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THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

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AN ADDRESS DELIVERED IN THE
LEGISLATIVE ASSEMBLY ON THE
PROPOSED AMENDMENT OF
THE MEDICAL ACT OF
ONTARIO.

BY A. M'KAY, M.D., M.P.P., INGERSOLL.

Mr. Speaker: Before this vote is taken I would like to make a few remarks on matters of great importance to the Medical Council, and not only to the Medical Council in this province, but to the public as well, because if you strike at the root of any large educational institution you at the same time strike at the public and create an injury in one way or another. I think it is a very important matter, and would like briefly to refer to some of the differences and difficulties amongst the profession in this province at the present time. We all know very well, Mr. Speaker, that in every responsible body, in every educational body, and in every incorporated body, there will be at one time or another some differences of opinion; and it is not unreasonable to suppose that even in the Medical Council and among the members of the College of Physicians and Surgeons of this province you will occasionally find a difference of opinion. It was only a short time ago that the College of Pharmacy had its difficulties to contend with, and they came to this House for legislation, but they asked for it through their own representatives. We found two factions

there, one striving with the other, but that does not prove that the College of Pharmacy is not legislating in the interests of the public and in the interests of the members of that college. We also find that the Dental College have their difficulties to contend with, and even this very session we have a bill for the purpose of amending that Act. We know well when matters of importance in the Law Society come up you will find there strong differences of opinion, and when their elections are on they are very active in placing their views in reference to matters affecting the Law Society before the profession at large. Simply because there is some difference of opinion in the medical profession in reference to this College is no proof at all that the College is not doing good work and acting fairly in the interests of all concerned. What are the facts? In 1868, as properly said by the honorable member for Lennox, there was a movement made in this province for the purpose of organizing the Central Board of Examiners. Not only among the profession throughout the province, or throughout Upper Canada, at that time (it was before Confederation, or at least about the time of Confederation that the agitation sprung up), was there a strong feeling that the different licensing bodies in this province were turning out medical men who were not properly qualified, but the public were beginning to lose confidence in the graduates sent out from the different schools; and when the profession were agitating for a central board, they found that they had at their backs a strong

public sentiment in favor of raising the standard of medical education. Hence we find that that agitation was so vigorous that those colleges that had the right to prepare candidates for license all combined for the purpose of forming this central board. With reference to this bill I may say that, so far as the bill in its entirety is concerned, there is no agitation at all. All the petitions sent to this House, so far as I can make out, and I have read them all pretty carefully, were on this line. They asked for the repeal of the penal clause that was introduced last session; and there is not one single petition signed by any member of the College of Physicians and Surgeons in the Province of Ontario in favor of the bill now presented by the honorable member for Lennox. They ask simply that the penal clause introduced last session be abolished. That being the case, I think this House should consider well before they undertake to interfere with the legislation of last session, more especially as this legislation was not initiated by a few members here and there scattered throughout the province. We know that a representative committee from the College of Physicians and Surgeons came to this House; they met the medical men in the House and consulted with them, as well as the other members of this Assembly, and I may say that no medical man in this House was more enthusiastic in favor of the legislation for last session than the honorable member for Lennox. I do feel somewhat surprised at the position he is taking to-day, for we know that the only clause that he objected to in the bill I had the honor to take charge of last session was the last clause in his present bill; I refer to the one in reference to keeping the register in a proper condition, a clause taken from the British Medical Act.

No one will deny that the College of Physicians and Surgeons have done good work in the province, and if there is one thing more than another that the public like to be protected from it is from the ignorant and uneducated physician who is in charge of the lives of his friends and his family.

If you look at some of the neighboring states where they have very lax laws in the medical education, you will find that they have not the same confidence in their physicians that the

public have in the Province of Ontario. I believe there is no state in the Union, there is no province in the Dominion, and I may say there is no civilized country to-day, that has a better examining board than we have in the Province of Ontario. Our Medical Act is considered to be one of the model enactments of the present day. Of course there may be some matters that will bear a little harshly, or appear to bear somewhat harshly, on some of the members, but, for all that, I do not think it is right to destroy the influence of an institution simply because a few members of the profession in the province are opposed to some of the clauses it contains.

In looking at the bill of the honorable member, we find that the first section asks for the repeal of section 27 of the Ontario Medical Act. Now, what does that mean? This was not a portion of the legislation passed during last session; clause 27 was added to the Ontario Medical Act in 1874. It was the clause imposing a fee upon the profession in the province who were members of the College of Physicians and Surgeons. Why did they ask that? The Council of the College of Physicians and Surgeons found they were not possessed of sufficient funds to properly carry out the affairs of the Council without receiving financial aid from the profession at large. They also thought it was unfair while they were affording a certain amount of protection to the profession to say that all the fees coming into their treasury should be exacted from the students that came up for examination. Consequently they came to this House and asked for legislation to impose a certain small fee of one dollar upon the members of the profession in the province. Now, as a result of that, we find that they have gone into certain undertakings; they have, in the interests of all concerned and according to judgment, gone into buildings and equipments that would of necessity absorb considerable of the funds of the College.

Now, if it is found that the fee imposed in 1874 could not be collected—and I think I will show you before I get through that such was the case—if this House allowed the Council to believe that they were to receive a certain revenue from the profession by way of an annual fee, I claim it would not be keeping faith with

the Council at the present time to repeal that Act; it would be cutting away their source of supplies. Now we ask as a profession for no grant from this province. The College of Physicians and Surgeons are a self-sustaining body; they have no Osgoode Hall; they have no support, as some of the other professions have, from the provincial funds; and they think that it would be scarcely fair, in the face of the legislation that was passed in 1874, to deprive them of that revenue at the present time.

We know that there is considerable misapprehension among members of the medical profession in Ontario with reference to the College building; they seem to think that it was an unnecessary expenditure and might have been avoided; but it was found, owing to the large number of students that came up year after year, necessary for them to have a properly equipped building and examination hall. We will just for a moment look at the advantages of that building. It is claimed that in consequence of having built that structure the fees are increased, and if that building was done away with it would not be necessary to collect the fee at all. I will just briefly refer to the position of the building at the present time: The building cost, in all, some \$60,000. You know that \$60,000 at five per cent. would represent \$3000 a year. The insurance on that building would amount to about \$80; the taxes would amount to about \$652; the man to run the elevator gets \$260; the water costs \$400; fuel \$600, and gas \$150; or, in all, the cost of that building to the profession amounts to \$5142. On the other side of the sheet we find that it was necessary, for the purposes of the examinations before the College building was completed, to rent buildings for that purpose; and, taking the year before the College was occupied, the expenses for that purpose amounted to \$750. The rents received from the present building, from the offices now rented, amount to \$4090; so that they have, then, upon the other side of the sheet a sum of \$4840. If you deduct that amount from the expense of the building as it now stands you will find that there is a deficit, so far as the Council is concerned, at the present time on the building of \$302 per annum. But we must not forget that that building is situated in a central location, and the

offices no doubt in a reasonable time will be all occupied. If the balance of the building should be rented at the same rate as that at present in use, we find that it will add further to the income of the College building alone some \$3000, or, in all, making a total of \$7840. I am of course now counting on the future, assuming that those rooms will be rented. We will then have to the credit of the building itself a surplus of \$2708 annually.

As to the value of the building itself: When the College purchased the site and the old church that was on the lot, they paid \$13,000. After the old building was removed the Council were offered in hard cash the sum of \$20,000 for the lot alone, and to-day they can take for that building as it now stands the sum of \$100,000. So, so far as that investment is concerned, I think that the profession at large, when they come to know the actual facts of the case, will not and cannot condemn the Council for their action. It may be asked, why do they need a building at all? We know that the numbers of examinations have increased, and that the numbers of students examined have increased, and it was absolutely necessary in the interests of the profession and in the interests of the students to have a place for those examinations. The number of students now compared with the number when the College was formed is very large indeed. Usually, the examinations alone take something like twenty-eight days in the year. Then, again, as the science of medicine advances and as the educational standard is increased, the equipments of the College have also increased. They require a different set of models; they require surgical appliances; they require materia medica specimens, and all that is required for conducting their examinations in a proper and practical manner. A few years ago examinations were not of the same character as they are to-day, and I claim that this is in the interests of the public. Instead of a student leaving the colleges now with the simple written examination, and perhaps a few minutes of oral examination, they are taken through the wards of the hospital and there compelled to put on surgical appliances, and everything is done for the purpose of giving them a better education and of making them more perfect in their profession.

Now, by the honorable member's bill, section 2, "section 41A of said Act, as added thereto by section 8 of the Act passed in the fifty-fourth year of Her Majesty's reign, chaptered 26, is repealed." That refers more especially to the clause passed last session. When the committee of the Council came to this House asking for certain powers to collect fees, they gave us a statement somewhat similar to this: They stated that although the Act was on the statute book for collecting fees, they found that under the ordinary Division Court process it was absolutely impossible to do so. They showed conclusively from their books that they could not succeed in getting anything like the amount they should get, and at that time they had actually on the books of the College arrearages of dues amounting in all to the sum of \$13,000. They told us that in 1888 they collected \$630 from 2100 physicians in this province, and it cost to collect this amount \$430. In 1889 it cost \$319 to collect \$376. We find on looking over the books of the College, owing to the fact of the amendment of the last session, that they have since that collected, since that amendment was placed upon the statute book, the sum of nearly \$7000. That certainly is not all arrearages, but a large proportion of it is of that nature. In the year 1891 the amount collected was \$4726. Since that time and since the beginning of the year it has amounted to nearly \$7000, and the cost of collecting that \$4726 was the simple postage for sending out the notices. Some of the medical men claim that it is an infringement upon their rights to say that they should labor under a temporary disability simply on account of not paying their annual dues. But we know that nearly every profession in the province is situated in the same way, so far as collecting the fee is concerned. It was only the other day in this House that a bill was passed for the Surveyors' Association embodying the exact clause that we have here—that is, an erasure of the name provided that they do not pay their annual dues. The Pharmacy Act contains exactly the same provision. The Solicitors' Act is really more stringent than is our amendment of last session. They are not only removed for non-payment of dues, but they are fined as well, and fined very heavily if they still refuse to pay. Then by the

Architects' Act, with an annual fee of \$4, they are suspended after twelve months. Nearly every incorporated institution finds it absolutely necessary to have a provision of this kind for the purpose of collecting their dues. In the Incorporated Stock Exchange, with an annual fee of \$25, if members are in arrears for six months their seats are declared vacant. In the Independent Order of Oddfellows the same provision is applied. The Ontario Society of Artists, the Board of Trade in the City of Toronto, the Obstetrical Society of London, England, The Royal Canadian Yacht Club, and all the fire and life insurance companies compel prompt payment on assessment, showing you that this is no exceptional legislation, viz., striking them off the roll for non-payment of dues. It was found absolutely impossible to collect those dues by ordinary Division Court process. And why? We know that when a party resisted payment, if he defended the suit, it was necessary to prove the account. That meant taking the books of the College to the district or Division Court where the case was sued. And you know that all they would get would be Division Court costs in case they would win. In some cases it would cost them perhaps \$15 or \$20 to collect the sum of \$8 or \$10, and it was found, so far as the fee was concerned, to be unworkable and to be worthless to the College. Another provision in the Act proposed by my honorable friend from Lennox is the one striking out the representatives from the universities and the colleges in this province. As I told you before, this was a really compromise Act; the colleges and the teaching bodies gave up their rights on condition that they would have a voice in the central body called the College of Physicians and Surgeons; only on those conditions would they give up those rights which they possessed, and I claim it would be unfair to those teaching bodies to say: Now you have given up your rights in 1868, and because of that we will take away all your rights that you have in the College of Physicians and Surgeons to-day.

Why, sir, the attempt was made a few years ago to form a central examining board in England on the same basis as the one we have now in this province, and the reason that they failed to form that board was because of the fact that

the teaching bodies there would not give up their rights, and the Parliament of Great Britain, believing that they had rights that should be respected, refused to take them away from those teaching bodies. They thought it would be unfair to treat those bodies in that way and take away their time-honored privileges; and for that reason they did not succeed in forming a council on the lines of the Ontario College of Physicians and Surgeons. I claim that that would be very unfair, indeed, to those colleges and to those universities, and we find that every college and every university in the province of Ontario, through their presidents, are writing against this measure; they claim it is unfair. It was just the other day that I received a number of letters from some of the universities. Here is one from Sir Daniel Wilson, President of the Provincial University, dated 21st March, 1892, in which he says:

46 ST. GEORGE ST., TORONTO,
21st March, 1892.

Dear Dr. McKay:

I am informed that a bill is before the Legislative Assembly which aims at depriving the University of Toronto, along with other bodies, of the right heretofore enjoyed by them of electing a representative on the Ontario Medical Council.

The fitness of the University Senate to send a representative to that body is so obvious that I can scarcely imagine there is any danger of the Legislature listening seriously to the proposal. But if it should be favorably entertained, I beg leave to urge the fitness of the Senate of the Provincial University to wisely exercise such a franchise, and to protest against its being withdrawn, as opposed to the best interests of the community.

Yours sincerely,

DANIEL WILSON.

Dr. McKay, M.P.P.

We have, from Queen's University, a letter to the same effect, and from the Western University and from Trinity University letters of a similar purport. Also we have an official document from the medical schools of the province protesting against taking away their rights to be represented in the Ontario Medical Council. We have a protest from the Dean of the medical department of Toronto University, Dean Aikins, as well as from Dr. Geikie, of Trinity College, and also letters from the Western University, London, and Queen's University, Kingston, protesting against any interference with their rights. Now what are the facts of the case, Mr.

Speaker? It was stated by the honorable member for Lennox that the physicians in the province were not properly represented. What are the facts of the case? There are twenty-six representatives altogether in the Medical Council—there are twelve territorial representatives; the College representatives amount to nine, including the medical schools and the universities; then we have further representatives from the homœopathic body in the province. We must not forget that they also gave up all their rights to examine and to license for the purpose of being represented, and being properly represented, on this Medical Council. Taking those college and university representatives on the Council, the cry of centralization is not well sustained. They are not all from the city of Toronto, and, in fact, very few of them belong to this city. They are mostly men practising their profession in the cities and towns of the province. Dr. Rosebrugh, of Hamilton, represents Victoria College; Dr. Moore, of Brockville, represents Queen's College; Dr. Harris, of Brantford, represents Trinity College; Sir James Grant, Ottawa, represents the Ottawa College; then we have Dr. Fowler, of Kingston, representing the Royal College of Surgeons; Dr. Fenwick, of London, represents the Western University, etc.; so that out of all the college representatives on that Council board, we find that only three of them are in the city of Toronto, namely, Dr. Britton, representing Toronto University, Dr. Geikie, representing Trinity Medical College; and Dr. Thorburn, the Toronto School of Medicine. So, placing it upon its widest base, I think, after looking at these representatives, no one can say that the profession throughout the province is not fairly and properly represented at that Council. Even if they were not, the Legislature should not take away the rights of the different teaching bodies in the province. It would be unfair, and would be violating the compact entered into in 1868.

I will now refer to the balance of this bill: "Section 41a of the Ontario Medical Act, as added thereto by section 8 of the Act passed in the fifty-fourth year of Her Majesty's reign, chap. 26, be repealed." That means that the power that those laws gave that Council last year to keep the register in a perfect condition should be taken away. Now the honorable

member for Lennox, in referring to that clause, made the statement that the members would be erased from the list without being conscious of it. He may be quite right, because this matter applies to the members who are dead, for the purpose of keeping the register in a proper shape; so far as that is concerned I will admit that the honorable member is right, but that is about the only thing he has stated that I could endorse. That was taken from the British Medical Act, and it was found there that it was impossible to keep their medical register in a proper manner without having that proviso.

MR. MEACHAM: Why was it not put in our Act in 1874?

MR. MCKAY: I can't tell you, sir; I was not here in 1874. So far as that is concerned, I think you will all admit that if we have a register it is in the interests of the profession, and in the interests of even the commercial world, and in the interests of the public as a whole that that register should be a correct one; and unless you have that machinery and unless you have that power in the Act, it is impossible to keep it correctly and in order.

Now I may for a few moments refer to those petitions. My honorable friend read a letter that I sent to a few of the medical men in the province; that letter was quite correct, and I willingly acknowledge its authorship. I did send this letter. There were some sixty medical men whose names were on those petitions that contained a statement that was not in accordance with the facts of the case. I corresponded with a few of those medical men, and asked if they signed those petitions not knowing the contents of them, and I received a great many answers, some favorable to my contention and some unfavorable. I refer more particularly to the third clause in the petition, that the said Council disenfranchises all in arrears of the annual fee, who constitute about two-thirds of the profession, etc. Before sending that letter to the different medical men who signed that petition, I inquired of the registrar to find out if it were possible that any of the registered medical practitioners were disenfranchised—that is, if they did not receive their ballots during the elections. I contended then, and I would now, that if that were the case it was a wrong, and a wrong that should be righted. No man in the profession

should be deprived of his right to express his opinions at the poll. I don't care whether it is for the purpose of electing a member of the Medical Council or electing a member of Parliament. That right should be a sacred right, and any interference with it should be resented, and for that reason I asked the registrar if such were the case, and this is his reply:

THE COLLEGE OF PHYSICIANS AND SURGEONS
OF ONTARIO.

TORONTO, March 22nd, 1892.

Dr. McKay, House of Assembly, Toronto, Ont.

DEAR SIR,—In reply to your enquiry, I beg leave to say that members in arrears of fees were never disfranchised, and whenever an election has been held for the Medical Council all members of the College have been forwarded voting papers, whether in arrears or not for assessment. There never has been a by-law passed by the Council disfranchising members for non-payment of fees.

Yours faithfully,

R. A. PYNE,

Registrar.

On the strength of that I sent out those papers, and I got a great many replies. And what did those replies contain? I may state, however, I did not send out the form for reply, as the honorable member stated before he sat down. That was the only letter I sent out, and I thought it was a fair one to send, and I believe so still. I will just read one of the great many letters that I received in reply as an example. I think there are something like thirty letters asking for the erasure of their names from the petitions presented to this House, stating that they had signed under a misapprehension, and some of the members that answered wrote in still stronger terms than that. I have the letters all here, and they can be seen by any member of this House. Here is one, dated March 18th, 1892, in reply to this letter that I sent out:

LONDON, March 18th, 1892.

Dr. A. McKay, M.P.P.:

MY DEAR DOCTOR,—Your kind note to hand, for which many thanks. The medical men of this province are the subjects of a base conspiracy, propagated in a very mean way. Many of us signed a petition in a very careless manner, without reading it, on the assurance of the gentleman who circulated it that it was only intended to relieve the tax on members of the profession who were in straitened circumstances. These signatures, it now appears, are being basely used to upset the Ontario Medical Act, with which

we are well satisfied. Hoping that you will do all in your power to defeat the object of these parties, I remain,

Gratefully yours,
H. ARNOTT.

This is from a medical man practising in the city of London. I may say, out of the fifty-two medical men in the city of London who signed the petitions, something like twelve or thirteen asked to have their names erased. The whole medical faculty of the Western University are asking to have this legislation that is now introduced opposed. That is only one specimen of the letters. I have a few letters from some members I wrote to, stating that they knew perfectly well what they signed. They believed that clause to be correct, and they signed it knowing it to be correct. I may say that even on that understanding they signed under a misapprehension, because, if we take the word of the registrar of the College of Physicians and Surgeons, they must have signed under a misapprehension. We know when matters affecting the profession come up for discussion, the different medical associations are nearly always on the alert. In some districts and in some counties they called meetings of their medical associations, regularly organized institutions, and after the matter was discussed properly before them they in nearly every instance came to the conclusion that the legislation of the last session was in the interests of the profession as a whole, and asked to have the proposed amendment opposed. We have here one from the Toronto Medical Society; I will not read it, but that society is composed of about 200 members. We have here a resolution passed at the Ottawa and Pembroke Medical Association, composed of 123 members. I don't say that all the 123 members were present, but what I say is that they called a meeting of that association for the purpose of discussing those various matters, and it is reasonable to expect if any member of that association had a grievance that he would have been very apt to go there and ventilate it. This is the resolution, moved by Dr. H. P. Wright, of Ottawa:

RESOLUTION IN RE AMENDMENT OF THE MEDICAL ACT OF 1891.

At the regular semi-annual meeting of the members of the Bathurst and Rideau Division Medical Associa-

tion, held in the city of Ottawa, Ontario, on the 27th day of January, 1892, the following resolution was unanimously carried:

"Moved by Dr. H. P. Wright, of Ottawa, seconded by Dr. W. W. Dickson, of Pembroke, and resolved:

"That this association hereby declares in the most unqualified terms its approbation of the course recently adopted by the Ontario Medical Council, particularly the securing from the Legislature the amendment of the Medical Act of 1891, and likewise the amendment of the regulations by which the standard of preliminary and medical education has been raised, and we consider the levying of such a modest annual tax as \$2 as the least that could be expected, and deserves our support. We are of the opinion, moreover, that if all the medical practitioners would take the trouble to study the meaning of the amendment to the Medical Act of 1891, no exception could be taken to it."

Carried unanimously.

H. B. SMALL, M.D.,

Ottawa, Feb. 23rd, 1892.

Secretary.

The Bathurst and Rideau Division comprises the city of Ottawa and the counties of Carleton, Lanark, Leeds, and Renfrew, and the number of members is 123. And so forth, all along the line. In the county of Brant they have a county association, which passed a strong resolution in favor of the legislation of last session; and we find different other medical associations have passed resolutions in favor of the legislation of last session:

Moved by Dr. Henwood, seconded by Dr. Griffin, and resolved, that in the opinion of the Medical Association of the county of Brant the recent amendment made to the Medical Act empowering the Council to collect an annual fee from each member of the medical profession, similar to what is done by the Law Society and Pharmaceutical Association, is highly to be approved, and that it is desirable that no change should be made in the Medical Act in that regard.

The association further deprecates frequent changes in the Medical Act.

D. DUNTON, *President.*

M. J. KEANE, *Secretary.*

To DR. A. MCKAY, M.P.P.,

Legislative Assembly, Toronto

March 12th, 1892.

Although those agitating for the repeal of the clause of last session had all summer to prepare their petitions, they only received the signatures of 445 men all told, and we find here, taking the petitions from the different districts that were presented to this House, 170 names; then we have the letters from about 20 medical men writing independently of any communications sent to them in reference to it. Then we have

petitions from outsiders. If we take the societies as an index, we have something like 660 against this proposed measure. I think that it is fair to conclude that the legislation asked for in this bill is not asked for by the medical profession of the Province of Ontario. Those who take an interest in medical education in this province say that we have a representative institution, and legislation should be based upon the requirements of the profession, and should be discussed by their own representatives in council assembled. Now, sir, it was the policy of the Government and of this House last session to declare that when a bill was introduced for the purpose of interfering with the College of Pharmacy Act, this House did not see fit to interfere, simply because it did not emanate from the proper source.

I think I am safe in saying, Mr. Speaker, that the profession, as a whole, are not prepared for such radical legislation as this. They are not prepared to see an institution of which they feel proud destroyed by legislation of this kind; because if you interfere with the funds of any institution, you are striking at the very fundamental principles on which it is founded. If you say to that body, "Fully one-third of your income shall be cut off at one blow without the matter being discussed by your members or by the representatives assembled," I claim, Mr. Speaker, that it would not be in the interests of the profession and of the public to pass legislation of that kind. Why, sir, the power to erase from the roll lawyers and solicitors is one of the best safeguards to the public. We know perfectly well if a solicitor will deal wrongfully with the funds of his client, there is a power under the control of the society themselves to strike him from the roll; and I believe that that power exercised by the solicitors is one of the greatest safeguards to the public. It is just as important to the public at large that that power shall be judicially exercised by the central body, the College of Physicians and Surgeons, for this profession. They came to this Legislature a short time ago asking for power to erase for misconduct, and you very properly granted that concession. We believe that any one who disgraces the profession should be struck from the roll, and not allowed to practise his profession in this province.

Now, sir, if it is important to the public that that power should be possessed by the Law Society, I claim it is ten times more important to the public that it should be possessed by the medical profession. If the standard of medical education is kept up, and if the profession is purged from those who disgrace it, is it not in the interests of the public? I think no man will deny that it is. And I think, Mr. Speaker, taking all those facts into consideration, and taking the fact that we have a representative institution granted a charter by this Assembly, and taking the fact that we have an election every five years, and that they have a meeting of the Medical Council every twelve months, that it would be unfair to that body, the Medical College, to say, we will pass legislation here behind your backs without ever consulting you or consulting the profession you represent. All we ask you to do is this: Allow the matter to be discussed by the representatives of the profession when they come here in June next to consult and advise on questions of importance to themselves; and if they come here asking for legislation for the purpose of improving the Medical Act either one way or another, we should then consider what they ask for, and grant it, if it is reasonable and right and in the interests of the public. Mr. Speaker, I am not in favor of this bill. I do not say that it should not go to a committee; so far as that is concerned, it is useless for me to say anything to the contrary; but I sincerely trust that this Legislature, in its wisdom, will think well before they destroy or allow to be destroyed one of the best educational institutions that we have in the Province of Ontario.

EXTRACTS FROM THE ANNUAL ADDRESS DELIVERED TO THE BATHURST AND RIDEAU DIVISION MEDICAL ASSOCIATION, JULY 15, 1891.

BY A. F. ROGERS, M.D., OTTAWA,
President of the Association.

Gentlemen: I claim we have in Ontario the best and most comprehensive Medical Act in the world, a credit alike to the medical profession, the Government of Ontario, and the people of this province.

By the recent amendment to the Medical Act* four points have been gained, as follows:

(1) The Council has now the power to raise the standard of preliminary education to an Arts degree.

(2) Under the former Act any one whose name had been erased from the register by the Council for unprofessional conduct had the right to appeal to "any judge of the High Court of Justice," but now he must appeal to the "Divisional Court" of three judges, and there is much more safety for the Council in having a case tried by a High Court of three judges than by one judge alone, for it is a well-known fact that one or two of the judges in Ontario would decide against the Council in almost every instance.

(3) The third point in the amendment to the Act relates to the members of the College of Physicians and Surgeons paying their annual dues. The College has no power to increase the dues to more than \$2, but the members must now pay them annually or have their names erased from the register until payment is made. The dues are payable on the 31st of December of each year, and on payment the member receives an annual certificate, which is the only proof of registration; likewise, if he omits to pay his dues for twelve months, then his name has to be erased, but at any time that payment is made thereafter his name shall be immediately restored. Before erasure, also, can be executed, the registrar must give the member two months' notice by registered letter addressed to his register address. The reasons advanced for this method of collecting the dues are: First: The expenses of the College heretofore have been almost entirely met by students' fees; and if by raising the standard of pre-medical and medical education the number of students is reduced, then we shall be compelled to have power to secure support from the members of the profession, or the College must succumb for want of funds. Secondly: The College is in debt, and is carrying a heavy load in the shape of a \$60,000 mortgage on the building, which means \$3,000 annually in interest, besides a floating debt of several thousand dollars on which interest has

to be paid. The necessary expenses also to carry on the affairs of the College are naturally heavy, and include the salaries of the registrar, treasurer, detective, solicitors' fees, payments to examiners, expenses connected with the meetings of the Council, etc., etc.

(4) The fourth point in the amendment to the Medical Act has reference to keeping the Ontario Medical Register correct, and gives the registrar power to write a letter to a member asking him if the address given is correct, and if no answer is received in six months the name shall be erased, but shall be restored immediately on compliance with the Act.

The next subject to be referred to is

THE MEETING OF THE MEDICAL COUNCIL,
1891, AND THE CHANGES IN THE CUR-
RICULUM OF STUDIES.

At the meeting of the Council in 1890, Dr. Bergin moved for a committee to secure the curricula of all the colleges and universities obtainable, both British, Canadian, and foreign, and to report thereon at the meeting of the Council in 1891. This committee went to a great deal of trouble in obtaining the information necessary and preparing a report, which, with slight changes, was adopted by the Council.

(a) *Matriculation*.—In order to be registered as a medical student, the candidate must present a certificate of having passed "the University Departmental and Matriculation Examination, with prescribed Science course added, and compulsory," or he must have taken the degree of B.A. Only two ways, then, are open to the student to become matriculated, either to take the degree of Bachelor of Arts, or pass the Departmental University Examination, with Science.

(b) *Medical Course*.—If the student has passed the Departmental Arts Examination he has then to study medicine *five full years*, consisting of four winter sessions of six months each, and one summer session, with hospital attendance, and then one full year devoted to practical and clinical work in hospitals and dispensaries, either foreign, British, or Canadian. If the student, on the other hand, has taken the degree of B.A., he has then to study medicine *four full years*, including the last year of practical and clinical work, but he has only to at-

*This amendment to the Medical Act will be published in the Ontario Medical Register this year.

tend three winter sessions in College and one summer session.

(c) *Examinations.*—These consist of Primary, Intermediate, and Final, the Primary to be passed at the end of the second year; the Intermediate, consisting of all the final branches, at the end of the fourth year; and the Final at the end of the fifth year, consisting of clinical medicine and surgery and all the allied branches. Students having the B.A. degree will pass the Primary at the end of the second year; Intermediate at the end of the third; and Final at the end of the fourth year.

I wish to draw your attention now to the great importance of this enactment to the medical profession. The Departmental University Examination is one regulated and controlled by the Department of Education, and is uniform for the whole Province of Ontario, as well as a thorough test of proficiency in general education, the Science branches included being Botany, Zoology, Physics, and Chemistry, and I was informed by the Minister of Education that it is equal to the entrance examination for the second year in Arts of many universities. The student having passed this he is then to study five full years in medicine, or if he takes an Arts degree he has only to study medicine four full years, so that I think undoubtedly the majority of students hereafter will take the B.A. and four years' medical course. Again, this Departmental University Examination is not a teacher's examination—the student having passed it is given no certificate as a teacher; but it is purely a University examination, arranged and conducted by the Department of Education of Ontario. Just here I wish to point out to you one of the factors in producing the overcrowding of the profession which we find to-day. Formerly the Council accepted a third-class teacher's certificate, and then the standard was raised to a second-class non-professional teacher's examination. The names of all persons who had passed these teacher's examinations were published in the report of the Department of Education, and therefore each year the Dean of any medical school could send to each of those who had passed the required teacher's examination an announcement of his school, and enclose a circular pointing out that he or she was now matricu-

lated as a medical student and could at any time begin the study of medicine, with such additional phraseology as might be deemed best to entice the person into the fold of that most philanthropic benefactor. By this means hundreds of young men who never thought of studying medicine were lured into the profession, only to find, when they got there, the overcrowding was so great that they might better have remained common school teachers, and with the natural result that many of them migrated into the Western States. All this rich field is now cut off, fortunately for the profession and the people as well, and I venture the prediction that not over ten per cent. of the number of persons will register as matriculated medical students in 1892 that were registered in 1882, and there is not the slightest question in my mind but that the adoption of this measure will decrease, when its operation begins to show on the returns, the number of persons entering the profession fully fifty per cent. As might be supposed, we did not carry this report in the Council without severe opposition on the part of some of the school representatives and their friends, and the first question was only carried by the casting vote of the chairman, who fortunately happened to be my friend Dr. Rosebrugh, of Hamilton.

Surveying the whole position calmly, it is impossible not to regret that these regulations now adopted were not secured by the Council ten years ago; but if the standard for the entrance to the study of and to the practice of the medical profession in Ontario was for years kept down by the Council, let me ask you to answer in all fairness who was to blame? Most assuredly it was the medical practitioners. Everywhere the members of the profession have exhibited almost complete indifference as to the Council; few knew, and cared less, what was done by their representatives in this medical parliament, and the medical journals, owned as they have been by the medical schools, have taken every care not to enlighten the medical practitioners of the many attempts made by some progressive members of the Council to raise the standard of preliminary education, and thereby make the future of the profession in Ontario look, at least, brighter. The school representatives have been active and vigilant, and, while their

number was small, yet they managed to control the Council in the past, and this was done by securing the election of friendly territorial representatives. How many members of our profession in Ontario have ever taken the trouble seriously to study their own Medical Act? Few indeed; and yet this Act has been for years published and sent to them by the Council in the Ontario Medical Register. How many members of the profession in Ontario ever read and carefully consider the report of the proceedings of the Council as published in their annual announcement? Possibly ten per cent. of the whole number would be above the average; and when such apathy has been shown by the medical practitioners in studying the course pursued by their representatives, and when the school members have been so alert, active, and diligent, stimulated, it is true, by selfish aims, can you wonder at the present overcrowded condition of the profession in this province? The Law Society has managed the affairs of the legal profession so much better than the Medical Council has ours that to-day in Ontario there are only 1,565 barristers, whereas the number of registered medical practitioners is, in round numbers, 3,000, or about two to one. And why? Simply because for the last fifteen years they have required all law students, prior to beginning the study of their profession, to pass an examination in Arts of a high class, almost equivalent to what ours is now, and then study law *five* full years, while the Medical Council exacted only a three years' medical course and a third-class teacher's certificate, with the natural result that two students began the study of medicine to one who began that of law. The teachers in the medical college have reaped a harvest, and now the medical practitioners are only suffering the consequences of their own apathy and indifference in the shape of an overcrowded profession.

The main object of the Council is to act as an independent State Medical Board, with full powers in the premises, to guarantee to the people of Ontario that none but thoroughly educated and competent medical practitioners shall be allowed to practise the medical profession in their midst, and I claim that the maintenance of a low standard of pre-medical and medical education was not fulfilling the trust imposed,

and was, by overcrowding the profession, a direct injury to the medical profession, to the people of this province, and to the State.

Quackery, semi-quackery, dishonest dealing, and criminal practice are the inevitable outcome of an overcrowded medical profession, and these not only put a stain on the escutcheon of Medicine, but are a menace to the people of, and to the fair name of, our country. How is the State injured by there being too many medical practitioners? Within the last few years upwards of 1,000 persons born in Ontario and educated as physicians in this country have migrated to the United States and elsewhere, and the natural conclusion is that the reason they left us was because they found no chance of gaining a practice. Had it not been for the low standard of medical registration here, these persons, in all probability, would have entered other callings, agricultural, manufacturing, or mercantile, and remained in Ontario. Again, there are 3,000 medical practitioners in Ontario, and if 1,500 would be fully able to meet all the requirements of the population, which undoubtedly they could with ease, and as the medical profession belongs to the class of non-producers, we have taken 1,500 persons from occupations which are directly of value to the State, and placed them in a non-producing class where they were not required, and in this way injured the State. Let us, therefore, here in Ontario have a high standard, both of pre-medical and of medical education, and the law of supply and demand will always be such as to guarantee sufficient medical practitioners to meet the needs of the population.

THE PSYCHOLOGICAL LABORATORY IN THE UNIVERSITY OF TORONTO.

BY J. MARK BALDWIN, M.A., PH.D.,

Professor of Logic, Metaphysics, and Ethics, in the
University of Toronto.

In the spring of 1891 an appropriation of \$1,100 was made for the equipment of a laboratory for experimental psychology at the instance of the writer. A suite of rooms was set apart for the use of this department. The laboratory is located at the west end of the restored University College building on

the first (not the ground) floor. It is isolated entirely from the general work of the building, being over the rooms of the physical department. The rooms have light exposure from three sides. The room which is used for students' demonstration and practical work is cut off from the research rooms, thus making interruptions to the latter from noise, etc., unlikely. For the same reason, the central hall is laid with cocoa matting. The work-tables of the research rooms get light from the east, south, and west, a variety which is of great value, especially as the east exposure has reflected light from the walls of the main building (this is also partly the case with the light from the west windows). The rooms are artificially lighted by combination gas and electric chandeliers from the ceilings, and have besides movable incandescent lamps over the work-tables. The dark room is also furnished with incandescent lights. The floors throughout are carefully laid in hard wood. The work-tables are braced diagonally from the walls by iron rods. The rooms are heated by steam radiators. The walls and ceilings are finished in dull white and the woodwork in dark walnut, colors being avoided in order to keep the physiological conditions of sight normal. Natural and colored light can be let into the dark room through the south wall. The central hall is lighted through glass panels in the doors.

The fittings of the laboratory have cost about \$450—a grant additional to the appropriation of \$1,100 for instruments. This does not include, however, the arrangements for lighting, heating, and the special flooring. It is probable that the cost would be slightly more in the United States. Of the original amount appropriated, moreover, \$300 is an annual allowance for the maintenance of the laboratory. The writer hopes, also, to have soon a paid assistant, who will be constantly at work in the rooms.

The laboratory will, it is hoped, serve two main purposes: First, it is used to illustrate the undergraduate courses in psychology in the University; and, second, it is designed to serve as a centre for advanced research in the new lines of experimental work. Being the only foundation of the kind in Canada,* it will repre-

sent what we are doing in this line in the Dominion. The Department of Education of Ontario undertakes with great liberality to publish the researches of students who do work of real merit, and to distribute them generously. Publications issued from other such centres everywhere will be received in return with much gratitude; and new ideas in matters of technique, arrangement, etc., especially detailed notices of new pieces of apparatus, reprints from the journals, and announcements of new discoveries, will be welcome.

Selections.

LABORATORIES OF HYGIENE.

On the occasion of the opening of the new laboratory of hygiene of the University of Pennsylvania on Monday, February 22nd, an address was delivered by Dr. John S. Billings, of the army. By the courtesy of the editor of the *Medical News*, in which the address is to be published in full, we are enabled to give the following extracts:

Laboratories planned and fitted for public use, offering to any one who is able and willing to pay a moderate fee and to submit to a few simple regulations not only opportunities for learning the details of the processes carried on therein, but facilities and means for making special research as he could only obtain otherwise at great expense and loss of time—such laboratories, I say, are all of comparatively recent date.

It is not yet twenty years since the first separate institution of this kind was established for hygiene—and even now there are not more than a dozen such laboratories, specially built and fitted for their purpose, in existence throughout the world. Of these the best known is probably that of the University of Munich, under the direction of Professor Pettenkofer, while the largest is that of Berlin.

This laboratory is the first structure of its kind erected in the United States, and it therefore opens a comparatively new field of work in this country. What is the nature of this field and what are its boundaries?

The object of hygiene is to preserve and to improve health, and there are few matters affecting

*The first in the British Dominion, as far as my information goes.

the physical, intellectual, emotional, and moral condition of man as an individual, or of men in communities, that may not come within the scope of its investigations. The destruction or avoidance of causes of disease is but a part of its objects—it is at least equally concerned with the means of making a man better fitted to resist these causes. "That kind of health," says Montesquieu, "which can be preserved only by a careful and constant regulation of diet is but a tedious disease." Disease, like health, is a vague term, including widely different and often very complex conditions, processes, and results, which must be observed, classified, and described in such a way that different men, widely separated in space and time, may know that they are seeing the same things, and thus may have the benefit of each other's experience.

In its scientific aspects, then—those which relate to definite and precise knowledge—hygiene rests largely on physiology and pathology, the third leg of the tripod being formed by vital statistics; while in its practical aspects it must rest on chemistry, physics, and the data of sociology and politics.

At any given time, therefore, its scope and practical value must depend largely upon the breadth and the solidity of the foundations which these various branches of science can provide for it. The opinions of the medical faculty of Paris as to the causes of the "black death," and the advice which they gave as to the means for lessening the "great mortality," absurd and preposterous as they now appear to us, were yet fully in accord with the knowledge and opinions of the time.

At the beginning of this century, physicians did not distinguish with any certainty between typhoid, typhus, and malarial fevers, or between consumption and various other chronic diseases of the lungs, and until this was done investigations into the causes of these affections were necessarily almost fruitless.

When, however, a clue is once given to the student of causes, he may be able, by detecting differences in these causes, to call the attention of the pathologist to differences in the results, and thus the bacteriologist, by proving specific differences in micro-organisms, all of which produce fever, suppuration, etc., induces closer

study of details of cases by physicians, and the recognition of new and more clearly defined groups of symptoms and results, or, in other words, of new diseases.

We live in an age of specialization. Progress in science, as a whole, depends upon special progress in each of its branches. Our present knowledge of physiology depends largely upon the perfection of electrical methods. Pathology and pathological bacteriology are now waiting for increase of knowledge in organic chemistry. The law of evolution applies to this as it does to modern industrial progress.

The physician deals with sick men, and his first question is, What is the matter with this person? That is, what group of symptoms does he present, and to what derangement of his mechanism are these due? The hygienist deals with two sets of problems—the first relating to men who are not sick, and how their health and vital existence power are to be not only preserved, but improved and strengthened; the second relating to sick houses, feverish blocks or wards, infected localities, where the first questions to be solved are: What are the causes of this condition of things? How have they found entrance? Are they still acting?

In the investigation of causes he must consider not only the immediate or exciting, but also the remote or predisposing; not only those which are preventable, but those which, with our present knowledge, are unpreventable; and thus it is that heredity, race, local meteorology, occupation, and many other circumstances must be studied by him, as well as the effects of food, clothing, habitation, poisons, and viruses.

The recent advances in our knowledge as to the action of certain micro-organisms in the production of disease in animals and man have been largely made by laboratory methods, and indicate clearly that the study of bacteria and microzoa, and of their development, products, and effects, must be an essential part of the work of a hygienic laboratory, which should provide the peculiar arrangements and apparatus which are required for this sort of work. In fact, several so-called hygienic laboratories are simply bacteriological laboratories, the interest in this particular branch of investigation

having, for the time being, overshadowed all others.

Our laboratory, however, must provide also the means for chemical investigations of air, water, food, sewage, secretions and excretions, and the products of bacterial growth; for testing the effects of gases, alkaloids, and albumoses of various kinds upon the animal organism; for investigations in the domain of physics pertaining to heating, ventilation, house drainage, clothing, soils, drainage, etc.

Just at present research is being specially directed to certain minute animal organisms—the microzoa—such as are found in the blood in malaria and in the skin in certain diseases, and to immunity; especially to that immunity which may be artificially produced.

Experimental investigation is a slow process, and very uncertain in its results. An experiment may be conceived which seems as if it would give important results. The experiment itself would require only a few moments or a few hours if all the apparatus were ready to produce the required conditions, and to record in terms of weight and measure the results obtained. But to make this apparatus in the best form, and to provide the means of recording, may take a year or more, and in making this preparation a dozen problems will come up to be solved by other experiments.

You are pretty sure to discover something new, but by no means sure that it will be what you began to seek. Every discovery opens new questions and indicates new experiments, and the precise shape in which the work presents itself varies with place and season.

We cannot foresee precisely the demands which will be made upon us, or which we shall make upon ourselves, but we do know that we shall want some large rooms in which a dozen or twenty men can be at one time taught how to investigate, working under the eye of an instructor; and also a number of small rooms, each fitted for the work of one or two men who have attained a certain amount of skill, and are engaged in original research. In all these rooms we shall at times need to use microscopes, gas-heating, and steam; there will be vapors and fumes produced; there will be delicate instruments scattered about, and the

rooms must therefore be light, have abundance of gas, steam, and water, hoods and flues for conveying away fumes, and plenty of fresh air without dust.

Many of the things that will be seen through the microscopes will be rapidly changing form, and we shall need pictures as well as descriptions of their different shapes.

The most useful drawings for our purposes are those made by sunlight, and therefore we want photo-micrographic rooms.

We shall wish to test the merits of various articles of house-equipment, such as different patterns of steam radiators, traps, sinks, closets, etc., and for this purpose we must have places where they can be fitted and put into use.

We must know what other investigators in other laboratories, and many places besides laboratories, have done and discovered, that time and effort may not be wasted.

We must therefore have the books and journals in which these are recorded, which are already many, and coming rapidly. A small library and reading room is therefore essential.

Much of the apparatus to be used must be either made or specially fitted and adjusted on the spot to meet special indications which it is impossible to foresee, and therefore we need a large workshop, with tools and appliances for working in wood, glass, and metal, and with power.

After describing the new laboratory, Dr. Billings continued as follows:

We hope that some increase of knowledge will be made here by the workers in the laboratory itself; but the main point to be kept in view is to provide well-trained, scientific, and practical men for other fields of labor. Dr. Mitchell has said that the true rate of advance in medicine is not to be tested by the work of single men, but by what the country doctor is. So, also—and even more so—advance in practical sanitation is not to be measured by laboratory records, but by what health officers and sanitary engineers are able to accomplish.

Even now we *know* much more than we *do*, and the skilled sanitarian too often finds himself in the position of the happy daughter of Priam and Hecuba, who could foretell, but to no purpose.

This laboratory is fortunate in being closely

connected with and in the immediate vicinity of a great medical school and of great hospitals. As was said before, one of the essential foundations of scientific knowledge of the causes of disease is minute and accurate diagnosis and pathology, and we are therefore in constant need of the best knowledge of leaders in these branches of medical science. The hospital is filled with specimens of the results of such causes, acting on the human body—from one point of view, Nature's experiments with poisons cunningly elaborated in the tissues of the body, or with viruses coming from without, upon blood and bone, muscle and brain. Much of the work of this new department will be connected with the results of these experiments.

The laboratory is also fortunate in being located in a great manufacturing city, where the effects of different occupations, of trades dangerous or offensive by reason of dusts, or of vapors, or of waste products, can be readily observed and the materials for study obtained. There is an immense field for a sanitary clinic here, and in the habitations, the streets, the water-supply, and the sewers of Philadelphia.

These clinics, however, cannot, as a rule, be reported for the press, either lay or medical, since to do so would, to a great extent, defeat their object; the great majority of the sick in houses and manufactories must be considered as strictly private patients, and their affairs held as confidential. In the case of public institutions, or of public nuisances, a somewhat different rule may apply.

Practical hygiene is to play an important part in municipal government, to secure the best form of which is now one of the most urgent questions of the day. Many of the questions to be decided by city officials as to water-supplies, sewage disposal, etc., require expert knowledge to answer.

Of course, the subject of hygiene and the work of a university department devoted to the increase and diffusion of knowledge in sanitary science extends far beyond the experiments and demonstrations for which this laboratory is specifically fitted. Bacteriology, chemistry, pathology, physics, and medical and vital statistics give us the foundations, but sociology and jurisprudence must also be studied in their relation to sanitation to obtain the best results.

It is in and to the home and to the workshop that these results are to be applied, and he who aspires to be his brother's keeper must know how his brother lives.

Labor questions, education questions, marine and inter-state commerce questions, and methods of municipal finance and government are all intimately connected with matters of personal and public hygiene, and economic consequences, as well as health, must be considered in the advice and regulations of the sanitarian.

I count it as fortunate, therefore, that there is a law school and a school of finance and political economy in this university to which the department of hygiene can look for advice and friendly criticism when these are needed, as they surely will be.

And now a very few words as to the needs of the laboratory. First of all, it needs men—men thirsting for knowledge, and fitted by previous training and education to come here and acquire that knowledge, not merely the knowledge that exists in books or that the teachers in this laboratory may possess, but that which is yet unknown, the weight of that which no one has yet put in the balance—the shape, and size, and powers for good or evil of things whose existence has not yet been demonstrated—men who will patiently and earnestly seek the answers to the questions, "What?" "When?" and "How?" in the hope that thus they may by and by obtain some light upon the more difficult problems of "Whence?" and "Whither?" even if they may never be able to answer "Why?"

There are not many such young men whose tastes will be in the direction of these lines of research, and of these there will be very few who will have the means to support themselves while engaged in the work. We need, therefore, the means to help them in the shape of half a dozen fellowships, paying about five hundred dollars a year each, and granted only to those who give satisfactory evidence of capacity and zeal.

The second thing we want is a demand on the part of the public for really skilled, well-trained sanitary investigators and officials such as we hope to send out from here; we want a market for our product; we want the legislators of this and other states, and of our rapidly growing municipalities, to be educated to appreciate

the importance and practical value of such health officials, and to give the best of them employment.

Thirdly, the laboratory wants the co-operation and assistance of sanitary authorities and inspectors, and especially of those of this city and state.

It needs to know from time to time what they are interested in and are working at, to have the opportunity of showing to its students cases of special interest—sick houses, localized epidemics, special forms of nuisance.

And, on the same principle and for the same reasons, it desires to have its attention called to special methods of heating, ventilating, and draining buildings, and especially public buildings, such as schools, hospitals, prisons, churches, and theaters, and to matters connected with the hygiene of manufacturing establishments and special occupations, methods of disposal of offensive or dangerous waste products, of protecting workmen against dusts, gases, etc.

In short, we want to know how these things are managed by the men who have a practical interest in them; and if, in our turn, we can suggest improvements, we shall be glad to do so.

Fourth, the laboratory wants a reference library as complete as it can be made, and always up to date. Many of the books and journals required must be purchased, and for this purpose a special fund is needed, but many of the works required can only be obtained by gift.

Thus we want all the reports of boards of health—state and municipal—of municipal engineers, waterworks and water commissioners, park commissioners, etc.

We want the catalogues and circulars of all manufacturers of heating and ventilating apparatus, of plumbers' supplies and house fixtures, of electric and gas fixtures, of machinery and apparatus connected with water-supply and sewage disposal.

We want copies of plans and specifications of large buildings of all kinds.

And these things can only be obtained through the aid and good will of manufacturers, engineers, architects, and sanitarians over all the country; and this aid I venture to ask, feeling sure it

will be granted by those who know what is wanted.

I will mention but one more special want to-day, and that is of means for the proper publication of illustrated reports and accounts of the work done in the laboratory.

In the meantime we must be patient, and not too eager to touch the fruit of the blossom that is not yet blown.—*N. Y. Med. Jour.*

THE VENTILATION OF CHURCHES AND CHAPELS.—That churches should be so ill-ventilated and badly heated as to become sources of danger to the assembled worshippers is at once hostile to the spiritual as well as to the physical interests of the community. All sanitarians are aware that the air of chapels and churches often becomes distinctly injurious before even an hour of the service has elapsed; many have marvelled that so little care and attention have been bestowed at the outset to construct churches upon even the most commonplace principles of hygiene. The gas—which is almost invariably placed low down over the heads of the people—owing to the large amount consumed, aids materially in the air pollution. No provision is made to supply fresh air which has been previously warmed, and hence, for the greater part of the year, the inevitable old lady or gentleman who is possessed of a special faculty of detecting an amount of air movement which an anemometer would barely be sensitive to insists upon all ventilating openings (often only doors and windows!) being shut. Further, so as to make matters as bad as they possibly can be, and so as to insure that air shall not be induced to enter by any circumventive tactics, no means of outlet (or at least very inefficient ones) are provided for the escape of foul air. It would have been easy to achieve good results in the first instance, since the matter only entails the application of a few measures which are well understood and often adopted; but after construction the best remedial steps involve considerable difficulty and expense. Provision should be made in every case for warming the entering air, preferably by hot-water pipes, since the building itself is best heated by these means; and the warm air may be best admitted by small gratings at the bottom of the walls near the floor, and

through perforations in the flooring of the different passages. Gas should be placed high, and not used to heat the building, and the jets might be disposed in rings, around openings leading directly to the external air, so that the heat generated may be utilized as an agency for extracting air vitiated by the congregation, while at the same time the injurious products of gas combustion are at once removed. Extraction shafts leading into the furnace-flue, and having their openings well above the gallery level, might also with advantage be placed in, each corner of the building.—*Brit. Med. Jour.*

UNIVERSITY COLLEGE HOSPITAL.—REMOVAL OF THE SUPERIOR MAXILLARY NERVE.—Mr. Victor Horsley excised the right superior maxillary nerve of a woman, æt. 45, for intense neuralgia. He said it was a good sign in this case that the disease was fairly localized. Ten years ago the patient had suffered from a very slight attack, which very soon passed away, the real malady commencing only three years ago. In his opinion it was far better to operate comparatively early, as then all the branches of the nerve are not affected. He stated it was feared at one time that a change took place in the roots of the teeth after excision of the nerve, but this is not the case. In the present instance there was no evidence that the disease involved any branch but the middle division of the fifth; the patient was very neurotic, requiring an enormous amount of anæsthetic, as these cases always do. The first step of the operation was to stitch together with horsehair the lids of the right eye; a horizontal incision was then made along the lower margin of the orbit, care being taken not to enter that cavity, and a vertical cut parallel to the nose carried down for about an inch and a half nearly from the centre of the first; the periosteum was then elevated and the nerve discovered emerging from the foramen; an effort was made to separate the artery from the nerve; to do this, Mr. Horsley pointed out, was a great advantage, but it was not easy, and was not possible in the present case, so the artery was ligatured and a piece of silk put round the nerve, then the periosteum was turned up from the floor of the orbit, the eyeball being held up with a copper retractor. (Mr. Horsley said *en passant* that a

thin elevator was required; the original performer of this operation used a cup-shaped one.) The infra-orbital canal was next opened up with bone nippers; an electric light attached to the operator's forehead being now brought into requisition, the anterior dental was brought into view and about two inches of the superior maxillary nerve were excised. All small vessels were ligatured, hot perchloride solution was applied, and the wound sewn up with horsehair, one angle being left unclosed, as there had been a good deal of oozing and there probably would be more, as Mr. Horsley pointed out, remarking that he generally in these cases closed the wound up entirely.—*Medical Press and Circular.*

THE
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS
OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

When a change of address occurs please promptly notify the Publishers, THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, APRIL 16, 1892.

THE RETAIL DRUGGIST.

An article on the above subject recently appeared in the *Medical News* which refers more especially to the position of the pharmacist in the United States, but is not any the less interesting to us in Canada on that account. It quotes from the *Druggists' Circular* the following paragraphs referring to counter-prescribing:

“In this and other States there are very stringent laws to prohibit counter-prescribing by druggists, and as our medical brethren have spies constantly on the lookout, and a number of arrests have been made, it is of the greatest importance that all pharmacists should be on their guard. There is, however, no law under which a druggist could be arrested or fined for selling a friend or customer what they called for, and in order to meet this difficulty a little book entitled ‘A Medical Manual for the Treatment of Simple Diseases’ has been carefully prepared.

"This work, which is carefully arranged in alphabetical order, gives the patient all the information he would most likely ask the druggist for, and which the pharmacist is not now in many places allowed to supply orally.

"The publication of this useful and valuable book is one of the most important events in the drug trade that has transpired in many years."

We don't know whether our numerous counter-prescribers in Toronto use this valuable book; but, if not, we may tell them that the retail price is twenty-five cents. We don't know that there is any reason why they shouldn't have all information which is available in this important art. A number clubbing together can get greatly reduced rates. It is quite likely that this "useful and valuable book" will become popular with the public as well as the *profession*.

Even from a druggist's point of view, however, there is some danger of overdoing the counter-prescribing business. Physicians have been for some time considering the matter, and many are now dispensing their own medicines, and more are likely to do the same in the near future. We believe the losses thus resulting to the druggists will more than balance the profits derived from their unlawful counter-prescribing.

The *News* points out another aspect of the case as follows:

"There is another reason that will, in the future, continue more powerfully to hasten the downward progress of the druggist's calling as a learned profession. This is the gathering of the art of compounding drugs into the hands of the manufacturing chemist, and the resultant concentration of this function under the control of a few large firms. Machinery, centralization, systematization, and the progress of pharmacology have made it possible to compound vast quantities of almost every conceivable prescription with an accuracy that is greater and at far less expense than is possible in the case of a single prescription for a single patient. The wholesale manufacturer, moreover, passes by and over the retail druggist, supplies the physician directly, and the physician, finding it to his own benefit as well as to that of his patient, will more and more supply his patient at first hand."

This is no fancy sketch of impossible or improbable contingencies, but a clear statement of

what is quite likely to happen before long. Under such circumstances the commercialization of this profession, as the *News* points out, will become still more marked; and the drug store will become a sort of "soft-drink saloon or junk shop" where all kinds of "queensware, bric-a-brac, patent medicines, fizz-waters, cigars, ginger snaps, and milk shakes" may be procured at the lowest possible prices.

THE MEDICAL COUNCIL AND THE PROFESSION.

The Medical Council of Ontario has received some hard hits during the last few months from various members of the profession throughout the province. We regret that many of its critics have shown an amount of bitterness which is quite uncalled for, and is not likely to accomplish much good. We must, however, recognize the fact that many acts of that body have not met with the approval of physicians whose opinions are worthy of careful consideration. We regret that the recent discussions have shown that a large portion of the profession have taken so little interest in the proceedings of the Council in the past that they know but little about the merits or demerits of the work it has accomplished.

We desire to give our readers the fullest possible information about its position in connection with recent legislation in the Ontario Parliament; and, with that object in view, publish in this issue the address of Dr. Angus McKay, of Ingersoll, delivered in the House of Assembly on the occasion of the debate on the proposed amendment to the Medical Act, and a portion of the address of Dr. Rogers, of Ottawa, delivered at the meeting of the Bathurst and Rideau Medical Association, July 15th, 1891.

Dr. Rogers, as a member of the Council, may not be considered a disinterested party; but he certainly gives many facts which will be read with interest by all who desire to see our educational standards raised. Dr. McKay may be considered a representative of the profession as a whole—and an able and worthy one he is—and his opinions, so well expressed, are entitled to careful consideration. It is only just to Dr. Meacham to say that he expressed his

views well, having evidently given the subject careful study, and it is right to add that he represents a large and powerful section of our physicians. We regret that we are not able to give an exact résumé of his address on the subject, but we would be happy to place our columns at his disposal if he would do us the favor of sending a communication on the subject.

We are glad to know that there is a growing feeling that the Council should be maintained. With all its faults—supposing it to have faults—it has done signal service to the profession of Ontario. Dr. Rogers puts that aspect of the case very clearly. By the way, what a pity it is that this champion of high standards cannot express himself without throwing out offensive insinuations against certain of his confrères who deserve no such treatment? While the majority will uphold the Council, it is remarkable to find such a strong feeling against the universities and medical colleges. There is nothing new in this, however, as the records of the various sessions of the Council show that all is not *lovely* between the territorial representatives and certain of the "schoolmen." We will return to this subject in a future issue. Many are inclined to favor that clause in Dr. Meacham's proposed amendment calling for an election every three years. Probably the worst feature of the whole agitation is the strong feeling which has been shown against the two-dollar tax. Many have urged certain reasons for opposing it which are at least intelligible; others, unfortunately, have shown a willingness, if not an eagerness, to sign any petition which will relieve them from "this burden," without the slightest consideration for any obligations resting upon the profession in the shape of debts. It was this disposition on the part of a few (we hope) that led so many laymen to think the medical profession of this province were a "mean lot."

SPECIAL COURSE IN BACTERIOLOGY.

Prof. Ramsay Wright will conduct a practical course in bacteriology in the Biological Department of the University during the month of May.

The course will consist of a lecture each morning at nine o'clock, after which the mem-

bers of the class will engage in practical work in the laboratory for as many hours as they can spare.

It is intended that the course shall cover the life history of the chief pathogenic forms, the experimental methods employed in studying these, and the applications of bacteriology to diagnosis.

Each member of the class will have the use of a microscope (including homogenous oil-immersion lens) and the other appliances necessary for the work. The requisite experimental animals will also be furnished.

As it is necessary to make further arrangements in advance, it is requested that those proposing to take advantage of the course should communicate with Prof. Wright at once.

The fee for the whole practical course, including the appliances and materials for study, is \$25; for the lectures alone, \$5.

A DISHONEST BOOK AGENT.

A correspondent from Brantford informs us that he has been victimized by a party representing himself as the agent of the Home Supply Association of Chicago. Our friend subscribed for the *New York Medical Journal* and the *Archives of Gynecology and Obstetrics*, and paid for one year in advance. As the journals did not come to hand he wrote to the company, and received the following reply:

"Your favor of the 6th instant at hand. We regret to inform you that you have been the victim of a sharper. Mr. John D. Martin is not in our employ, and we do not know him only as various physicians have reported him to us as you have done. He has worked Indiana and Michigan in the same way that he is now working Canada. We have detectives on his track, and should be very glad if you were able to assist us in apprehending him. It is unnecessary to say that we have not received a penny of his collections. We regret this unauthorized use of our name, but feel sure that, after reading this letter, you will hold us guiltless in the matter.

"HOME SUPPLY ASSOCIATION."

Chicago, April 8, 1892.

Meeting of Medical Societies.

PATHOLOGICAL SOCIETY OF TORONTO.

February 27th, 1892.

The society met in the Biological Department, the vice-president, Dr. A. McPhedran, in the chair.

ULCERATIVE ENDOCARDITIS.

Dr. G. A. Peters presented the heart and specimens of the lung, liver, kidney, and spleen, and read the following history:

A. H., aged eight, had an abrasion of the outer side of the heel of some weeks duration. This was followed by swelling and suppuration of the lymphatics, extending from about the middle of the calf of the leg on the inner side to within two inches of the groin in an almost continuous tract. The suppurating foci were opened washed out antiseptically, and drained freely.

The temperature before operation was $100\frac{2}{3}^{\circ}$, pulse 120. Within thirty-six hours the temperature had dropped to normal, and the pulse to 104.

The wounds were washed out antiseptically once a day, and at no time was the discharge profuse, nor did any accumulation of pus ever take place. Nevertheless, the temperature continued to rise by gradations of about one degree daily until on the eighth day after admission it had reached $103\frac{2}{3}^{\circ}$, the pulse ranging from 100 to 140. On the fourteenth day the temperature was 105° , pulse 156. The temperature ranged from 101° to 105° during the next two days, and death took place on the sixteenth day after admission.

He suffered once or twice from retention of urine, and at all times was irritable and intolerant of being touched. There seemed to be hyperæsthesia over all the body. There was slight cough, but no expectoration could be obtained. The urine was loaded with urates, but contained no albumen until two days before death. Delirium was present during the night for about a week preceding death, but there was never complete unconsciousness nor coma. He had no distinct chills during course of disease.

Three days before death a friction sound could be heard in the pleuro-pericardial region, and the next day a soft blowing murmur at the base of the heart.

There was slight dullness on percussion over the bases of the lungs shortly before death, and moist bronchial sounds could be heard. The area of splenic dullness was increased.

Autopsy.—External wounds were clean, but showed no granulating surfaces. There were accumulations of pus in connection with them. The inguinal glands were only slightly enlarged.

Abdomen.—Spleen somewhat enlarged and softened. Liver, kidneys, and intestines showed no change to gross examination. The mesenteric glands were enlarged, but not softened or inflamed. The retro-peritoneal glands were slightly enlarged.

Chest.—Lungs did not retract fully on opening the chest. There was recent pleurisy on both sides, with considerable inflammatory lymph and slight adhesions, but no accumulations of pus. In both lungs were found numerous infarcts, especially around the margins. Some of these were dark-red, almost black, in color, and firm. In others there were some broken down patches, and in a few fully formed abscesses. The largest was not more than three-fourths of an inch in diameter. The lung, as a whole, floated in water. There was no pericarditis, and only a small amount of fluid in the pericardium. On the right side of the heart there was a distinctly ulcerated patch about three-sixteenths of an inch in diameter upon the auricular surface of the tricuspid valve. All around the margins where the valves came into contact, there were numerous minute jelly-like excrescences. Similar excrescences were found in smaller numbers on the mitral valve, but there were no ulcers on the left side of the heart.

Dr. W. R. Shaw presented tube and plate cultures, smears, and stabs, made from the heart and intestine, showing colonies and pure cultures of the streptococcus pyogenes. This was the only pathogenic microbe present. He presented also, under the microscope, a stained cover-glass preparation of the pure culture.

Dr. John Caven had made microscopic preparations of the various organs, but owing to illness was unable to present them.

Dr. Acheson asked if these pulmonary lesions were what are commonly called hemorrhagic infarcts of the lung, or were they not rather an

early stage of pyæmic abscesses just beginning to break down, the result of septic emboli? Some pathologists hold that the hemorrhagic infarct of the lung was quite different in its mode of origin from infarct in the spleen or the kidney; the latter being the result of non-septic embolism, while the pulmonary infarct was a true hemorrhage and not embolic. The embolic infarct contained no blood, and was pale in color, except in the inflammatory area around the periphery. The wedge shape of the pulmonary infarct was to be accounted for by the mode of branching and distribution of the bronchi in the connective tissue of the organ, thus causing the extravasated blood to occupy a wedge-shaped area. True infarcts were always the result of non-septic emboli, while septic emboli gave rise to pyæmic abscesses.

Dr. Primrose said he would like to know the pathological difference between *septicæmia* and *pyæmia*. Clinically, this was one of pyæmia; its progress was slow and there were metastatic abscesses. In septicæmia the clinical course is much more rapid; there may be small hemorrhages in various parts, but no abscesses. The pulmonary infarcts here he regarded as the first step in the development of abscesses.

Dr. McPhedran thought there was no radical difference between pyæmia and septicæmia; they were really varieties of one condition. Although these cases of ulcerative endocarditis generally prove rapidly fatal, yet they may run on for from six to eight or twelve weeks with remittent pyrexia. He mentioned several cases that had come under his own observation where there was such a prolonged history of ulcerative cardiac lesion, and he thought there was a chronic as well as an acute ulcerative endocarditis. This case was uncommon in having the ulceration on the right side of the heart. The presence of a pulmonary lesion is unusual, but was to be expected here. He asked if there had been any chills, and what was the cause of the albuminuria. Many cases have no albumen in the urine.

Dr. Acheson said he thought there was a distinct pathological difference between *septicæmia* and *pyæmia*. In septicæmia there was merely the absorption of the toxic products of micro-organisms into the blood, but no actual transference of pus-producing organisms from the

primary lesion and subsequent lodgment of these in the tissues and organs at a distance, with the resulting metastatic abscesses. In pyæmia there is such an actual transference, giving rise to new foci of microbe development and tissue necrosis. In other words, there is multiple septic embolism and metastatic abscesses.

Dr. Primrose said that in septicæmia pathogenic micro-organisms were found freely circulating in the blood.

Dr. Acheson admitted this, but said that, although circulating in the blood, they did not multiply there to any great extent, nor did they invade the tissues at a distance from their primary source, settle down there, multiply, and cause necrosis. In one sense, septicæmia and pyæmia were only varieties of one condition—an intense toxæmia of microbic origin; but there were the two ways in which this might be produced easily distinguishable. Pyæmia was a more serious condition than septicæmia.

Dr. Oldright asked why the left side was more frequently the seat of ulcerative endocarditis than the right.

Dr. McPhedran said that the usual explanation given was that the left side was more subject to strain; abrasions of the endocardium were thus more likely to occur on the left side, and these gave entrance to the micro-organisms. Perhaps all forms of endocarditis, simple and ulcerative, were of micro-parasitic origin.

Dr. Peters, in reply, said he thought pulmonary infarcts were of embolic origin; they had been produced experimentally by mechanical non-septic emboli. The blood contained in them was due to regurgitation from the surrounding vessels which anastomosed with those in the area of distribution of the occluded vessel. If the emboli were aseptic, the infarcts would be gradually absorbed, leaving cicatrices; but if they were septic, abscesses would result. In regard to septicæmia and pyæmia, he thought the distinction made by Dr. Acheson was a good one; but he believed that septicæmia sometimes developed into pyæmia. The element of physiological resistance was an important one; the organs in septicæmia might be circulating in the blood, but owing to the resistance of the tissues at first they found no suitable nidus; after a time, however, the physiological resistance becomes so lowered by the

toxic condition that the micro-organisms are able to obtain a foothold, and pyæmia is the result. There had been no rigors in this case, but the patient had occasionally complained of feeling chilly. The albuminuria was very small in amount, and was due, perhaps, to cloudy swelling in some parts of the kidney. Death was due to sepsis.

TUBERCULAR DISEASE OF HIP-JOINT.

Dr. Primrose presented sections of the head and neck of the femur from two cases of this disease, and made the following remarks :

In each case he had performed the operation of excision of the joint.

Case 1 was that of a boy, aged six, who had first exhibited symptoms of hip-joint disease five months previous to operation. An abscess had developed and presented a fluctuating swelling on the anterior and inner aspects of the thigh. On opening the joint the head of the bone was partially eroded, and on removing the head a portion of the articular cartilage, round about the eroded surface, was lying loose, detached from the bone beneath. The acetabulum was perforated, and the synovial membrane of the joint was thickened and gelatinous in consistence. A longitudinal cut was made through the piece of bone removed, and it was then noted that the epiphysis was pale yellow in color, and the cancellous tissue there was very friable. The diaphysis, on the other hand, was deep red and congested, but otherwise normal. The epiphysial cartilage presented a normal appearance, and existed as a very definite line of demarcation between the congested bone of the diaphysis and the pale-yellow tissue of the epiphysis. The microscopic section of this bone exhibits an undue amount of fat in the cancellous tissue of the epiphysis and a thinning of the bony trabeculæ, whilst there is evidence of inflammatory exudation of round cells in the diaphysis immediately underlying the epiphysial cartilage. There are no tubercles to be found in either diaphysis or epiphysis; the cartilage presented a normal appearance.

Case 2. The operation of excision of the hip-joint was performed in a girl, aged ten, two months after the first occurrence of symptoms of hip disease. The head of the bone was eroded, the synovial membrane was thick-

ened and gelatinous; the acetabulum was apparently healthy, with the exception of a very small amount of erosion on its superior border. In this case, on longitudinal section, the epiphysial cartilage formed a dividing line between the deep red cancellous tissue of the diaphysis and the paler tissue of the epiphysis, although there was not such a marked contrast as in *Case 1*. On microscopic section, the undue amount of fat in the epiphysis was noted in this case also, and the same inflamed condition of the bone below the epiphysial cartilage was observed. In this case, however, was found a group of tubercles in the anterior inferior portion of the epiphysis, just in the angle of junction between the epiphysial and the articular cartilage. The typical giant cells were present in the midst of surrounding cells of irregular outline.

These two cases represent the conditions found fairly early in the disease. *Case 1* is an example of the disease beginning in the acetabulum; the condition of rarefying osteitis in the epiphysis and the partial destruction of the articular cartilage occurring secondarily to the development of the disease in the acetabulum. In *Case 2* the disease was primarily in the femoral epiphysis, and the operation was performed before an extension of the disease to the acetabulum had occurred. In both cases the epiphysial cartilage appeared as a fairly effective barrier to the inroads of the disease upon the diaphysis. No doubt the inflammatory condition beneath the epiphysial cartilage, however, was a precursor of an extension of the disease to the diaphysis with destruction of the epiphysial cartilage, which would have occurred sooner or later had the diseased tissues not been removed.

The usual situation of the primary deposit of tubercle, when the primary seat of the trouble is in the bone, is (according to Mr. Watson Cheyne*) at the lower part of the femoral neck, just *outside* the epiphysial cartilage. It would appear, therefore, that the section exhibited demonstrates the presence of a primary tubercular deposit in an unusual situation.

After transacting various items of general business, the society adjourned.

*Brit. Med. Jour., April 4, 1891, p. 739.

Personal.

DR. KITASATO, a worker in Koch's laboratory for many years, is about to leave Berlin to open a bacteriological institute in Tokio. Prof. Ramsay Wright frequently referred to his investigations in his letters to THE PRACTITIONER last year.

DR. D. HAYES AGNEW, the well-known surgeon of Philadelphia, died March 22nd, in the 74th year of his age.

DR. C. A. Temple, one of the interne assistants in the Toronto General Hospital, has been appointed surgeon to the Empress of India, one of the new C.P.R. steamships.

DR. OSLER, of Baltimore, visited Toronto, April 11th, and remained a couple of days.

Obituary.

JAMES ROSS, M.D., TORONTO.—Those who were students of medicine in Toronto thirty-five years ago will remember that Dr. James Ross was then one of the leading physicians of the city. To many such, and others coming later to Toronto, it was a source of surprise that at the time of his death the doctor was only sixty years of age. It must be remembered, however, that he commenced practice in this city when only a boy of twenty, and, notwithstanding his youth, rapidly forged to the front. Though young in years on graduating, he had received a thorough and excellent training. After taking the regular courses of lectures, he became a licentiate of our old medical board in 1851. After this he spent one session in Jefferson College, Philadelphia, where he graduated in 1852, receiving the degree of M.D.

In May of that year he settled in Toronto, and during his forty years of practice did more hard work than any man we know of in our profession. He appeared to have a constitution of iron, and he never seemed to have any idea of taking care of himself. He loved his work, and probably sacrificed twenty or thirty years of his life through his devotion to it. Although

he was, in the broadest sense of the word, a general practitioner, he had a special reputation in obstetrics and diseases of children. It will be remembered by some that in 1877 the late Dr. Zimmerman published an analysis of 4704 cases of midwifery which Dr. Ross had attended during the previous twenty-five years. His total number of cases attended during his forty years of practice was 6787, the date of the last being March 26, six days before his death. About the middle of January he had a severe attack of la grippe, from which he never fully recovered. He contracted pneumonia, March 28, and, although only a portion of one lung was involved, he sank rapidly, and died early on the morning of April 2nd.

He always took considerable interest in public matters, and was for a number of years a member of the city Board of School Trustees. He was the representative of the Midland and York Division in the Ontario Medical Council from 1874 to 1880. Among the other honors conferred upon him by his medical confrères was the presidency of the Canadian Medical Association, which he held in 1890. He was a sound, good, "all-round" practitioner, endowed with excellent judgment, kindly tact, and rare patience; and he leaves a vast army of patients, ex-patients, and other friends, in and out of the profession, who will long mourn the loss of him whom they had learned to love. His wife died about two years ago. She had been ever truly devoted to her children, and an invaluable assistant to her husband in every way. It is said that Dr. Ross never fully recovered from the blow he received in her loss. There are left in the family one daughter and two sons, one of whom is Dr. James F. W. Ross, of Toronto.

Births, Marriages, and Deaths.

MARRIAGES.

ROBERTSON—MONTEITH.—At Sunnyside, the residence of Mr. Nelson Monteith, brother of the bride, on March 30, by Rev. G. R. Beamish, M.A., W. Norrie Robertson, M.D., and Jennie A., youngest daughter of the late Samuel Monteith, Esq., of the Gore of Downie.

Miscellaneous.

GRADUATES IN MEDICINE, 1892.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.—H. R. Adamson, Ottawa; J. Adams, Kingston; G. T. C. Adams, Sydney, N.S.W.; T. A. Balfe, Smith's Falls; A. E. Barber, Palmersville; W. J. Belton, Clayton, N.Y.; Miss M. E. Birmingham, Kingston; F. H. Birmingham, Kingston; T. C. Bourns, Addison; J. D. Bissonette, B.A., Burnbrae; H. H. Denaut, Delta; H. E. Douglas, Napanee; J. C. Gibson, Atwood; W. G. Hare, Iroquois; Miss Mabel Henderson, Brockville; Allison Jamieson, Wycklow; J. J. Kelly, B.A., Nepean; J. Kirk, B.A., Kingston; E. J. Lent, Picton; A. Lockhart, Kingston; E. J. Melville, Howe Island; F. J. McCammon, B.A., Kingston; R. R. Robinson, Consecon; T. B. Scott, B.A., Belleville; D. V. Sullivan, B.A., Kingston; Miss Nellie Skimin, Hamilton; G. W. H. Smith, Sydney, N.S.W.; N. T. Stevens, Athens; Miss Agnes Turnbull, Kingston; H. E. Tuttle, Iroquois; W. B. Thompson, Kingston; J. W. Wheeler, Wolfe Island; Isaac Wood, B.A., Kingston.

MCGILL UNIVERSITY, MONTREAL.—G. A. Brunette, G. A. Berwick, J. E. Binmore, G. A. Bowen, B. F. Boyce, F. W. A. Brown, J. E. Brouce, D. A. Bruce, H. B. Carmichael, J. L. Chabot, R. J. Chipman, A. R. A. Day, C. W. Guilleston, R. F. Glendenning, W. C. R. Graham, H. A. Grant, Y. Halliday, P. O. Hayes, J. Hogg, H. J. King, F. A. Long, A. F. Longley, A. E. A. McCann, D. Y. McKay, J. E. McKenty, R. F. McKenzie, O. Y. McKinnon, H. A. McMally, A. W. Muir, C. F. Martin, T. H. Martin, W. B. H. Massiah, J. Peak, E. D. Phelan, B. E. Robinson, W. Rodger, W. H. Smith, W. M. Taplin, T. T. Taylor, J. N. Taylor, J. Thompson, A. S. Wade, W. E. Walker, W. G. Walker, H. G. Wasson. Honor list on final subjects: Jameson, Henderson, Massiah, Day, C. F. Martin, Wasson, Hayes, J. T. Taylor, Chabot, Chipman, Walker, Wade, Bowen, Berwick, Boyce. Prize list: Holmes medal, Thomas Jameson. First prize, James Hender-

SON, WESTERN UNIVERSITY, LONDON.—Honors: Gowan, H. McDonald, McGregor, Gubbins, Shaw, Hughes, McGinnis, F. Fraleigh, McEwen, Burkholder; pass, Cook, Halliday, McGuffin, Patrick, Nixon, Hall, Wood, Johnson, F. Noyes, Parker, H. Noyes, Banting, McIntosh. Medals—Gold medal, H. F. McDonald; silver, L. J. Gowan.

AMERICAN ACADEMY OF MEDICINE.—The following is the preliminary program for the seventeenth annual meeting of the American Academy of Medicine at the Cadillac Hotel, Detroit, Mich., on Saturday, June 4, and Monday, June 6, 1892: (1) "Essentials and Non-essentials in Medical Education," the address of the retiring president, Dr. P. S. Conner, of Cincinnati. (2) "The Value of the General Preparatory Training Afforded by the College as Compared with the Special Preparatory Work Suggested by the Medical School in the Preliminary Education of the Physician," a paper by Dr. T. F. Moses, of Urbana, Ohio. (3) "Does a Classical Course Enable a Student to Shorten the Period of Professional Study," a paper by Dr. V. C. Vaughan, of Ann Arbor, Mich. (4) "The Value of a Collegiate Degree as an Evidence of Fitness for the Study of Medicine," a paper by Dr. L. H. Mettler, of Chicago. (5) "The Value of Academical Training Preparatory to the Study of Medicine," a symposium, by Drs. H. B. Allyn, of Philadelphia, W. D. Bidwell, of Washington, and Elbert Wing, of Chicago. (6) "The Newer Medical Education in the United States," a symposium, by Drs. W. J. Herdman, of Ann Arbor, Charles Jewett, of Brooklyn, and Elbert Wing, of Chicago. (7) A paper on some phases of the "State Supervision on the Practice of Medicine," by Perry H. Millard, of St. Paul. Some other papers are partially promised, and the usual reports may be expected from the committees. Members of the profession are cordially invited to be present at the sessions of the Academy.

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