which is in keeping with the progress and scientific advancement of the present time.

He moved the present resolution to place on record his conviction that the best interests of the medical profession would be subserved by the formation of a "Dominion Board," in order to simplify the work of the profession.

The best interests of the profession are now clashing, and difficulties exist which by a greater degree of uniformity in medical matters might be very much benefitted. The subject of sanitary science is now under the same difficulty—medical and sanitary matters are purely under the control of the Local Legislatures. The powers granted by the Dominion Act are not to be disturbed without serious consideration, yet, he felt satisfied, that if an expression of opinion emanated from the whole body of the profession an influence for good in the direction indicated might be exercised. No doubt some time must elapse prior to carrying into operation a central medical examining body and sanitary bureau at Ottawa. The interests of the various Provinces are the interests of the Dominion as well, and such measures should be advocated as will at the same time simplify and strengthen the operation of medical and sanitary legislation.

After some discussion, Dr. AIKINS moved, seconded by Dr. BERRYMAN, "That the consideration of the resolution be deferred for six months."

Dr. CLARKE expressed his opinion that that was the best course to adopt.

Dr. BROUSE then pointed out the importance of establishing a Bureau of Health, and spoke of the efforts he had put forth in the House of Commons towards getting an appropriation for that object. He thought Dr. Grant deserved credit for bringing forward the resolution.

Dr. Grant's motion was then put and declared lost.

Dr. ALLISON moved, seconded by Dr. McLAUGHLIN,

That with a view of lessening the expenses of the Council and Executive Committee it is deemed expedient that not more than seven members of the Council do constitute said Committee.

After some discussion, Dr. HYDE in some terse remarks expressed his opinion that it would be to the advantage of the profession that the resolution should pass. There were too many on the Council and the Committee as it was.

Dr. EDWARDS (of London) moved in amendment, seconded by Dr. BETHUNE, "That the

Executive Committee consist of nine members, two of the nine to be *ex-officio* members.

The amendment was then put and declared carried.

Dr. AIKINS moved, seconded by Dr. BROUSE, That Drs. Campbell, Allison, Daniel Clark, Wm. Clarke, Berryman, Macdonald, Aikins, Lavell, and Geikie be members of the Executive Committee. Carried.

Dr. AIKINS asked if the Committee had power to add to their number?

The Chairman ruled in the negative.

It was moved by Dr. BERRYMAN, seconded by Dr. BROUSE,

That the members of this Council having proceeded to the Toronto General Hospital, in accordance with an invitation of the House Surgeon, Dr. O'Reilly, would report by resolution—That they found the wards and all their appurtenances in most excellent and efficient order, the improved condition of ventilation being remarkable. While expressing our deepest sympathy and heartfelt interest in the general welfare of such a valuable institution, we, as a body corporate, would, by this resolution, beg to express our thanks on behalf of the profession to the donating Trustees and others who have so nobly assisted that institution, and further the efforts of those so kindly assisting have been so ably carried out by our present efficient resident officer, Dr. O'Reilly. This Council would at the same time earnestly press on the attention of the Ontario Government the necessity of their immediate or earliest assistance in such a noble work—by such an enactment as may to them seem best—for the relief of the poor, the sick, and distressed, thereby emulating the voluntary and handsome donations of private charity.

The resolution was carried unanimously.

Dr. LAVELL gave notice that to-morrow he should move, seconded by Dr. G. D. McLAUGHLIN, that a Board of Audit be appointed *in re* the expenditure of the funds of the Council.

The PRESIDENT said that the motion was in effect most discourteous to him, and when it came up for discussion he should take occasion to express himself regarding it.

It was moved by Dr. ROSS, seconded by Dr. CLARKE,

That in the opinion of this Council the time has now arrived when the General Hospitals now in operation in Ontario, and such as shall hereafter be established, should be placed upon a Governmental basis similar to that provided

for our Insane Asylums, so as to give an assurance to the sick poor in our midst that their wants and applications are duly respected, and also to equally distribute the onus of their support over the whole community and that we do earnestly recommend our professional brethren throughout the whole country to urge upon the individual legislators, and through them upon the Legislature, the absolute necessity which does exist for such provision being made.

The resolution was carried.

The Council then adjourned till 8 p.m.

The Council reassembled at 8 p.m., when the President, Dr. Campbell, took the chair.

The roll having been called and the minutes of the last meeting read and confirmed,

Dr. BETHUNE moved, seconded by Dr. DANIEL CLARK, that the Council do adjourn until ten o'clock to-morrow in order to give the committees an opportunity to get through their work. Carried.

The Council adjourned accordingly.

FOURTH DAY.

The President took the chair at 10 o'clock.

ADDRESS TO LORD DUFFERIN.

Dr. GRANT, on behalf of the Special Committee appointed to draft an address to Lord Dufferin, on the occasion of his departure from Canada, reported a form for adoption by the Council.

The address was adopted, and on motion ordered to be engrossed, and Drs. Grant and Brouse were appointed a deputation to present it to His Excellency.

SPECIAL CASES.

Dr. LOGAN, on behalf of the Special Committee in the case of Dr. Chaffey, recommended that he be allowed a special examination before the Board of Examiners.

Dr. WM. CLARKE moved the adoption of the report.

Dr. BROUSE moved that as Dr. Chaffey had left the Province he should be protected in case he should practise in Ontario during the ensuing year.

Dr. D. CLARK pointed out that the Council had not the power to protect any man from

prosecution. That would be overriding the statute, which they could not do.

The report was adopted.

Dr. ATKINS moved,

That the following be an Examining Board for conducting to-day the special examinations:—Dr. William Clarke, surgery and surgical pathology; Dr. Ross, midwifery; Dr. McLaughlin, anatomy; Dr. Morrison, chemistry; Dr. Macdonald, medicine; Dr. Berryman, materia medica; Dr. Edwards, physiology; Dr. Logan, medical jurisprudence.

The motion was carried, and it was agreed that the examinations should be held in the afternoon.

FINANCE COMMITTEE.

Dr. HYDE presented a report of the Finance Committee. It stated that the Committee had found the Treasurer's book to correspond with the vouchers; and that the balance of \$8,425 81 stood to the credit of the Council in the Canadian Bank of Commerce. The Committee was gratified to report that the Registrar had strictly complied with the instructions given for his guidance. He had collected on assessment of registered practitioners only \$281, and the Committee recommended that active steps be taken to collect the arrears. Mr. Wood, of Kingston, the matriculant examiner, it was reported, was still in arrears to the extent of \$225 97, and the Committee recommended that matriculation fees be hereafter paid to the Treasurer, and that the other accounts in connection with the examinations should be sent directly to him. Several accounts were recommended to be paid:—"Dr. Campbell's accounts for preparing by-laws, register, annual announcement, &c., amounting to \$282 50, we also submit for your consideration, as we can find nothing in the minutes of the Council, or the Executive Committee, or any President's order, authorizing him to do the work. We are of the opinion that the above is part of the duty of the Registrar."

The Council went into Committee on the report, and took up the different clauses *seriatim*.

On the clause regarding the collection of assessments, some discussion took place as to

whether it was the duty of the Registrar, or the Public Prosecutor to collect the money.

The REGISTRAR explained the causes of the arrears, and stated that he had no doubt he could easily collect the most of them. The illness of the Prosecutor, Mr. Smith, had caused some confusion in the collection of the assessments.

After discussion, the clause was adopted, and it was agreed that Mr. Smith be heard before the Finance Committee.

On the item of Dr. Campbell's account,

Dr. D. CLARK said this was a serious matter. It was the beginning of a system which there would be no end to if they did not put a stop to it. Every member of the Council who incurred expenses without the authority of the Council should be held personally responsible. He moved that the item be expunged.

Dr. AIKINS said they should first have the facts of the case. Dr. Campbell was one of three of a sub-committee appointed last year by the Executive Committee to have the announcement properly printed. Dr. Campbell on the suggestion of Dr. D. Clark and himself, who were endeavouring at the last session of the Ontario Legislature to obtain the passage of an Anatomy Act, also was asked to draw up two or three short clauses, and on that authority had drawn up an elaborate Act. There were the facts in favour of Dr. Campbell's accounts. He regretted, however, that accounts like these should be brought up year after year by Dr. Campbell, who took it upon himself to act in opposition to the general wishes of the Council.

Dr. ALLISON thought the Council ought to hear a statement from Dr. Campbell.

Dr. GEIKIE took the same view. He testified from his own personal knowledge that Dr. Campbell had been most indefatigable both with regard to the Anatomy Bill and the Register.

Dr. McLAUGHLIN moved that each of the items of Dr. Campbell's account be taken up *seriatim*.

This motion was carried. On the item, "Preparing Anatomy Bill, \$100,"

Dr. CAMPBELL stated that he had not received any formal legal authority from Dr. Aikins, but Dr. Aikins had told him there was an

urgent necessity for having a Bill embodying regulations for having proper examinations in anatomy. He had in drawing up the measure examined Bills of many of the United States, and he had been complimented by American medical gentlemen upon it. If there had been a meeting of the Executive Committee to draft this Bill the cost would have been \$120, whereas the present cost was \$100, \$20 being saved to the Council.

Dr. WM. CLARKE contended that the Committee had no right either to save or expend money without the authority of the Council.

Dr. ROSS thought every member of this Committee was responsible with Dr. Campbell.

Dr. McLAUGHLIN remarked that if they allowed this unauthorized account to pass they would be having their rules violated every year. He moved that the item be expunged.

Dr. AIKINS said he was prepared to assume whatever responsibility was proper with Dr. Campbell, but he was not prepared to assume any share of the expense of that elaborate Bill, after Dr. Baxter had explicitly informed them that nothing but three or four short clauses could be expected to pass.

Dr. McLaughlin's motion was lost.

On the item of "Improving and attending to the printing of the Bill to amend the Ontario Medical Act, \$50,"

Dr. CAMPBELL said he had the authority of the Executive Committee to take charge of this Bill. He had got 2,000 copies of the Bill printed and personally addressed them to every member of the profession in Ontario asking for suggestions.

Dr. D. CLARK would be willing to grant Dr. Campbell an amount in view of the trouble he had taken, but not as a matter of right. It would be a precedent which would destroy their funds entirely. He moved that the item be not paid.

Dr. ROSS, Dr. Herriman, and Dr. McLaughlin took a similar view, holding that they should not allow their rules to be violated. The item was sustained on a vote. On the item "Supervising annual announcement, \$30,"

Dr. CAMPBELL said the Executive Committee had distinctly authorized this expenditure.

Dr. WM. CLARKE contended that the Executive Committee had no right to incur expenditures and order the Treasurer to pay them.

It being one o'clock the Committee rose and reported progress.

The Council re-assembled at half-past two o'clock, the President, Dr. Campbell, in the chair.

The Secretary having called the roll, the minutes of the morning session were read and confirmed.

After some discussion, the report of the Special Committee on Dr. Chaffey was referred back to the Committee for reconsideration.

Dr. GRANT presented the report of the Education Committee.

Dr. AIKINS took exception to the presentation of the report of a Committee many of the members of which had not been summoned to attend the meeting, at which the said report was drawn up.

Dr. LAVELL coincided with the remarks of Dr. Aikins, as did also other gentlemen.

A considerable amount of discussion took place upon this point. Finally it was read by Dr. Grant, and treated chiefly of the details of the curriculum laid down for students.

The report was sent back to the Committee.

Dr. CORNELL presented the report of the Printing Committee. It simply recommended the payment of sundry accounts, and was referred to the Committee on Finance.

The Council then went into Committee of the Whole, Dr. Macdonald in the chair, on the unfinished report of the Finance Committee, when several accounts for printing were passed. The report stated that twenty-two fines had been inflicted on unregistered practitioners and that many of them had not been paid to the Registrar.

With reference to the claim of Dr. Campbell upon the Council,

Dr. W. CLARKE moved, seconded by Dr. D. CLARK, that the report of the Finance Committee be amended by the payment of \$170 to Dr. Campbell in lieu of all claims by him against the Council, and this is paid as a testimony of the services rendered by him to this Council. Carried.

Dr. W. CLARKE moved that the Treasurer be

authorized not to pay any money without the bills of the same having been presented to and passed at the annual meeting of the Council. Carried.

Dr. D. CLARK moved, seconded by Dr. McLAUGHLIN, that no debts shall be contracted or money spent on behalf of the Council without the consent of the Executive Committee, and that this Council will not hold itself responsible for any debts contracted without the consent of said Committee. Carried.

The report of the Education Committee was then submitted to the Council in Committee of the Whole, Dr. Macdonald in the chair. It was discussed clause by clause and adopted. It provided that the examinations should take place in Toronto and Kingston alternately in April and August—in Toronto in April and in Kingston in August. The remainder of the report was a mere matter of detail with reference to medical education generally, fixing the time of study to forty-eight months from the date of matriculation, this arrangement to come into effect after the 1st of April, 1879.

The Examiners appointed were—Materia Medica and Sanitary Science, Dr. Berryman; Anatomy, Descriptive and Surgical, Dr. Sullivan; Medicine, Medical Pathology, and Medical Diagnosis, Dr. Kennedy; Midwifery and Diseases of Women and Children, Dr. Thorburn; Chemistry, Theoretical and Practical, Dr. Morrison; Surgery and Surgical Pathology, Dr. Malloch; Physiology and Histology, Dr. Pickup; Medical Jurisprudence and Toxicology, Dr. Henderson; Homœopathic Examiner, Dr. Vernon.

The Council then adjourned until 8 p.m.

The Council reassembled at eight o'clock, when the minutes of the afternoon session were read and confirmed.

Dr. BETHUNE presented the report of the Registration Committee, and the Council went into Committee of the Whole to consider it. The tariff of the St. Lawrence and Eastern Division was objected to by the Committee as being too high. Some of the items were read, and characterized by the Council as being excessive. The tariff was sent back to the Association. The report went on to recommend

that the name of the Rev. Jas. Edgar be not placed on the Register on the ground that the certificate testifying to his having practised before the year 1850 was not signed by the whole of the members of the eclectic body.

A long discussion took place upon the matter, and it resulted in Dr. McLAUGHLIN moving that Mr. Edgar's name be expunged from the Register.

Dr. W. CLARKE moved in amendment that the removal of Mr. Edgar's name from the Register be postponed until the law officer of the Council had been consulted.

Dr. BERRYMAN did not object to clergymen who were on missionary service practising medicine, but in the Rev. Mr. Edgar's case, as that gentleman was in their very midst, he entered his protest against his name being on the list, and he approved of the sentiment of the resolution.

The motion was put and carried.

The other items in the report having been passed and adopted,

Dr. CAMPBELL then addressed the Council *in re* the tariff, and he moved the following resolution, which was seconded by Dr. LAVELL:—

That every member of the College of Physicians and Surgeons of Ontario, if summoned to give professional evidence at any inquest, criminal trial, or investigation of a criminal nature, shall, upon the Coroner, Judge, Police Magistrate, Justice of the Peace, or other judicial officer presiding at such inquest, trial, or investigation, certifying that the evidence of such member was important, or likely to have been important, at such inquest, trial, or investigation, be entitled to charge the sum of five dollars for giving such professional evidence, together with five dollars for each day's, or part of a day's necessary attendance or detention during the time such inquest, trial, or investigation was held, including among such days the time necessary for travelling from and to his usual place of residence, to and from the place where such inquest, trial, or investigation was held, and twenty-five cents for each mile of distance so travelled; and that a copy of this resolution be forwarded to the Chairman of every territorial division in Ontario, with instruction that every member of the College in their division be guided by this scale of fees.

The general impression was that the resolution was premature, and, on being put to the meeting, was lost.

The report of the Executive Committee, which contained all the minutes of the meetings, was adopted.

It was moved by Dr. D. CLARK, seconded by Dr. HENWOOD, "That all the new Register,

except the list of names of medical men said to be registered, shall be sanctioned by the Council, but that the new Register shall not be published until this list has been revised and examined at the first meeting of the Executive Committee." Carried.

It was then moved by Dr. ROSS, and seconded by Dr. HYDE, "That that portion of the resolution proposed by Dr. Morden and seconded by Dr. Edwards in June, 1876, and passed by this Council, which refers to the Public Prosecutor, directing that he should collect the annual dues, be cancelled, inasmuch as it is contrary to the intent and meaning of clause 27 of the Ontario Medical Act." Carried.

The report of the Finance Committee was then read and adopted. It recommended the payment of sundry accounts, but disallowed an item of \$10 25 cab hire for Dr. Campbell during the present session.

The report was then adopted.

On motion, Drs. Berryman, Kennedy, Morrison, and Thorburn were appointed to conduct the examinations of the candidates who will present for special examination, the Board appointed in the morning to be cancelled. The examinations to take place in the City Hall, and to commence at 10 o'clock a.m.

A number of routine resolutions were then passed, having reference chiefly to the internal economy of the College.

The Committee appointed to inquire into Dr. Chaffey's case recommended that he be permitted to appear before the Examining Board at any time.

It was decided to take legal steps to defend the Council in the action brought against it by the electro-therapeutic practitioners.

The question of Dr. Campbell's claim again came up.

Dr. WM. CLARKE said that the sum was in full satisfaction of all claims against the Council.

Dr. CAMPBELL declined to accept the \$170 granted him, stating that it was writing himself down a thief, as it would be taking money that the Council evidently thought he had not earned. He had paid more than that out of his own pocket, and he considered that he should be paid his full account. He firmly declined to accept the money.

A vote of thanks was passed to the Senate of the University of Toronto, and Queen's College, Kingston, for the accommodation afforded the Council.

On the motion of Dr. BERRYMAN, seconded by Dr. BETHUNE, a vote of thanks was passed to the Mayor and Corporation for their kindness in allowing the Council the use of the City Hall for its meetings, and the President and Dr. Berryman were appointed a deputation to present the same at the next meeting of the City Council.

Dr. Aikins was again appointed Treasurer, and Dr. Pyne, Registrar, for the current year.

In urging the increase of salary to the Registrar it was mentioned that the amount was inadequate to the duty performed, and suggested that \$1,000 be appropriated instead of \$750.

The Registrar stated that on condition that an assistant be appointed to aid him during the Examination he would desire his stipend to remain as heretofore.

After disposing of some routine business the Council adjourned *sine die*.

COUNTY OF BRANT MEDICAL ASSOCIATION.

A special meeting of the above Association was held in the Kerby House, Brantford, on Monday, June 10th.

The members present were:—Drs. Philip (President), Burt (Vice-President), Harris (Sec'y-Treasurer), Dickson, Dee, Griffin, Digby, Marquis, Clarke, Henwood, Sinclair, O'Reilly, Carson, and Healy.

Dr. Griffin moved, Dr. Clarke seconded, That Dr. Dee be requested to prepare a paper for next regular meeting; and that the consideration of Dr. Sinclair's paper be then taken up.—Carried.

Dr. Griffin moved, Dr. Marquis seconded, That the Brant County Medical Association are of the opinion that the establishment of a Provincial Medical Association for Ontario, with City and County branches similar to the State and County Medical Associations in the United States, would be attended with many benefits to the profession and to the public; and express the hope that the initiatory action taken recently by the Erie and Niagara Divis-

ional Association will lead to the establishment of such an Association.—Carried.

Dr. Griffin moved, Dr. Sinclair seconded, That in the opinion of this Association "Contract Practice," except in so far as it relates to Government situations and Charitable Institutions, is not expedient in the interests either of the profession or the public.

It is therefore further resolved that the members of this Association will not hereafter engage in such practice except for such time as may be necessary to terminate any existing engagements.—Carried.

Dr. Dee moved, Dr. Healy seconded, That this resolution be published in the *Canada Lancet* and CANADIAN JOURNAL OF MEDICAL SCIENCE.—Carried.

The Society then adjourned to meet again at Brantford on the first Tuesday in September.

W. T. HARRIS, Secretary.

Mr. Spencer Wells has recently removed a solid uterine fibroma weighing seventy pounds. The tumour was enucleated from between the two layers of the right broad ligament, and was attached to the posterior surface of the uterus, which was normal in size, and from which it had to be separated by cutting. After enucleation the two opposite sides of the capsule of broad ligament were brought together behind the uterus and stitched up by twenty points of fine silk suture, thus shutting off the lacerated cellular tissue from which the tumour had been torn from the cavity of the peritoneum proper. The right ovary, although healthy, was removed for the reason that the Fallopian tube and broad ligament on that side had been torn in the removal of the tumour. There were also broad and strong attachments in various directions requiring division by the knife. The external wound required twenty-five silk sutures for its closure. But little blood was lost, considering the great size of the tumour, and the extent of the adhesions. The operation which was undertaken as an exploratory incision to decide the possibility of the removal of the growth, occupied just an hour, and the patient made an excellent and rapid recovery. Altogether the operation is one of the most remarkable on record, and is well worthy of notice as illustrating the possibilities that may be attained in the removal of abdominal growths.

Miscellaneous.

Oxide of Zinc is recommended as a specific for the tremor of chronic alcoholism.

FOR FRECKLES.—Take finely powdered sulphophenate of zinc 1 part, oil of lemon 1 part, pure alcohol 5 parts, collodion 45 parts, mix well.

PROPORTION OF PHYSICIANS TO THE POPULATION.—United States, 1 in 600; France, 1 in 1814; Great Britain, 1 in 1672; Germany, 1 in 3000; Austria, 1 in 2500; Canada, 1 in 1193.

TREATMENT OF SHINGLES.—In *Herpes Zoster*, Dr. Amedée Mercier speaks highly of perchloride of iron locally, he uses 30 grammes of the perchloride of the codex and 10 grammes of alcohol and applies it twice, daily.

MONTREAL GENERAL HOSPITAL.—W. Osler, M.D., L.R.C.P., London, has been elected Attending Physician to the Montreal General Hospital, in the place of Dr. Drake, who has been appointed to the consulting staff.

CANADIANS IN ENGLAND.—J. E. Eakins, M.B., Newburg, Ont., A. E. Mallory, Cobourg, Ont., W. D. Robertson, M.D., Montreal, have obtained the license of the Royal College of Physicians, Edinburgh, and the Royal College of Surgeons, Edinburgh.

TRICHINÆ IN THE FLESH OF GESE.—Sixty soldiers of the garrison of Thornville lately fell sick of trichinosis, and two of them died. It has been ascertained that the disease arose, not from pork, but from the flesh of geese which they had eaten.

RETROFLEXION OF THE UTERUS IN THE NEWLY BORN.—Carl Ruge reports (*Leitschrift für Geburtsh. U. Gynäkologie*) two cases in which this condition was discovered in the newly born. No cause for the flexion could possibly be discovered.

BROMINE AS A REMEDY FOR THE ERUPTION OF POISON OAK, IVY, AND SUMACH.—Dr. S. A. Brown, U. S. N., believes that bromine is a specific for the above eruptions. He uses from ten to twenty drops, dissolved in olive oil or cosmoline, and rubs it gently on the affected part three or four times a day. The solution should be freshly prepared, as the bromine is very volatile.

TREATMENT OF FAVUS.—Sawicki uses a paste of pulverized chalk or gypsum containing 5–10 per cent. of carbolic acid. This is applied all over the head after cutting the hair short. On the third day the dressing is removed, the head washed with soft soap and water, and the paste reapplied. A little oil may be added to render the dressing more pliable. It is said to effect a cure after three or four applications.

STRUCTURE AND DEVELOPMENT OF SPERMATOZOA.—A. Menzel, in a paper read before the sixth Congress of German Surgeons, states that he has made a series of researches on the milky fluid taken from a spermatocele, with the following results:—(1) The spermatozoa of man exhibit, under certain circumstances, a very distinct transverse striation. (2) The sperm-cells of man exhibit very lively movements and also a disposition to throw out long filiform processes. (3) The seminal animalcules proceed without exception in man from the nucleus, never from the cell protoplasm.

URETHRITIS PRODUCED BY ARSENIC INTERNALLY.—Dr. Saint Philippe describes certain urethral complications due to arsenic administered internally. He cites two cases, in one four millegrammes were given for intermittent fever, and followed next day by the usual symptoms of arsenical poisoning, and in addition by an acute urethritis. It was stated that the man had not had connection for two months before. In the second case the patient, who had psoriasis, took by mistake double the dose prescribed, and was similarly affected to the first patient. This patient also had had no previous venereal contact.—*L'Union Medicale*.

PRURITUS VULVÆ.—Duhring, in his recent work on skin diseases, mentions favourably camphor, chloral, and borax in various combinations.

R. Chloralis gr. x ad xxx.
Aquæ ʒi.

M. Use as a lotion.

R. Sodæ biboratis ʒss.
Morphiæ sulphatis gr. viij.
Glycerinæ ʒss.
Aquæ ʒviijss.

M.

Those preparations, somewhat diluted, may also be used as injections. For this purpose also nitrate of alumina, one drachm to one ounce, is highly recommended. As an ointment the following has been found efficacious :

R. Camphoræ pulv.,
Chloralis hydratis, āā . . ʒi.
Ungt. aquæ rosarum . . . ʒi.

M. Apply locally.

A NEW FORM OF MYCOSIS ŒSOPHAGI.—In the *Archiv für Experimentelle Path. und Physiol.* (quoted in *Med.-Chir. Centralblatt*, No. 32, 1877), Dr. E. Letzerich describes the case of a child sixteen months old who suffered from difficulty of deglutition, irritation, dyspepsia, and distension of the stomach, and who vomited muco-purulent masses, which were found to contain flattened epithelium, covered with peculiar microscopic fungi. An examination of the paper hung on the walls of the room revealed the cause of the child's illness. It was moist, had a fine powdery deposit on it, and presented numerous defects. In creeping along the wall, the child had pulled off small pieces and swallowed them. Dr. Letzerich found, on microscopic examination, that the fungi of the paper were identical with those in the vomited matter. The presence of these organisms explained the œsophageal and gastric symptoms. The treatment consisted in the administration of salicylate of soda in barley-water, under which, in eleven days, the patient recovered.—*London Med. Record*, Dec. 15, 1877.

INEQUALITIES IN THE LENGTHS OF THE LOWER LIMBS BEFORE AND AFTER FRACTURE OF THE FEMUR.—Dr. Jarvis S. Wight, of Brooklyn, having made the statement (*Proceedings King's County Medical Society*) that nearly every person has naturally a shorter limb on one side than on the other, and that often, after fracture, we find apparent shortening where there is in reality none whatever, the fracture having taken place in the already short limb, he is taken to task by Prof. Frank H. Hamilton, who denies the correctness of the assertion. Dr. Wight, in the January number of the above journal, returns to the charge, and backs up his statement with an array of measurements made of the lower limbs of healthy individuals which is very convincing. Of forty-two measurements made, there were but thirteen in which the normal limbs were of equal length. In twenty cases the left lower limb was the longer and in nine the right. This difference ranged from an eighth of an inch to three-quarters of an inch. These measurements revealed also the fact that there is a difference between the external and the internal measurements—the under edge of the anterior superior spinous process of the ilium, at the insertion of the tensor vaginæ femoris, being the point of departure above, and the line being run to the external and internal malleoli respectively.

It is but just to Prof. Hamilton to add that he has since written Dr. Wight a characteristic letter in which he apologizes for his hasty denial of his (Dr. W.'s) statement, and that he now, after a series of careful measurements, admits the correctness of Dr. Wight's position, and compliments him on his really valuable discovery, the importance of which, in its medico-legal bearings, is at once manifest.

ANNUAL MEETING OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—Extract of President's address:—"One thing has struck me much in drawing up these notices of the deceased Fellows of our Society, that almost without exception they may be said, in words used long ago, to have 'served their own generation,' not themselves. The sphere in which one worked was a wider, in which another

a narrower one; this man threw his energies into the welfare of the parish where he lived, another devoted himself to the interests of the dwellers in the great continent of India, a third to the vindication of the principles which seemed to him to underlie the highest interests of our profession, while a fourth, not greedy of the gain which he might have had every day, nor thirsting for public distinction, which would have been bestowed on small seeking, helped the poor and taught the student almost to his dying day. I know that to praise the days that have fled, to live in the long retrospect rather than in the short remaining future, is the natural disposition as life goes on, and its sun declines. But, for all that, I cannot refrain altogether from the question whether the spirit of the present day, the hurry to get on, the anxiety for wealth in order to meet a needlessly lavish expenditure, do not tend to emasculate character by putting self, and that not a high self, in the place of something wider, nobler, better. Pardon me for raising the question here. Some may deem it out of place. It appears to me, however, that the first Medical Society in the kingdom should assert the highest principles in conduct as well as the soundest in science; and strong in the strength, which the position I owe to your kindness has given me, I have ventured to ask a question which of myself I dare not ask, which even now I crave your pardon for the asking."

THE SYSTEM OF MEDICAL EDUCATION TO BE PURSUED IN THE JOHNS HOPKINS UNIVERSITY.

—Dr. John S. Billings, of the Surgeon-General's office, lecturing recently on the system of medical education to be pursued in the Johns Hopkins University, said that whenever the science of education shall be complete it will be based upon an intimate knowledge of the complex nervous system. Some of the very best practitioners have been unable to use their mental faculties to advantage; the study of mathematics and physical science should of necessity precede that of medicine. The history of medicine shows that many skilful men were incapable of appreciating evidence. This knowledge will depend largely on a knowledge

of the right use of words. Herein lies the value of the study of languages. Logic and all other studies are requisite for the man who will teach as well as practice. The diploma of another school should not be considered equal to the baccalaureate of the University. If that cannot or will not be had, then let the student undergo an examination, but under no circumstances should the degree of M. D. be given without the baccalaureate as a basis. Students, like electricity, take the shortest paths. It would be understood that no one could pass without matriculation. He must study chemistry, physics, and the rest for three years. He should, for instance, master the general principles of biology, and other Sciences, with which every well educated young man should be familiar. One-half of his time should be spent in the laboratory. In very rare cases it may be best to put a student at once where he can see the practical operation of the sciences of medicine. Some may be taught to swim by being tossed into deep water, but the most will be drowned. In general it will be best to begin with theoretic principles. In ancient times, doctors held their authority by ceremony or tradition, and then followed the system of apprentices, the time of servitude being seven years. Then came lectures, which were followed by the tutorial system, which has drifted into a mixed method of lecturing and tutoring. This will probably be the plan in the Johns Hopkins, and the best of each will be taken.

WYETH'S DIALYSED IRON.—We ask the attention of the Medical Profession to the following article by Professor Yandell, giving his experience in the use of Dialysed Iron, and a comparison of the strength and quality of nine different samples from as many manufacturers. John Wyeth and Bro., Philadelphia. —Louisville Medical News, April 27th, 1878. By Lunsford P. Yandell, M.D., Professor of Therapeutics and Clinical Medicine in the University of Louisville.—Genuine Dialysed Iron is nearly tasteless. It has the faintest possible saline flavour and a mere suspicion of roughness. Slightly diluted, its taste recalls that of fresh blood. It is not in the least unpleasant, and does not blacken the teeth or

tongue. It seldom or never produces any gastric disturbance or headache, and very rarely constipation. It is exceedingly reliable and rapid as a tonic. The spuric forms of this drug are without the characteristics of taste and efficacy above enumerated, and chemical analysis readily detects their deficiencies. Only a single specimen out of nine analysed possessed the peculiarities of the true article. My attention was first directed to this matter through the failure or misbehaviour of this Dialysed Iron in practice. It is but just to say that the good specimen is from Wyeth and Brother, the original manufacturers of the medicine in America. Wyeth's Dialysed Iron sells at about a dollar a pound. Other makes may be bought at fifty cents.

LECTURES, BOOKS, AND PRACTICAL TEACHING.

—Prof. Gardner, of Glasgow, took those three topics as the theme of his address at the opening of the University. We quote, for the benefit of teachers as well as the taught, a paragraph which strikes at one serious evil in the present system of medical education: "The great fault of almost all books and of many lectures to the student, is that they attempt too much. They lose sight of the fact that a very little real knowledge is all that can profitably enter the human, and still more, the average human mind, in a limited period of time. All that is over and above this is mere learning by rote; or, in other words, what is commonly, though inelegantly, called *cram*. And out of *cram* though you may make a book-worm or a prodigy of learning, you cannot possibly evolve a physician, or even a reasonably safe practitioner of the healing art. For you may take it as quite established by experience that you—students, let us say, of the third year—cannot in one or two sessions learn the whole art and mystery of the practice of medicine. All that you can possibly do is to learn well a few of the better known and more clearly established facts and principles; and, what is most important of all in mastering these thoroughly, you can so inform your minds as to render them a fitting soil for the further, derived from experience, from reading, and from social and professional intercourse. In other words, in learning a few things well you can teach yourselves, or be taught, how to learn many other things well by-and-bye."

MURIATE OF PILOCARPINE IN DISEASES OF CHILDREN.—Prof. R. Demme (*Central Zeitung für Kinderheilkunde*) has employed this medicine in thirty-three cases in diseases requiring diaphoretic and sialogogue action. The ages of the patients ranged from nine months to twelve years, the larger number being under seven years of age. The remedy was used sub-cutaneously in a two per cent. solution. The dose employed was, for infants under two years, about one-thirteenth of a grain; between two and six years, one-tenth to one-seventh of a grain; between seven and twelve years, for first injection one-seventh of a grain, and later, according to circumstances, from one-fifth to one-third of a grain. As a rule but one injection was given daily. In exceptionally urgent cases, with, for instance, suppression of urine for twenty-four hours, with symptoms of uræmia, two to four injections of one-sixth of a grain each were given in twenty-four hours. Disagreeable symptoms, as vomiting, hiccough, faintness, repeated yawnings, and trembling of the extremities occurred only in two cases. A small quantity of cognac given before the injection greatly diminished these symptoms. In children over four years the diaphoretic action predominated over the sialogogue; between one and two years the reverse was the case. The action of the medicine commenced in about five minutes after an injection, reached its greatest intensity within ten to fifteen minutes, remaining stationary during twenty to forty minutes and then gradually decreased. The diaphoretic action outlasted the sialogogue in the majority of instances. It was particularly in cases of desquamative inflammation of the kidneys, with dropsy, following scarlatina, diphtheria, etc., that the value of this remedy as a diaphoretic was made manifest. In the majority of cases diuresis was also excited; while at the same time the amount of albumen and blood was not increased, but rather diminished.—*Boston Medical and Surgical Journal*.

Births, Marriages, and Deaths.

BIRTHS.

On the 24th of May, the wife of Dr. D. C. MacCallum, of Montreal, of a daughter.

MARRIED.

At 168 Jarvis Street, Toronto, R. Barrington Nevitt, Surgeon North-west Mounted Police, to Elizabeth E., daughter of Robert Beaty.

DEATHS.

At Norwich, Conn., U.S., on the 18th of May, Allen E. Gay, M.D.