Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- [ ] Coloured covers/ Couverture de couleur
- [ ] Covers damaged/ Couverture endommagée
- [ ] Covers restored and/or laminated/ Couverture restaurée et/ou pelliculée
- [ ] Cover title missing/ Le titre de couverture manque
- [ ] Coloured maps/ Cartes géographiques en couleur
- [ ] Coloured ink (i.e. other than blue or black)/ Encre de couleur (i.e. autre que bleue ou noire)
- [ ] Coloured plates and/or illustrations/ Planches et/ou illustrations en couleur
- [x] Bound with other material/ Relié avec d'autres documents
- [x] Tight binding may cause shadows or distortion along interior margin/ La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure
- [ ] Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/ Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.
- [x] Additional comments:/ Commentaires supplémentaires: Continuous pagination.

- [ ] Coloured pages/ Pages de couleur
- [ ] Pages damaged/ Pages endommagées
- [ ] Pages restored and/or laminated/ Pages restaurées et/ou pelliculées
- [x] Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- [ ] Pages detached/ Pages détachées
- [x] Showthrough/ Transparence
- [x] Quality of print varies/ Qualité inégale de l'impression
- [ ] Includes supplementary material/ Comprend du matériel supplémentaire
- [ ] Only edition available/ Seule édition disponible
- [ ] Pages wholly or partially obscured by errata slips, tissues, etc., have been refilmed to ensure the best possible image/ Les pages totalement ou partiellement obscurcies par un feuillet d'errata, une pelure, etc., ont été filmées à nouveau de façon à obtenir la meilleure image possible.

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
						✓					

THE

Canadian Medical Review.

EDITORIAL STAFF:

W. H. B. AIKINS, M.D.,
Physician to Toronto General Hospital.

A. B. ATHERTON, M.D.,
Surgeon to General Hospital, Fredericton, N.B.

J. H. BURNS, M.D.,
Surgeon to St. John's Hospital for Women

J. FERGUSON, M.D.,
Physician to Western Dispensary.

ALBERT A. MACDONALD, M.D.,
Gynæcologist to Toronto General Hospital.

G. STERLING RYERSON, M.D.,
Oculist and Aurist to Toronto General Hospital.

ALLEN BAINES, M.D.,
Physician to Hospital for Sick Children.

VOL. V. TORONTO, JUNE, 1897. No. 6

Original Communications.

Should the Medical Profession of Ontario be Self-Governed?*

By J. W. McLaughlin, M.D., Bowmanville.

We are living in an age when the demand of the people for representative government is irresistible and imperative. This is true not only of the nation at large, but of all its divisions and sub-divisions into provinces, counties, cities, towns, villages and townships. It is equally true of those other divisions of the people into learned professions and societies without number. The people elect their members of Parliament. The people elect their Councillors. The lawyers elect their Benchers. The pharmacists elect their Council and the dentists their Board. The stockholders elect their bank and society directors, and so on through the whole almost interminable list.

Only to one body of men in all this country is the boon of self-government denied. To the members of the College of Physicians

* Prepared for Ontario Medical Association.

and Surgeons of Ontario is refused the right thus otherwise universally granted of electing their governing body.

A glance at the component elements of the Council will make this statement clear. Subsequent to the passage of the Act of 1869 the Medical Council was composed of nine university and school men, five homœopaths, five eclectics and twelve representatives of the general profession. In other words, in a Council of thirty-one members the general profession elected twelve whilst certain privileged classes selected the balance of nineteen members.

To a consideration of the reasons, or rather excuses, vouchsafed for this extraordinary and anomalous state of affairs I respectfully ask your attention. In doing so may I request that you divest your thoughts of all self-interest and prejudice and view the questions involved purely upon their merits, and from the standpoint of the highest and best interest of the profession.

Before proceeding further it may be well to call to mind the arguments put forward in defence of the anomalous position occupied by the privileged representatives of the Council.

These arguments are:

First: By legislation power had been granted to universities, colleges, medical schools and to the allopathic, homœopathic and eclectic boards, making all of them examining and "licensing boards," and the argument is that the anomalous representation was granted in lieu of the surrender of these so-called "vested rights."

Second: By an agreement or "compact" entered into at the inception of the Council, these privileges were granted.

This, so far as I know, is a fair and full statement of the reasons assigned by those members of the Council whose status I venture to call in question.

I shall first examine the question of the so-called "vested rights," and in so doing it will be necessary to recall a very few of the salient points in the history of medical legislation in Canada and this Province. Prior to 1869, by Acts passed by the Parliament of the Province of Canada, power was granted to certain educational institutions, and also to the eclectic, homœopathic and allopathic boards to examine students and issue certificates to successful candidates of having attained a certain status of medical education. *This and nothing more.* I ask special attention to this point because there seems to exist a hazy impression that these boards and colleges had power to issue licenses, and in recent years two Presidents of the Council have called them "licensing boards." Not one of these had any more power to grant licenses than the ghost of Æsculapius. On the

contrary, by the Acts above referred to, the power to issue licenses was placed exclusively, and in every instance in the hands of the Governor of Canada, and upon the presentation of a certificate granted by any of the examining bodies the Governor might or might not issue the license according to his good pleasure. I quite freely admit that almost universally the license was granted upon compliance with the required conditions. I recall but one instance in which it was refused. But the fact that Parliament did not hand over to the examining bodies the power to issue licenses but retained it absolutely and unconditionally in His Excellency's hands proves that he and his Parliament had wisely guarded the State against two contingencies: First, In case the privilege of examination was abused (as it undoubtedly was, and in the rivalry for quantity rather than quality the boards issued many certificates to men wholly unqualified), then the Governor held in his own hand the remedy—the refusal of the license. Second, In case, in the development of the country and its institutions, any other system of examining and licensing students presented itself, calculated to give to the people of Ontario better qualified medical practitioners, then Parliament was at full liberty to adopt that system. It thus appears that the great "vested rights" cry, which has done such yeoman service for the privileged representatives of the Council, amounts to no more than their investment with a little brief authority to examine students, and the certificates they issued were dead and valueless, unless called into life and potency by the good pleasure of the Governor. The boards were simply the servants of Parliament for the time being, and whenever Parliament thought fit to employ other servants, or have this work for the people done in another and more efficient manner, it was at liberty to do so, without having any vested claims of former servants to consider. The Crown recognizes no absolute vested right. The moment any so-called vested right conflicts with the public weal it ceases to be a vested right, and becomes a subject for remedial legislation. This is a principle observed, and in practice followed, by all well-governed countries. Take, if you please, two or three illustrations from the statutes of our own Province: Two decades ago Parliament enacted that the unit of population for which a liquor license might issue was 400, and in some localities hotels were erected and equipped at great cost for the full number; last session our legislators, impressed with the conviction that the best interests of the people demanded a material reduction in the number of licenses, increased the unit to 600, thus cutting off *30 per cent. of the licenses.* Did Parliament make any provision for the so-called vested rights wiped out of existence by the Act? None

whatever. A third of a century ago the medical men practising in this Province had complied with all the demands of the law and received their licenses from His Excellency the Governor of Canada; they thought that in these licenses they held inviolable vested rights, but Parliament, in 1865, passed an Act practically annulling the licenses, and demanding other qualifications, to wit, registration and the payment of a fee of ten dollars. This was done because the public interest demanded that the people might have some standard by which they could distinguish the properly qualified practitioner from quacks and impostors.

Again I remind you of the fact that university degrees in Arts, which were at one time legal authorization to become high school masters and teachers, are no longer so regarded. Graduates have now to undergo an extended course of instruction in the Ontario Normal College before they are held qualified to legally practise their teaching art. Yet the universities have not rebelled against their degrees being thus degraded in legal and practical value. Why? Simply because they well know that the right of giving or withholding charters, or of amending them, or of abrogating them, or fixing or altering the potency of their degrees in the interest of the community, is inherent in the Legislature, and paramount to all demands for lost privileges or so-called vested rights.

Let me mention one more instance—a perfect parallel to the case under discussion. At one time Parliament established County Boards with power to examine candidates and give certificates as common or public school teachers, but a better day for education came and Parliament again enacted that all candidates for the profession of teaching should come to one common standard curriculum and be examined under the guidance and supervision of one central authority, and the old boards passed out of existence without a murmur by the fiat of those who created them. And this is precisely what occurred in connection with our own profession in 1869.

But I give positive proof that the privileged claim, as based upon so-called vested rights, is contrary to fact. The first Medical Council was created in 1865, and upon this Council each university, college and medical school was given a representative, whilst those institutions still continued to exercise their functions as examining boards until 1869. How absurd then to ask us to believe that the privileged representation was granted in place of the surrendered powers, whereas the fact is they had the representation four years before the "surrender" was accomplished. There is still another proof of the correctness of my contention to be found in the Acts of 1865 and

1869. Both of these Acts made provision that "any university, college or body hereafter authorized to grant degrees in medicine and surgery," and having a medical faculty, should have representation on the Council. This provision then made for non-existent bodies, in my judgment, affords complete and unanswerable proof that the idea of compromise, or barter, played no part in the original negotiations of the so-called contracting parties. On the contrary, these arguments are of modern invention and have been called into existence to defend a defenceless family-compact which for three decades and more has ruled over the profession.

I now come to the second argument assigned for this anomalous representation. It is claimed that the representation was the result of a bargain, a compact entered into between the contracting and interested parties. The parties affected by the compact, apart from the public, were the various educational institutions, the homœopaths, eclectics and allopaths, the first three representing less than 200 medical men, and the last, or general profession, about 2,000. A glance at these figures shows that the general profession represents ten times the numerical strength of the privileged classes all told. Now one would naturally think that if justice had aught to do with the compact the general profession, 2,000 strong, would have a large representation on the Council. But we are more than surprised to find the privileged 200 represented by nineteen members and the 2,000 by only twelve, and we naturally seek a reason or excuse for this travesty of justice.

The reason is found in the indisputable fact that the general profession was no party to the compact. I boldly and fearlessly assert that the general profession was not consulted concerning the composition of the Council. I challenge any of the privileged representatives or their supporters to produce the proof that outside of themselves and those interested in the universities and schools two score of the 2,000 can be found who gave their adhesion to the compact. The fact is that the general profession was ignored in the negotiations, and is therefore in no way bound by the conclusions. It is beyond dispute, as indicated by a recent address delivered before this Association, that the school men, the eclectics and the homœopaths agreed together to give to each university, college and medical school one representative, to the eclectics five, the homœopaths five, and to the 2,000 of the general profession they gave as a matter of grace a dozen representatives who were to watch the other contending factions and hold the balance of power between them. It is monstrous to suppose, that had the voice of the profession been heard in the

formation of the compact, a result would have been reached so utterly at variance with justice.

But I offer stil' further proof of my contention. Let me remind you that the Ontario Legislature in 1893 added five territorial representatives to the Council. The passage of this Act clearly indicated that the opinion of Parliament was either that there was no compact, or if there was a compact it was so unjust and unfair that the duty of the people's representatives was to break it and they did so.

I ask you for a moment to look more closely at the component elements of the Council as it is at present constituted. There are sixty homœopaths in this Province, and each twelve of these send one member to the Council. There are 2,400 or 2,500 of the general profession, and each 145 of these send one member to the Council. In other words, every homœopath in Ontario has twelve times the voice that an allopath has in the government of the profession. Again, ten or a dozen members of a medical professorial staff elect a representative to the Council, and thus each professor has twelve or fourteen times the power of his comrades outside the privileged circle. And worse still, these same professors, after electing their man, enter the arena of the territorial contest, in the division where they reside, and canvass and vote for a territorial candidate, thus exercising a double franchise. Is this fair? Is this just? Is this condition of affairs tolerable? Can any of you gentlemen stand side by side with a privileged professor or homœopath and assert your manhood whilst apathetically allowing him twelve times the power in the government of the profession you possess? I cannot conceive it possible for such an anomalous system of government to continue—a system alike at variance with justice and the spirit of the age in which we live.

It is an axiom that there is no wrong without its remedy. The remedy in this case is that family-compactism shall cease; that privileged representation must come to an end; that homœopaths, like their friends the eclectics, should merge into the general profession where they will not only receive justice but generous treatment at the hands of their generous comrades; that the disability of being territorial candidates be removed from our professors; that for the sake of increased efficiency and economy the Council should be reduced to less than one-half its present numerical strength; and above all, that every member of the Council shall be elected by a united profession. Upon no other foundation than this can peace, harmony and solidarity be secured to the College of Physicians and Surgeons of Ontario.

We are, however, very gravely and seriously informed that if this demand for self-government be enforced and crystallized into law, then the school men and homœopaths will enter into an alliance and secure legislation to obliterate the Council and have their ancient privileges restored. Let me remind these gentlemen that the ear of Parliament can be reached only through the avenue of justice and the public weal. Is it just that a professor or a homœopath should have twelve voices in the government of the profession where a general practitioner has but one? If so, then go to Parliament. Is it consonant with the public well-being, or in harmony with the spirit of the age in which we live, that the boon of self-government should be withheld from a learned and beneficent profession? If so, then go to Parliament. On the contrary, if these questions demand, as they certainly do, a negative answer, then will this alliance find out to its chagrin the futility of any attempt to destroy a Council which, with all its faults, has done much for the profession and more for the public, and the public through their representatives will be slow to tolerate any infringement of the Medical Act by privileged and selfish hands.

HUMBUGGING IN MEDICINE.—It is a very sad commentary on the practice of medicine that humbugging is almost a necessity, and the honest physician, that is, the physician who takes the patient into his confidence, soon finds himself without that patient. As a man once said to his doctor: "Doctor, my wife thinks she has some trouble with her lung, and if you do not humor her some one else will." The trouble is that if a physician says honestly to a patient that she is well and needs no medical attention, she straightway writes him down for a fool and sends for some one else. This one may be just as honest as the poor fellow who was dismissed, but he holds his tongue where the other one talked and "looks wise, feels foolish and says nothing." Patients always like to think their physician is above them in knowledge, and when that familiarity which is said to breed contempt is once established between doctor and patient, obedience and respect are lost. The patient need not understand all that is done, nor need the nature or proposed effect of the medicine given be revealed. Indeed the truly honest man can do his patient justice and himself credit by explaining nothing and using his best efforts to effect a cure or an improvement. The public knows too much of medicine as it is, and this smattering should not be encouraged by any confidence of the physician. One can be honest and also discreet. —*Maryland Medical Journal*

Hystero-Epilepsy.*

By DR. J. E. FORFAR, Toronto.

AMONGST the many difficulties confronting the general practitioner in medicine and surgery, there are probably few of greater importance or more perplexing to him than those connected with the differentiation and successful treatment of some of the cerebro nervous affections by which gynæcological complaints are almost inseparably associated or more or less either directly or indirectly complicated or counterfeited. Among such I would particularly mention that of hystero-epilepsy.

Thos. More Madden, of Dublin, says: "Foremost among the sympathetic or symptomatic neuroses are the neurasthenic affections so frequently associated with catamenial disturbances, more particularly about the epochs of the inception and termination of menstrual vitality and directly consequent on the complex structural and functional changes then in process in the reproductive system." This I would emphatically endorse as being true in hysteria as under the guise of nearly every complaint that may affect a girl at the age of puberty, whether the trouble be spinal, cardiac, pulmonary or uterine, and more especially if it takes the shape of any of those obscure forms of disease such as hystero-elilepsy and other neuroses which are common at that age and for which no physical cause is apparent or discernible.

We should be extremely cautious with regard to the graver error of ignoring or misinterpreting the evidences of actual physical disease in any patient, however hysterical she may be. The hysterical patient should never be slighted or considered as undeserving of medical attention, as the most trivial hysterical paroxysm if ignored may eventually end in one of the gravest forms of cerebro-nervous disease, viz., epilepsy or insanity.

Hystero-epilepsy, or epileptiform hysteria, is a disease or nervous condition in which ideas control the body and produce morbid changes which are attended with epileptiform convulsions. It is therefore symptomatically, in some aspects, a combination of hysteria and epilepsy, or graver form of hysteria. In some cases the convulsive seizures are apparently undistinguishable from ordinary elileptiform convulsions. It is in such cases the diagnostician's skill is

* Read at meeting of Toronto Medical Society.

sometimes taxed to the utmost, and until he applies Charcot's unfailing test (that of taking the temperature) it is very difficult for him to arrive at a definite and satisfactory diagnosis of his case.

In differentiating hystero-epilepsy from other gynæcological complaints, note the general aspect and condition of the patient, her increased susceptibility, mental excitability and irritability of temper, perverted or altered moral disposition, diminution of inhibitory nerve force, impairment of volition and mental disturbances, the possibility of menstrual difficulties, mental delusions connected with hystero-epilepsy. Of the latter, Thos. More Madden speaks as follows: "Of the hysterical symptoms which commonly usher in epileptiform disease, probably the most universal are delusions on the subject of health, unjust complaints, recriminations without foundation and decided sexual tendencies, insomuch that illusions from epilepsy in gynæcological practice may become of serious medico-legal interest."

PATHOLOGY AND ETIOLOGY.

Hystero-epilepsy is a complex morbid condition which is hard to describe. It belongs to the nervous disorders, but its exact seat cannot be definitely located, though probably the brain is the most disturbed centre. No characteristic pathological change has been discovered, but there is probably some nutritive derangement of the entire nervous system.

It is claimed by Charcot that sclerosis of the lateral columns of the spinal cord was found in long-continued cases of hysterical contractions. Others claim to have discovered in a few exceptional cases grosser lesions of the brain and spinal cord of various kinds. That some alterations in the nature of the nervous system must be at the foundation of its altered function cannot be doubted, so that it is quite possible that the microscope scientifically manipulated by a Cavan, an Anderson, a Wright or a MacCallum may at some future time give us information concerning the nature of this condition.

Etiology. Hystero-epilepsy is infinitely more common in females from fifteen to thirty-five years of age.

Out of 268 cases, Amann observed that 16 occurred at the age of between eight and fifteen years; 62 between fifteen and twenty-five years; 92 between twenty-five and thirty-five years; 81 between thirty-five and forty-five years; 12 between forty-five and fifty years; 5 between fifty-five and seventy years.

Out of 351 cases, Landouzy observed 105 between fifteen and twenty years.

Out of 426 cases, Briquet observed 140 between fifteen and twenty years.

Young girls, old-maids, widows and childless married women are the most frequent subjects of the complaint. Hysterical fits are much more common about the menstrual period and may be due to malpositions of the uterus, undue sexual excitement, venereal excess or disordered menses, such as amenorrhœa, dysmenorrhœa, menorrhagia or ovarian hyperæsthesia.

Hystero-epilepsy in some instances is distinctively traceable to some digestive disturbance, especially that of long-continued constipation; the mode of living and general habits in young girls aid materially in its production, such as indolent and luxurious habits, over-petting and spoiling, subjection to the petty worries of fashionable life, cramming for examinations, keeping late hours or reading trashy novels, long-continued anxiety and grief, disappointed affection, bad feeding and improper hygienic surroundings, or some sudden emotional disturbance or fright, to a person possessing an irritable and feeble nervous system.

Nationality is a potent factor in hystero-epilepsy. For instance, the severer forms of hystero-epilepsy are decidedly more frequent in France than in Germany, and the Jewish race are particularly subject to the disease. "Sometimes there is a peculiar reaction implanted in the system from birth, at others it is caused by an abnormal quality of the nutritive fluid; again it is the consequence of irritants which operate through the sensory nerves on the sensory organs, or finally it results from the so-called psychical stimuli (Jolly)." Briquet says or writes that out of 1,000 cases only 50 were males, and out of 204 cases only 11 were men—showing that hysteria occurs twenty times in the female sex to once in the male sex.

Hystero-epilepsy may be produced or arise from the following: (1) Congenital peculiarities, (2) acquired conditions, (3) hereditary liability.

Briquet obtained particulars concerning the parents, brothers and sisters of 351 hysterical persons, and found that of these (in all numbering 1,103) 214 suffered from hysteria, and 58 from other diseases of the nervous system, and further states that of hysterical women who bear daughters rather more than the half transmit the disease to one or more of these, and again rather more than half of the daughters of the latter (*i.e.*, granddaughters) also become hysterical. In all, then, rather more than one-fourth part of the female descendants of the hysterical suffer in their turn from hysteria. Primary anæmia progresses almost as a rule to hysterical symptoms. Persistent mental emotions, especially those of a depressing nature, have a tendency to develop or aggravate the hysterical condition.

SYMPTOMS.

(1) Increased psychical irritability and peevishness with which hyperæsthesias and conditions of excitement in the region of the different and exaggerated reflex phenomena are associated.

(2) Anæsthesias, paralyses and contractions.

(3) Disorders of sensibility.

Hyperæsthesia is a predominating symptom which may be purely psychical. The patient is annoyed by visionary hallucinations and by an excited sense of hearing. The sense of taste is abnormal, hence the craving for chalk, coal, etc. The sense of smell is deranged, hence the decided inclination for such repellant odors as assafœtida, etc. Some have a hyperæsthetic sense of touch and temperature. Pains in the skin assume the character of neuralgia. Headache is seldom absent in the hystero-epileptic, especially that known as "clavis hystericus"—a boring pain on the top of the head. Hyperæsthesia of the mucous membrane of the larynx is sometimes so powerfully developed that any current of air somewhat colder than usual or slight admixture of dust in the air inhaled produces severe pain and attacks of coughing. Pains and abnormal sensations occur in the region of the throat (globus hystericus); painful affections in the region of the mammary gland simulates neuralgia, etc.; an excited condition of the nerves of the heart simulates angina pectoris; the region of the abdomen becomes at times so hyperæsthetic that the slightest pressure on examination causes the greatest pain (apparently); some hysterical patients continually have a feeling of a foreign body in the stomach, and simple cardialgias are of frequent occurrence, which, when taken with the persistent vomiting likewise often present, may lead to the erroneous diagnosis of round ulcer of the stomach. Attention is frequently drawn to painful affections of the bladder and urethra.

The back of an hysterical patient is the seat of frequent pains, spontaneous and produced by pressure on the vertebræ and their surroundings, and, according to Brodie, the hip and knee joints are the joints most frequently affected—especially in women in the higher classes of society, of which he says four-fifths suffer from hysteria and nothing else. Some patients aver that they distinctly feel the womb pass upward to the stomach and then arrive at the throat, a declaration which has constituted the oldest theory of hysteria. Many are seized with spasmodic movements in the organs of respiration—singultus, convulsive laughter and weeping. Changes in the power and frequency of the heart's action are met with in the

hysterical, thereby weakening its action sufficient to account for the fainting fits of the hysterical patient.

In the more severe attacks of hystero-epilepsy, consciousness is completely lost; the convulsions have alternately a tonic and clonic character; the respiration is extremely slow and stertorous; opisthotonos is frequently present; the teeth are firmly set on clothing or bedding, etc.; the patient sometimes froths at the mouth and remains perfectly rigid for five or ten minutes; the thumbs are turned into or flexed upon the palms of the hands and clenched firmly with the fingers; the patient moans before going into a fit and complains of headache when she comes out of it; the countenance becomes distorted and presents a deadly palor; delirium and hallucinations often follow a fit.

DIFFERENTIAL DIAGNOSIS OF HYSTERO-EPILEPSY.

	In Hystero.	*In Epilepsy.*
1.	There is partial unconsciousness.	Complete
2.	Globus hystericus.	Aura epileptica.
3.	Convulsions are uniform.	One sided.
4.	Face flushed.	Face livid.
5.	Paroxysm long.	Paroxysm short.
6.	Paroxysm followed by wakefulness.	Paroxysm followed by deep sleep.
7.	Generally during day.	During night.
8.	Glottis is open.	Glottis closed.
9.	Eyes closed.	Eyes half open, balls rolling.
10.	No fever.	Elevated temperature.
11.	Patient doesn't hurt herself.	Patient injures self.
12.	Cause emotional.	None.
13.	Onset is gradual.	Sudden.
14.	Patient screams during course.	At onset only.
15.	Micturition, seldom ever.	Frequent.
16.	Talking frequently.	Never.
17.	Termination induced by water applied.	Spontaneous.

PROGNOSIS.

Generally favorable in hystero-epilepsy, but may result in exceptional cases seriously.

THE ATTACK.

First or Epileptoid Period—

(*a*) Premonitory symptoms: (1) Tremor; (2) pupils contracted; (3) rapid winking of eyelids; (4) rapid respiration.

(*b*) Convulsions characterized by (1) pupils dilated; (2) face pale first, congested later; (3) loss of consciousness; (4) slow bending of the body and twisting of the head; (5) Distortion of the features; (6) pronation of the hands; (7) Adduction and slow movements of the legs; (8) inversion and eversion of feet.

(*c*) Stage of secondary rigidity: The patient lies in a fixed attitude.

(*d*) Stage of clonic convulsions: (1) Partial or general—*partial*, when confined to one limb; *general*, when epileptic attack occurs.

(*e*) Stage of recovery: (1) Stertorous breathing; (2) frothing at the mouth; (3) stupor.

Second or Contortion Period—

(1) Incomplete loss of consciousness; (2) extreme opisthotonos; (3) piercing shrieks; (4) forcible and rapid movements of the limbs; (5) striking of the body; (6) tearing of clothing and hair; (7) no foaming at the mouth; (8) Duration five to ten minutes.

Third Period (hallucinations)—

(1) Abolition of general sensibility to touch, pain or temperature usually exists; (2) the special senses may be in abeyance; (3) various forms of hallucinations exist; (4) the patient may answer questions unconsciously; (5) eyes are still anæsthetic; (6) eyes may be contracted or dilated.

Fourth Period (delirium)—

(1) The patient gradually passes into this stage; (2) pupils may be dilated; (3) the patient wanders, laughs, weeps, or shows mental excitement in other ways; (4) the patient frequently passes large quantities of urine.

TREATMENT.

1. Loosen tight clothing and secure fresh air, having placed the patient in the horizontal position. 2. If jaw is locked give enema of yolk of egg and ℥ii of assafœtida in half pint of warm water. 3. If possible, fill the mouth of patient with common salt. 4. Bring head over the side of bed and drench with cold water. 5. Regulate the bowels by laxatives and enemas. 6. Do not draw off the water until compelled to, unless you want some practice passing the catheter. 7. Use Faradic battery when necessary for paralysis. 8. Do not deride your patient nor treat her as a malingerer. 9. Get patient

away from over-anxious, hyper sympathetic and over-assiduous parents and relatives, under the management of a firm, kind nurse who is capable of giving massage, sponging, etc. 10. For anæsthesia of parts use Faradic brush. 11. Attend to any uterine or ovarian disorder. 12. Give bromides (am. pot. and sod.), also spts. am. co., valerian and assafœtida. 13. Keep the patient on milk diet as much as possible. 14. Resort to hypnotism when practicable. 15. May use with discretion, chloroform, amyl nitrite, ammonia. 16. Interfere carefully with respiration by placing hand over mouth and nose. 17. Charcot makes pressure over ovarian region. 18. Order patient some useful and pleasant occupation for mind and body with a change of scene and surroundings. 19. Avoid alcoholic stimulants, improve the blood and digestion with tonics. 20. Increase menses by hot sitz baths, aloetic purgatives, preparations of iron, arsenic, hypophosphates, etc. 21. Avoid any strain of mind—worry, study, reading, etc. 22. No cases so much demand the exercise of the highest qualities of the physician as the treatment of the nervous and mental complications of organic disease or functional derangement of the female reproductive organization. In such instances the gynæcologist and neurologist must rise above a narrow specialism. He must deal with the local displacement or functional disorder of which hystero-epilepsy may be the result.

THE SCIENTIFIC ASPECTS OF THE RECENT GLOVE FIGHT.—That distinguished exponent of the manly art of self-defence, Mr. Robert Fitzsimmons, would hardly feel complimented were he to read the remarks of the *Medical Press and Circular* upon the character of the blow by which he recently won the heavy-weight championship. "The deciding buffet," says our contemporary, "was evidently one administered over the celiac plexus, called a blow on the heart, really on the stomach. The referee described it as 'an underarm punch,' just below, and slightly to the right of the heart, which is, being interpreted, the pit of the stomach. By the laws of the ring, the blow is a fair one. By the rules of common humanity, however, it is a cowardly outrage little short of a deliberate attempt at assassination. The fatal nature of a severe blow to the network of visceral nerves, known as the celiac plexus, makes such 'punches' as those which finished Corbett among the most deadly that can be inflicted with the fist. By the way, what have the anti-vivisectionists to say to this brutality inflicted by man upon man?—*Boston Medical and Surgical Journal.*

Society Reports.

Toronto Medical Society.

THE regular meeting of the Society was held in the Council buildings, April 22nd, 1897. President, Dr. W. J. Wilson, in the chair.

Diphtheritic Paralysis.—Dr. J. Hunter presented a boy who, from birth suffered from paralysis until the age of four, when he had an attack of diphtheria. His feet were turned in, his legs flexed on his abdomen, and deformed so that he could not walk. There was considerable rigidity of the muscles. The paralysis and deformity disappeared after the attack of diphtheria. The lad is now fairly well developed.

Gall-Stones.—Dr. W. J. Wilson reported the case of a man who was operated on for gall-stones one and a half years ago. A stone was found in the common duct, but was not removed. Four or five months after it came away through the bowels. It was half an inch in diameter. Since that time he has had several attacks of pain with jaundice and clayey motions. About a month ago the gall-bladder became distended. Dr. Wilson injected a little cocaine in the site of the old incision and opened up the gall-bladder. A considerable collection of mucus and bile, with thirteen stones, was discharged. Since then injections of boracic acid solution are being used, and the wound kept open.

Nasal Polypus.—Dr. Price-Brown presented a nasal polypus which he had removed from a girl aged seven. He gave a history of the case and described its removal. He also presented a piece of necrosed bone he had removed through the anterior nares of a patient who suffered from congenital syphilis.

Carcinoma of Breast.—Dr. W. Oldright presented a carcinoma of the breast. The patient had noticed the tumor for some eighteen months in the right breast. One lymphatic could be felt. A smaller lump could be felt in the left breast, and also a lymphatic on that side. A small portion of the growth was removed and examined. The microscopic appearance was such as to lead to operation. This was done because the symptoms were not marked. The doctor then described in detail the technique of the operation he did, which was that of Halstead.

Chancre of Nipple.—Dr. Webster reported a case of chancre of the nipple of a woman who had contracted the disease from her child.

Toronto Clinical Society.

THE regular meeting of the Clinical Society was held on the 12th ult. President Allen Baines occupied the chair. Dr. Harold Parsons was elected a Fellow of the Society.

Primary Carcinoma of the Gall-Bladder.—A specimen of cancer of the gall-bladder was presented. Dr. J. A. Temple gave a brief clinical history of the case. The patient was a woman, aged 65, who had always been healthy. Four of her immediate relatives had died of cancer. The tumor was found on the right side a little below the liver. It was freely movable, and smooth in outline. There was no history of gall-stones nor jaundice. The tumor could be pushed back into the line of the kidney, and there was a clear marked line of tympany separating it from the liver. So it was thought to be a tumor connected with the kidney. Dr. Cameron, who saw the case, had concurred in this diagnosis. Cœliotomy revealed the true nature of the case—a cancer of the gall-bladder. The patient lived twelve days after the operation, simply sinking from rapid growth of the disease.

Dr. H. B. Anderson reported on the principal post-mortem features of the disease. A large mass was found over the site of the gall-bladder. It was soft, almost brain-like in consistence. In the centre of the mass was a large number of gall-stones. There were several secondary growths throughout the liver; these would break down on the slightest pressure. The growth had all the characteristics of an encephaloid cancer. Cases of primary cancer of the gall-bladder were nearly always associated with gall-stones.

In reply to a question, Dr. Temple said the history of the case only extended over six weeks.

Dr. Strange thought the cancer was responsible for the gall-stones, instead of vice versa.

Hæmorrhagic Pancreatitis.—Dr. E. B. Shuttleworth reported on a post-mortem he had made in a case of the above disease. The patient was a very fat man, weighing probably two hundred and fifty pounds, who had taken ill three weeks before his death with symptoms of diarrhœa and vomiting. He became delirious. He thought people were persecuting him. A doctor was called who ordered a sedative mixture. The patient died very suddenly from symptoms of collapse. The most noticeable thing on opening the peritoneal cavity was that the fat was studded with small white growths. The

pleen was congested. The pancreas was enlarged and dark in color, almost black.

Dr. Anderson said that the specimen shown showed a typical case of hæmorrhagic pancreatitis with disseminated fat necrosis. In cases of pancreatitis fat necrosis was a common accompaniment. One observer had attributed fat necrosis to disturbance in the normal secretion of the pancreas. Hildebrand, to ascertain the relation between these two conditions, had put a ligature around the splenic end of the pancreas to prevent the escape of the secretion, and found disseminated fat necrosis followed. Afterward he not only put a ligature around the pancreas but also around the vessels so as to prevent the return of the secretion; disseminated fat necrosis followed. Another investigator had injected pancreatin into the peritoneal cavity of animals, and found that fat necrosis followed. Hildebrand had sutured a piece of pancreas to the omentum of a cat and got the same result. He injected trypsin into the peritoneal cavity but found that it did not produce the necrosis. So he had concluded that the necrosis was not the result of the action of the ordinary digestive ferments of the pancreas. Stockton had reported two cases in which there was marked disseminated fat necrosis, where the affection of the pancreas was slight. This observer thought the condition of the pancreas was secondary to the fat necrosis. Osler says that such cases usually occur in alcoholics and that there is no necessary relationship between the two conditions. One case he had reported had been operated on for intestinal obstruction. The patient afterwards recovered. The youngest patient, in whom this condition had been found, was one under the care of Dr. McPhedran—a boy aged nine months, who had died from the disease. The patient had had symptoms of intussusception, and had been operated on for its relief. Post-mortem the pancreatic disease had been noted. Constipation was usually a marked symptom.

Dr. Peters, who had operated on the case last referred to, said he was under the impression diarrhœa was one of the prominent symptoms. The child had suffered intense pain. There was no tumor.

Tubercular Kidney.—Dr. F. Strange reported the history of a case. The patient was a woman aged thirty with a good family history. She had always been in good health, except that for the past three or four years she had suffered from muscular rheumatism to some extent. The only symptom she had was a constant and distressing desire to urinate. The urine showed the presence of a few pus cells, and a corresponding amount of albumin. She failed rapidly. After some weeks an enlargement was noticed in the right renal region. On

consultation it was decided to remove the kidney. It was removed in the ordinary way by the lumbar incision. The patient died a few hours after the operation from shock.

Dr. Primrose gave the post-mortem report. The kidney was very friable. The tubercles could be plainly seen on the surface. On section of the kidney one could see in the cortex and along the line of the tubules the tubercular process going on. The ureter was markedly fibrotic.

Dr. Bingham said that he had found the presence of blood in the urine a common symptom in these cases.

Dr. Garratt reported a case in which mental excitement would produce hæmorrhages from the kidney. Dr. Anderson had discovered the bacilli in the urine. Dr. Loomis, who had seen the case in 1892, had made a diagnosis of sub-acute Bright's disease.

Dr. Peters said that the thickened ureter remedied one of the thickened vas in tubercular disease of the testes. Dr. Beck had called attention to the symptom of frequent micturition as a marked symptom in tubercular disease of the kidney. An interesting feature in the case reported was the complete absence of any hereditary taint. This went to prove the infectiousness of the disease.

Dr. A. A. Macdonald reported a case in which the only sign was enlargement of the kidney. There was neither blood nor pus in the urine at first. After patient had been examined under chloroform the presence of both was detected. In this case there were no bladder symptoms. Subsequently the kidney was removed. There was no thickening of the ureter. A good recovery followed. In a few cases he had followed there was no hereditary tendency. The cystoscope was useful in enabling one to exclude disease of the bladder. The ureteral catheter might be of service in ascertaining the condition of the kidney.

Dr. Primrose spoke of the importance of using the guaiacum and ether test to ascertain if there was blood in the urine.

Endocarditis and Appendicitis.—Dr. G. Bingham reported the case of a man aged thirty-seven, who was taken suddenly ill after he had partaken of a hearty meal. He suffered great pain in the abdominal region. This was relieved by hot applications. When the patient presented himself to the doctor the temperature was 102°, pulse 120°. The general appearance was bad. The man was ordered to bed. An endocardial murmur could be heard. He suffered from nausea, and was very restless. Dr. Graham, who was called in consultation, advised that cultures be made of the blood. Before report was made death took place. The pneumococcus was found in large numbers in

the blood. On opening the abdomen the appendix was found containing a small amount of pus. It was not thickened, nor was it surrounded by any inflammatory adhesions. A nodule was found on the aortic valve.

Dr. Baines introduced Dr. A. A. Macdonald, the President-elect, who thanked the Society for appointing him as President for the coming year.

The Society then adjourned.

BACTERIURIA AS A CAUSE OF DIURNAL ENURESIS.—L. Nicolaysen (*Norsk Mag. f. Laegevedensk.*, October, 1896) reports eight cases of diurnal incontinence of urine in children varying from five to thirteen years of age. In four of these there was bacteriuria, the urine carefully removed giving rise to cultures of the bacillus coli; but whether the bacteriuria was due to an affection of the bladder, or was the expression of a slight irritation of the pelvis of the kidney from a concretion, was not clearly to be ascertained. The treatment recommended is the washing out of the bladder with a solution of nitrate of silver and the internal administration of salol or other antiseptic; but the bacteriuria may be very persistent.—*British Medical Journal.*

ADENOID VEGETATIONS AND THEIR BACILLI.—Gourc (*These de Paris*, No. 175, 1896-97), from examination of two hundred and thirteen cases, concludes that there is no bactericidal property in the secretion of the glands, and probably none in the nasal mucus. Latent lacunar encysted adenoiditis is a rarity. As regards the bacilli, twenty-five examinations disclosed none; thirty-seven streptococci, but never pure; sixty staphylococci, pure; and sixty-nine associated with other micro-organisms: other forms of cocci, forty-one pure and fifty-four associated; pneumococci, three; leptothrix buccalis, one pure and one associated; and a short bacillus not taking Gram's stain in one case. There was hypertrophy of the tonsils in seventeen cases; tuberculosis, collateral, in thirty; hereditary in eighteen and personal in seventeen, but Koch's bacillus was never detected in the vegetations. Metastatic anginæ and laryngitides no doubt depend on the above bacteria, and some cases of facial erysipelas may be explained by the streptococci. Contraction of the nose, acute arching of the palate, and dental deviations due to hereditary causes, rickets, scrofula, or lymphatism may accompany but are not results of adenoid growths. Operation should be complete, as remnants left do not atrophy.—*British Medical Journal.*

Editorials.

Medical Charity.

No excuse is necessary for bringing forward a subject which is to-day occupying the attention of advanced minds in the medical profession, and amongst charitable people throughout the civilized world. The compact aggregations of the masses, and the hard struggle for life and position make the battle with disease harder to-day. (notwithstanding our improved scientific ways) both for the afflicted ones and for those who endeavor to alleviate their sufferings. In a young country such as this, where nature is so generous, we are touched but lightly by the troubles which in older and more thickly peopled places bear heavily upon those who are brought into this circle. Though evils exist here, and are making steady progress in the way of pauperizing our people, do not think that we advocate any abatement of charity: such is not the aim; but rather so to attract the attention of the medical and charitable public that the subject of "medical charity" may secure the widest discussion and such regulation as will do away with abuses and increase the benefit to all concerned in such laudable objects.

In order to enhance the value of our statements (from the *British Medical Journal*, March 20th, 1897, "Hospital Reform"), we make a small quotation from a memorial from the Hospital Reform Association to the Royal College of Physicians: "The memorial sets out that the present system of administering medical relief in the out-patient and casualty departments at most of the hospitals and infirmaries of the country is fraught with danger to the community at large, because demoralizing to those who receive it, and calculated to increase pauperism; unjust to the hospitals because their funds are wasted on undeserving objects; unjust to the medical staffs of the hospitals because they are overworked; injurious to sound clinical teaching because the out-patient departments are overcrowded; and unjust to the general body of practitioners because they are deprived of patients whose means would warrant the employment of private practitioners."

In the issue of the *Medical Record* dated New York, March 6th, 1897, is an able article by Walter B. Bronner, A.B., M.D., on the dispensaries of New York City and their abuses, from which we abstract freely. He states that in the forty-four institutions named in

his report there were treated 707,058 patients during the year, who made about 2,026,360 visits, and for whom 1,039,632 prescriptions were filled. He calls attention to the fact that this is but a partial list, as it does not include private and special dispensaries. One of these institutions made it a matter of record that the per capita cost of treating over 23,000 patients was less than one-half cent. He can call to mind only one institution which gave the number of patients refused treatment because of their ability to pay. He was told that on a conservative estimate at least forty per cent. of those treated were able to pay a doctor. Attention is called to the fact that many are able to pay car fares to and from the dispensaries, and to wait a long time for advice, thereby losing time and pay for absence from work, and deluding themselves, for they are really expending more than it would cost to pay a private doctor. He blames the institutions themselves and the doctors for the evil, and claims that "the object for which most of our charitable works was founded, namely, the relief of the worthy sick poor, has been lost sight of, so that to-day all are admitted alike." He suggests as a remedy that all institutions inaugurate a thorough and systematic effort to separate the worthy from the unworthy, and gives an outline of a very feasible plan for such work, claiming that if it were followed out it would, amongst other things, minimize the baneful effects on the masses who are led into the temptation of accepting what is not lawfully theirs, it would substitute thrift for indolence, independence for dependence, honesty for dishonesty. And, lastly, it would make possible what is now for many New York physicians an impossibility, viz., a comfortable livelihood, derived from the "Simon pure" old-fashioned "time honored private practice."

We would ask our readers to consider some of these questions as affecting the members of the medical profession here in Toronto and in other places in this country. Are not we drifting into the same sluggish stream? Are we doing what is best for the masses, for some of the less fortunate members of our profession, or for ourselves? Do we scrutinize closely enough into the condition and financial ability of the patients who apply at our dispensaries and hospitals for a share of the relief that is paid for out of the funds collected from us by taxes, and given by charitably disposed persons for the relief of the sick poor? Are we careful enough ourselves in the way in which we give our services to those presenting themselves at the various institutions for a share of our time? We trow not. We are too easy going, or in too much hurry, or the case may be a good one from a clinical point of view, and it would not do

for the individual member of the staff to miss it. We must not forget that when we treat free at a dispensary or in a hospital, a patient who is able to pay even a very moderate fee, we are depriving some fellow practitioner of the possibility of earning a portion of his livelihood, and doing our best to pauperize some member of the community. Even now many patients and their friends are under the impression that members of the medical staffs of our hospitals are paid handsomely, and that they have the right to the services of such members without giving to them any fee or reward, the only condition being that the patient is able to secure admission to a public hospital. If a city hospital is chosen, what is the result? The institution secures the Government grant, which now amounts to about thirty cents a day, and the city grant, which is forty cents a day, amounting to $4.90 a week. The doctor, though he does not secure enough to pay a car fare, may become the proprietor of a law suit for heavy damages if the results of his efforts are not to the liking of his client.

There are many phases of the question of "medical charity" which might be touched upon, but perhaps enough has already been stated. The subject should receive more attention from medical men, not in any one-sided way, but from the broadest view, seeking to adopt such methods as will tend to the elevation not only of the people but also to the benefit of the medical profession.

There is still another phase of "medical charity" which should be touched upon, even at the risk of proving tedious beyond endurance, viz.: "Charity one to another." Are we always as careful in this respect as we ought to be? Do we ever "damn" a confrere by faint praise? Do we stand by one another as men ought to do, who are engaged in the same honorable calling, who face the same difficulties and dangers, and who are striving for the same high standing?

There is no profession or calling in which a man is compelled to put forth more energy, to show more patience and perseverance, or to exercise more self-restraint. It were well then that we should deal kindly one with another, and that we should so act that we would have the full confidence not only of the public, but also what is more valuable of one another. Then let us work together for the greatest good to the many, and in the strictest sense for "medical charity."

Very Hard, but True.

Following along the lines of an able and appropriate editorial in the *Medical Record* for May 1st, we wish to say a word or two on the general condition of the medical profession. First of all, we agree thoroughly with our esteemed contemporary that there are far too many doctors. It is all very well to say that there is room at the top, but the vast majority have no hope of getting there. The bottom is packed to suffocation. To the entire medical profession, it is safe to say that the average income is not $1,000 a year.

We further agree with the *Record* in stating that notwithstanding this state of affairs, the medical colleges are urging young men to enter the study of medicine. Of course, what the professors lose in income from the crowded condition of the profession they hope to make from the fees of students, and thus they keep on booming the colleges.

The whole tendency of medical practice is changing. A man can come to Toronto and pay $2.80 a week to the General Hospital, or ony other hospital, and secure board and lodging, medicines, and doctor, or a consultation of doctors. He has the perfect right to enter a ward at $2.80 a week and enjoy the above privileges. This is cheaper than belonging to a lodge and having his club doctor.

The accident case is picked up from the street and rushed off to the hospital. Some hospital surgeon takes charge of the case, and the general practitioner is, of course, out. This condition of things is increasing so far as city centres are concerned. Medicine and surgery are now being carried on somewhat after the co-operative plan, and to a considerable extent by the many municipalities.

Further, no small amount of the knowledge pertaining to the healing art has become common property. People treat their own colds with quinine, phenacetin, or a cough mixture; their cases of anæmia with Blaud's pills, or beef, iron and wine. their rheumatism with some liniment, or salicylate of soda; their sores with some salve the druggist puts up for them; their gonorrhœa with some nostrum, and their syphilis with some specific advertised and sold broadcast. Constipation, headache, neuralgia, indigestion and many other complaints come under the same category, where the person afflicted and the druggist manage the business.

The remedy for this, and the only remedy, is fewer doctors. The study of medicine does not fit a man for any other calling. His time and money are wasted, if he does not keep on in practice. It

behooves every man who thinks of studying medicine to consider this fact. The time once was that if a man could not find something to do here, he could go out West, go to South Africa, or Australia, or East India; but all this is changed. The report comes from these countries that they are overstocked with medical men. F.

DR. ERNEST BRAND, who is so well known in connection with hydrotherapy in typhoid fever, died recently in Stettin, Germany, aged seventy years.

RETIRING ALLOWANCES.—We learn that, after five years' delay, the University authorities have made the first payment of twenty-five cents on the dollar to the claimants, Drs. W. W. Ogden, M. H. Aikins and J. Ferguson. Why these gentlemen should have ever been deprived of their allowances no honest man has ever been able to satisfactorily explain.

THE FIVE-YEAR TERM OF THE COUNCIL.—We understand there is an effort being put forth to induce the Medical Council to allow students now in their fourth year to pass their final this spring. This would be a waiving of the five-year rule, already established by the Council. A five-year course is none too long. There is no howling demand for a batch of young licentiates in medicine, and those now studying medicine came in under a well-known condition. It is quite clear that the Council should stand by its regulation and insist on the full five years. If the Council gives way now, it becomes harder in future to lay down any fixed rules.

Book Notices.

The Doctor's Window. Poems by the Doctor, for the Doctor, and about the Doctor. Edited by INA RUSSELLE WARREN.

We have just received a prospectus of this work. It gives the contents in part. Judging from these the work will be exceedingly interesting. The book will be printed on heavy linen paper and will be royal octavo in size. The type is to be large, open faced; the binding, library style, uncut and gilt top. About 250 pages. Price, $2.50 in cloth and $5.00 in full morocco. We would judge from the prospectus that very many would avail themselves of this opportunity of obtaining this collection of poems on the doctor. Orders should be sent to the publisher, Mr. Charles Wells Moulton, Buffalo, N.Y. A prospectus will be sent by the publisher to anyone requesting the same.

Obituary.

William Thomas Aikins, M.D., LL.D.

THE death of this able surgeon and greatly respected man occurred on the evening of the 24th of May. He was born in the county of Peel, in this Province, in 1827. He was educated at Victoria College, Cobourg, and received his medical training at Toronto School of Medicine and Jefferson Medical College, Philadelphia, graduating from the latter in 1850. The same year he commenced practice in Toronto, and acquired a reputation as a skilled and careful operator, and was soon recognized as one of the leading surgeons of Canada. He visted the hospitals of the Old World three times, in 1873, 1880 and 1882. As a teacher, he commenced his career in Rolph's School of Medicine in 1850. In 1856 he was appointed Lecturer in Surgery in the Toronto School of Medicine and retained the position until 1887, when, upon the resuscitation of the Medical Faculty of the University of Toronto, he was appointed Professor of Surgery and became Dean of the Faculty. Owing to failing health he was unable to lecture for the past two years, and was appointed an emeritus professor when the faculty was reconstructed last month. The following resolution was carried unanimously at a meeting of the Senate of Toronto University: "That Dr. W. T. Aikins be appointed an emeritus professor, and by reason of his valuable services rendered to the cause of medical education in the capacity of Dean for many years of the Toronto School of Medicine and of the Faculty of Medicine of this University, be entitled for the rest of his life to the full salary of a professor of the Medical Faculty of this University."

He took an active interest in the formation of the Ontario Medical Council, and acted as Treasurer of this body from the date of its organization. He held many positions as surgeon for organized charities, being surgeon to the Toronto General Hospital from 1850 to 1880, when he was placed on the consulting staff. He was also surgeon to the Central Prison, etc. As a surgeon and a teacher of surgery he was practical in the highest degree, careful in his methods and correct in his judgment.

The funeral took place on the 27th. An account appears in the *Globe* of May 28th: "Seldom has there been such a general and spontaneous expression of esteem and regard shown to the memory of the dead as was called forth by the funeral yesterday afternoon of the

late Dr. W. T. Aikins. Representative citizens in every walk of professional and mercantile life—the Church, the law and medicine, monetary institutions and commercial interests, all sent their most prominent representative men to testify to the appreciation of the life-work of the departed and to bear testimony to their personal acknowledgment of his professional skill, his unflinching integrity, his upright citizenship and his sterling Christian character.

"The preliminary services were held at the residence of Dr. H. Wilberforce Aikins, a son of the deceased, on the corner of Church street and Wilton avenue. Here the body lay in a simple casket, embowered in the fragrant floral offerings of many sorrowing friends, tributes which softened in no small degree the grief of the bereaved relatives, and here hundreds who had loved him in life took a last look at the familiar features, calm and reposeful in death. The services opened with a prayer by Rev. Dr. Withrow and reading of Scripture by Rev. James Allen. Rev. Chancellor Burwash spoke of the long, valued and honorable connection deceased had had with the educational work of the Province; how, starting his career under the late Dr. Ryerson half a century ago, and having completed his professional training in the best college then to be found on this continent, he had returned to Toronto, and been foremost in establishing a medical school here. From that day until a short time since, when sickness laid him aside, he had been unwearying in his labors for education, and especially for medical education. Toronto and Victoria Universities had conferred upon him the highest honors in their gift, and never had those honors been more unanimously and more worthily bestowed. Long would his memory be honored, the memory of one who was a leader in his profession and a teacher of unexcelled ability, marvellous fidelity in work, integrity of purpose and high moral ideas. He had left a record behind him which was a precious heritage to his children and to all who knew him.

"Rev. Dr. Potts, as the intimate friend and one-time pastor of the deceased, made brief reference to his Christian character. It was a generally-expressed sentiment, he said, that he was a good man. At such times as these honors and position counted for little; it was character which must stand the test. For many years Dr. Aikins had been a consistent member of the congregation of the Metropolitan Church; religiously, he was a modest man, but he was thorough, sincere and practical, never losing sight of his relationship to his Heavenly Father, whether in the hey-day of prosperity or in the dark days of sorrow and loss.

"Rev. Dr. Reynar offered the closing prayer, and the proceedings terminated with the benediction.

"The casket was then carried to the hearse, the pall-bearers representing the various institutions with which Dr. Aikins had been connected, being: Rev. Dr. Sutherland (for the Methodist Church); Dr. J. E. Graham, of the Senate of Toronto University; Dr. William Britton, of the Medical Council; Dr. R. A. Reeve, of the Medical Faculty of Toronto University; Mr. Matthew Logan, of the Central Prison staff; Mr. A. J. Mason, of the Metropolitan Church; and Dr. William Oldright and Dr. U. Ogden, representing the city physicians.

"The mourners included four sons: Dr. H. Wilberforce Aikins, Fred. T. Aikins, H. Austin Aikins, of the Western Reserve University, Cleveland, and B. M. Aikins, barrister, Indianapolis; three brothers, Hon. J. C. Aikins, Toronto; Dr. M. H. Aikins, of Burnhamthorpe, and John Aikins, of Brampton; nephews, Dr. W. H. B. Aikins and J. B. Holden; also Messrs. W. C. Stratton, Sutherland, Owen and J. A. Austin."

There were many lovely floral tributes, pillows, wreaths, anchors, etc., from the sons, brothers, daughters, nieces and nephews, and dear friends, besides contributions from the Central Prison staff, Trustees of the Metropolitan Church, Toronto University, Trinity Medical College, and various institutions and bodies with which Dr. Aikins had been connected.

It would be impossible to give even a moiety of the names of those present at the obsequies, so largely was the opportunity taken advantage of to give expression to public sympathy and regard. Not only from the city, but from outside, were representative men present.

The University medical students attended in a body; the professors were also present, and the Board of Regents of Victoria University adjourned their meeting in order to be present at the obsequies.

Highly respected throughout his long career, Dr. W. T. Aikins had indeed an honored burial.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Council—Dr. Sangster.

Relations of medical schools and school men in the Council to the elevation of educational standards, literary and professional—Universities may some of them have a sentimental predilection in favor of advanced standards, but are practically warped in the opposite direction by the medical schools with which they are affiliated—Educational and professional advancement in Ontario has been gained in spite of the persistent resistance of the schools—Proofs of the correctness of this averment cited—Council's debate on the report of its Educational Committee in 1892 reviewed—Dr. Bergin's pithy arraignment of the educational bodies as obstructive to all progress—Dr. Williams' salvo of blank cartridges—Unscrupulous denials and evasions—Attempts to differentiate between the enormity of a written and a spoken untruth—Wriggles and struggles in vain to rehabilitate himself—Stands before the profession to-day and henceforth, as a tricky and delusive debater, unworthy of all credence, so far as Council matters are concerned.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—In fulfilment of a promise to that effect, made in my letter to the REVIEW of last July, I will now, with your permission, proceed to discuss the origin and the effect of the changes, last year engineered by the schools, into the matriculation requirements of the Medical Council. And, as introductory thereto, it may be well to institute a brief inquiry into the real, as opposed to the professed, attitude of these bodies towards all and every attempt to elevate, or to strictly enforce, the published standard of premedical educational tests.

Until within the past few years, the prevalent opinion, among members of the College, was that the universities and medical schools of Ontario were the strenuous advocates and the vigilant custodians not only of an extended curriculum of professional studies, but also of strictly exacted and progressively increased matriculation essentials. There are to-day, comparatively speaking, but few medical men in the Province who still cling to any such antiquated notions. The hard and convincing logic of events has disillusioned all save those whose financial interests, or professional associations, or official alliances, stand in the way of their enlightenment. Universities, especially

those of a higher repute, have still, no doubt, a sentimental predilection in favor of the elevation of matriculation standards, but, at least in the matter of medical students, they are practically influenced in the opposite direction by the medical schools affiliated with them, which are naturally much more vitally concerned about the quantity, than with regard to the quality, of the annual influx of raw material. When, in this utilitarian age and continent, it clearly becomes a question of dollars-and-cents *versus* sentiment, the latter commonly goes to the wall. Every medical matriculant is worth some $400, in the shape of fees for lectures, registrations, examinations, and diploma, to the institution which he elects to attend, or which succeeds in capturing him. As at least one of the medical schools admits that it has individually three hundred students, the annual income of each of these institutions may be set down at $30,000; and even if we deduct 25 per cent. or 33 per cent. of this amount for current expenses, there remains an annual balance of from $20,000 to $22,500 for division among the professors. What chance has sentiment when faced with a yearly check for $1,500 or $1,800? And, so, whatever may be their private or individual opinions and aspirations in the matter, medical school professors and teachers, taken collectively, or in their corporate capacity, are opposed—consistently and strongly opposed—to all and every attempt to raise the standard of medical matriculation, and to the too stringent application of such educational tests as may be ostensibly in force. Their opposition is not frankly expressed. That would be impolitic. Nor is it, as a rule, openly and aggressively active. But it is none the less real on that account, and, perhaps, none the less effective. And the universities—even those from whom better things might have been expected—are either at one with their associate medical schools, or, at best, passive or non-assertive. Does anyone venture to dispute the truth of this averment? The whole history of medical education in Ontario confirms its correctness. Whatever advancement has been made during the last forty years in medical education here in Ontario has been gained by the force of public opinion, by the natural and inevitable evolution of professional sentiment, and by professional pressure, and in spite of the more or less determined resistance of the educational bodies. No one can closely look into the history of medical educational effort in this Province during the last four decades, without becoming convinced of the validity of this position. The Medical Council itself and the Central Board of Examiners were not, as is by many supposed, and by those most immediately concerned, vehemently asseverated—the outcome of any aspiration for better things on

the part of the educational bodies, but were simply wrung from their mutual jealousies and competition. And, but for these same jealousies, and this same business rivalry, there is not a medical corporation in the country which would not to-day gladly go back to the good old plan of forty years ago, when no one greatly concerned himself about either the literary or the professional attainments of medical men. In fact, even yet, when we too strongly demur at the educational resistance of these bodies, we are occasionally treated to childish and empty threats regarding the restoration of the old regime of homœopathic and eclectic and medical college boards, with all their multiplied educational scandals, and diplomas which, in effect, were not unfrequently purchased at $100 per sheepskin. And, quite possibly, nothing has recently saved the Province from a disgraceful, though abortive, attempt to secure some such educational retrogression, save a very healthy conviction that no Government and no Legislature would dare to fly in the face of public opinion and degrade the public service by abolishing or crippling the efficiency of the Central Board of Examiners.

If any of your readers entertain doubts of the correctness of these statements, I commend to their careful perusal the Council discussion on the report of the Educational Committee, which they will find given on pp. 131-209 of the Announcement for 1891-92.

To those who read carefully, this discussion is pregnant with meaning, is, in fact, conclusive as to the hostile attitude uniformly taken by the schools and their representatives in the Council, towards all elevation of the educational standards. I have neither time nor space here to go into it fully as I would like to; I can only ask your readers to examine it critically and especially to note the following points:

1. The attempt to burke the committee's report altogether, and, failing in this, to defer its consideration for another year, which practically meant forever.

2. The fight, led by the school men, against raising the matriculation requirements, and their final success in not only resisting the attempt to elevate, but in materially degrading the then existing status.

3. The almost successful efforts of the appointees in Committee of the Whole, to throw out the clause instituting a five-years' course of professional study.

4. The determined repetition of that attempt when the report came up in Council for final adoption.

5. The significant and emphatic reproof of Dr. Bergin who, though only too deferential to the universities in many respects, was sound on the question of medical education. Speaking from the standpoint

of twenty years' experience in the Council, and unchallenged by any one of the whole body of appointees in whose presence he stood, Dr. Bergin proceeded to say, "I feel that we have too many medical schools, and I feel that all the opposition we have to attempts to advance the interests of the medical profession in this country comes from the schools, and if they desire it, and continue in this course, the result will be that the profession will, as one man, rise up and demand that the school men be excluded from this Council *because of their opposition to every advance in medical and preliminary education*."

6. As an appropriate sequel to this debate, your readers may also examine with profit pp. 172-183 of the Announcement for 1892-93, whereon are detailed the school men's further onslaught on the matriculation standard then in existence, and their only too successful efforts, with the aid of their faithful henchmen, Dr. Williams and others, to still further degrade it.

Having thus, as a preliminary step, directed the attention of your readers to the persistent efforts of the schools to emasculate the curriculum and lower the standards of medical and premedical education prior to the election of the present council, I will, in my next letter, explain the *why* and the *how* of the degradation of the matriculation standard, last year engineered by them. The remainder of the space allotted to me in this month's REVIEW I desire, with your permission, to devote to your esteemed correspondent, Dr. Williams.

The plausible doctor has evidently a very poor opinion of the intelligence and discernment of the members of the College, or, in a letter addressed through you to them, he would not have attempted *to wriggle* out of the unenviable position he occupies, by a resort to the dishonest tactics he employs with so much effect in the Council chamber. He is less astute than I took him to be, or he would have known that mere bluff and bluster, bounce, bombast and buncombe, can no longer help him—that he now stands before the profession a discredited man, and that his customary artifices of perversion and evasion are but sorry expedients with which to seek rehabilitation.

The bulk of the doctor's last letter is a mere salvo of blank cartridges and calls for no reply. I do not propose to deal with his *wriggles*, seriatim. That, until he shows that he can on occasion tell the truth, would be dignifying them with more notice than they are worth. In fact, I would not venture to again obtrude this unsavory subject on the notice of your readers at all, but to vindicate my statement, which he impugns, that he has himself proved that his relations to truthfulness of statement and honesty of purpose are purely technical.

The official programme of the Ontario Medical Association for its

annual meeting for June 1st and 2nd, 1892, gives the list of papers to be read at that meeting. No. 3 in that list reads "Recent Medical Legislation and Its Effects, J. A. Williams, Ingersoll." He claims that he did not read it and that it was not published. His averment as to the former may or may not be true. I cannot say. His statement as to the latter point is untrue, or is at best a quibble. A synopsis of his paper or remarks was given to the press and published, and two or three days later, in a letter to the public press, I myself called attention to the gross misstatements it involved. He does not *now* attempt to deny that before the association he manipulated the Treasurer's Statement so as to show that the Council enjoyed a net annual income from its building of over $500. He merely claims that he did not read a paper; he only *said a piece*, and said it without notes. This means simply that he memorized all but the first three paragraphs of the address he was to deliver in the Council *twelve days* later, and *said it* before the Association. Are we to understand that, in his opinion, an untruth falling from the tip of a practised tongue, is something less of a falsehood, and less reprehensible, than the same untruth flowing from the nib of a facile and unscrupulous pen?

His chief *wriggle*, however, lies in his vain attempt to evade the consequences of his unfortunate address as President of the Council. The whole of the last sentence but one, in his letter to the May REVIEW, is devoted to a characteristic effort to break the force of my exposure of his unhappy habits of untruthfulness and dishonesty in debate. If your readers will turn again to p. 120 of the Announcement for 1892-93, and refer to my letter in the March REVIEW, they will note that my strictures refer only to the first paragraph and the first half of the second paragraph given on that page. This involved only a statement, or rather a misstatement, of figures referring to the previous year, and correctly given in the Treasurer's Statement in the Announcement of 1891-92, which had been mailed to every member of the College, including Dr. Williams, at least six months before he either "said his piece" in the Association, or read or delivered his address in the Council. The last half of the second paragraph, and the whole of the third paragraph of his address on p. 120, is devoted to a forecast of the future, to which, notwithstanding its absurdity, I made no allusion, as, however much it involved his reputation for business capacity and common sense, it did not touch his character for veracity. He now attempts to mix up his misstatement of actualities, which I did discuss, with his ridiculous forecast of possibilities, to which I did not allude. And while even *he* dare not explicitly deny that he had the Treasurer's Statement in his possession,

because on the top of p. 120 of the Announcement he says, "I find I had mistaken the *Treasurer's Statement*," he ventures to insinuate that he "had no itemized Statement of the Treasurer *in his hands*"; that "no attempt was being made to give the exact figures" (a discrepancy of $1,604.76 in an itemized account of only $3,817.48 was certainly inexact); that "to give the exact figures was not practicable at the time"; that "it was a forecast only of what might have been expected"!!! Verily, sir, the position of your esteemed correspondent was sufficiently unenviable before, but by the perversions and evasions in his last letter he has made it, if possible, infinitely worse. And again I say—and I feel assured that every man in the profession who has taken the trouble to look into not merely my averments, but the evidence afforded by the two Announcements indicated will agree with me—that this occurrence serves to settle the question of your correspondent's credibility in Council affairs, and his honesty in public discussions, at once and forever; that Dr. Williams must clearly understand that his evidence on Council matters is ruled out of court, and that his mere *ipse dixit* thereon is, in future, worth less than the ink with which it is written.

When a man is caught in a quagmire, such as that in which the plausible representative of No. 2 now finds himself floundering,—to squirm and to struggle and to *wriggle*, as he is doing, only sinks him deeper and more hopelessly in the ooze. In these circumstances, all authorities are agreed that the best thing he can do is to throw himself flat on his back and *keep quiet*, in the hope that his friends may eventually come to his relief. If, as in this case, Dr. Williams' friends can do nothing material towards his extrication from the quicksands which threaten to overwhelm him, they can, at least, blush for him, and that he appears to be now incapable of doing for himself.

Yours, etc.,

Port Perry, May 26th, 1897. JOHN H. SANGSTER

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—In your January and February numbers, Dr. Sangster is deal ing with the Executive Committee of the Medical Council. Pursuing it with his usual vigor, he presents one side of the case, and seeks, and hopes, to leave the impression that there is no side other than his but

a dishonest one. We will look over some of his statements and see how they harmonize with the facts.

He intimates "the law says it shall consist of five members," and that it is a "practically irresponsible triarchy." We take exception to both of these statements. The law does not say it shall consist of five members, nor is it irresponsible. The law reads, page xvi., Section 14: "The Council shall appoint annually from among its members an 'Executive Committee,' to take cognizance of and action upon all such matters as may be delegated to it by the Council, or as may require immediate interference or attention between the adjournment of the Council and its next meeting; *and all such acts shall be valid only till the next ensuing meeting of the Council;* but the committee shall have no power to alter, repeal or suspend any by-law of the Council." (The italics in this quotation are ours.) This is the law on the subject. It bears out our statements. It does not say the Executive Committee shall consist of five members, nor does it say, nor insinuate, that it is irresponsible. On the contrary, its acts are "*valid only till the next ensuing meeting of the Council.*" What does this imply? That its proceedings must come under the purview of the Council, who may confirm or reject, may approve or condemn, and may censure, in as strong terms as its acts justify. If this is irresponsibility, what would constitute responsibility? As a committee of the Legislature is responsible to that body, and they to the electorate, so the Executive Committee is responsible to the Council, and they to the profession.

The statute law and that of Dr. Sangster not harmonizing as to the numbers required on the Executive Committee, we will allow him to get his law from the Council regulations. A by-law was passed in 1889, one clause of which deals with this matter. Sub-section (*g*) reads, "Executive, consisting of three members." This would be perfectly plain were nothing more said, but when we pass to Section 10, it reads, "The President and Vice-President shall be *ex-officio* members of all committees of the Council, standing and special, except the Committee on Discipline." From these, together, the inference may be drawn that the Council intended there should be five members on the Executive Committee. Was this their intention? The regulation was made in 1889. The Council of that year, while their intention was fresh in mind, and of each succeeding year since, elected three, two of these being the President and Vice-President. This makes clear the intention of those making the regulation. This is supported by the fact that there is no clause rendering ineligible for election either of these officers. If elected, they hold their

positions by a dual qualification. Had there been any doubt as to this meeting the letter and the spirit of the regulation, as it was the Council's own enactment, how small a matter to have changed it into harmony with their views. The Committee was made small not from habit or oversight, but for a purpose.

There were two reasons which led to the small committee. They were, first, that the larger the more expensive when meetings were necessary; and second, the larger the more likely to assume powers not properly belonging to it. Outside of these two reasons, we do not know a member of the Council who would object to double the number. Are these objections well founded? The Council has had experience. Different numbers have been tried, from three to fifteen. The conclusions reached are that the smaller the number the more satisfactory.

We will examine this Committee, and see of how many members it was composed at different times, and the cost. We can then for ourselves judge as to the merits of arguments in favor of large *versus* small committees. The years are from June to June, or rather from one regular meeting of the Council to the next, hence embraces part of two years. We have not at hand the means of verifying the numbers on the Committee previously to 1871-72, and will omit to that date:

Year.	No. on Committee.	Cost.	Year.	No. on Committee.	Cost.
1866-67.......	..	Nothing	1881-82.......	3	Nothing
1867-68.......	..	"	1882-83.......	3	"
1868-69.......	..	"	1883-84.......	3	"
1869-70.......	..	$227 21	1884-85.......	3	"
1870-71.......	..	51 70	1885-86.......	3	"
1871-72.......	10	89 95	1886-87.......	3	"
1872-73.......	10	Nothing	1887-88.......	3	$306 70
1873-74.......	13	"	1888-89.......	3	194 00
1874-75.......	13	$156 53	1889-90.......	3	6 00
1875-76.......	13	641 40	1890-91.......	3	Nothing
1876-77.......	13	377 75	1891-92.......	3	"
1877-78.......	13	534 30	1892-93.......	3	"
1878-79.......	15	638 70	1893-94.......	3	"
1879-80.......	5	Nothing	1894-95.......	3	"
1880-81.......	6	444 45	1895-96.......	3	$78 08

In three years, 1887-88, 1888-89 and 1889-90, were the three during which the present Council building was being erected, hence the Committee, though consisting of only three members, were obliged to incur cost.

In looking over these items, all will see the action of the Council in reducing the number to three, which was done in 1882, was amply justified.

Dr. Sangster says that "in 1881 there were, it appears, six members on the Committee, yet that year it cost the Council nothing." In this he is in error. In the year 1880 81 there were six members on the Committee, but the cost, instead of being nothing, as he states, was $444.45, and the following year, 1881-82, the cost was nothing, but there were only three members on the Committee.

Previously to the reduction in numbers the Committee usurped, to some considerable extent, the functions of the Council, one year going the length of changing the date of the examinations. This, too, was cured by reducing the numbers. From that time to the present there has been no just grounds for complaint. Members conversant with these particulars are reluctant to return to the larger committee.

What are the qualifications necessary to secure election to this Committee? Dr. Sangster tells us that "no territorial representative even suspected of being troubled with any special sense of loyalty to his constituents can attain to membership." Were this the qualification, there would be no more eligible man for election in the Council than Dr. Sangster himself, for while we have heard him accused of many things, it has never been of "any special sense of loyalty to his constituents." The doctor, however, is mistaken in the qualification required. There are thirty members in the Council, each one dependent upon the medical profession for his livelihood, for his status in society, for his business position, and for his future prospects. It is to them, then, a matter of vital importance that any person who can even remotely affect their professional interests shall command their confidence. These gentlemen are to eleet those who, either in their capacity as an Executive Committee or from the presidential chair, may exert an influence that will enhance or jeapordize their status. What will they demand of those who receive their votes? Will it be sufficient that they are not "even suspected of being troubled with any special sense of loyalty to their constituents"? Certainly not. It must be those of whose integrity they have no suspicion; of whose honesty of purpose they have no doubt; in whose judgment they have confidence. Their man must be proved by time and association. They take no chances on men who practice kite-flying, or who make opposition their calling, regardless of how it may jeopardize their profession.

The party who call themselves the opposition seem to think this a

sufficient qualification that they, or some of them, should be elected to this committee. Two members have urged this plea. Is it reasonable that the Council should elect them? The work of the Council is done by a majority vote, not by a set number of persons. The vote may come from different persons on changing questions, each member having given his best thought and judgment to them. Here is a party who have banded themselves together to oppose this working majority. In carrying out their self-imposed task they find it necessary to vote in opposition to the prevailing conviction coming first from one set of men, then from another. Can it be thought, that this record in opposition to the judgment of the majority, will give confidence in their integrity, honesty of purpose, or judgment? And will those who believe they have exhibited none of these qualities willingly elect them—when such qualifications are a requisite—to positions where the vital interests of the profession may be jeopardized? It is not reasonable. These gentlemen of the opposition may become members of the Executive Committee and may fill the presidential chair, but they must first do something to earn the confidence of their professional brethren other than banding themselves together as an opposition.

A strong plea is made that with a committee enlarged to five, there should be three who are elected by the regular profession. The doctor says that "of the three members, two, the school man and the homœopath, neither owe nor profess to owe any allegiance to the medical electorate." Just why a man elected by the homœopaths does not owe an allegiance to the medical electorate, is not made clear. They are as much dependent upon the profession, and should be as much interested in it as others, even though their theory of dosage may be different. Nor is it made clear what interests they have that are at variance with those of the general practitioner. Neither is any hint given why ex-Professor Dr. Thorburn should have any less interest in the profession than ex Professor Dr. Sangster. The former is a general practitioner in the city of Toronto, elected by his former colleagues, themselves general practitioners, who, when the Act was passed, were given a statutory right to elect a representative; the latter a general practitioner at Port Perry, elected by the practitioners of a division, who have a statutory right to elect a representative. Ex-Professor Sangster tells us he sees Council matters only "with an eye to the vital interests of the electorate," and he would make us believe ex-Professor Thorburn is recreant to professional interests. Yet, strange to say, only last year Dr. Thorburn was President of the Canadian Medical Association, the largest medical association in Canada, and elected by his fellow practitioners.

There is no definite understanding or agreement as to the occupants of the President's or Vice-President's chair, and consequently of whom the Executive Committee shall consist. The Council elect such as in their judgment are qualified for the positions. The result has not been to leave territorial representatives in the back-ground. In the last twenty-two years—I cannot say for the period before that—the President's chair was occupied fourteen times by a territorial man, four times by a school man, and four by a homœopath. The Vice-President's chair ten years by a territorial, seven by a school representative, and five by a homœopath. The territorials have had their share of elections to these positions, and had them on their merits, not on agreements. If the Executive Committee had been elected for all this time as at present, they would nearly always have had a controlling influence, which they could have used had there been any diversity of interest.

To make some semblance of a pretext for the plea urged, powers are ascribed to this Committee which it does not possess. Its powers are defined by the statute before quoted. Charges, too, are made against it of wrong-doing, which we are asked to infer would be discontinued were there an enlarged committee. Are these charges well founded? They certainly cannot be in so far as the last two years are concerned. There has been an active opposition led by Dr. Sangster, whose sole occupation is to discover flaws, and report them. These men have moved no resolution of condemnation or censure. Have they been asleep, or are we to infer that for this period the Executive has kept within reasonable bounds? We will allow Dr. Sangster to state the case. First, he says, "the Committee has habitually ignored or overridden the Council's published curriculum of requirements, and still does so, or did so at the close of last year;" and second, "What benefit is likely to accrue from the more stringent performance of duty by the Committee on Education, if . . . the Executive Committee is suffered to remain a back door of entrance through which the schools—who hold the key—can shovel into the profession *ad libitum* material not of a quality to bear inspection of any member of the Council outside of the 'Solid Phalanx.'" These quotations would seem to settle the matter, in so far as Dr. Sangster's evidence can settle it. The opposition were asleep. What better is the Council than when there was no such party? Would any person believe such things could go unchallenged by such vigilant watchers? Yet thus it seems, for Dr. Sangster says so, regardless of the fact that in so doing he is establishing his own recreancy to the interests of the profession.

But is it true? In the first quotation in opposition to the actions of the doctor and his party, who moved no resolution of condemnation or censure, is the direct statement of the doctor himself. Which speaks the louder? The old adage has it, "actions speak louder than words." This is unquestionably correct. The statement is without foundation. The doctor's unsupported assertion will not stand against his actions, when supported by his party of "Stalwarts."

The second quotation says nothing. It is not even a "half truth," yet it is teeming with the "*suggestio falsi.*" It is intended to leave the impression that the schools, through the Executive Committee, shovel into the profession all they wish of unqualified men. Yet the writer was quite aware when he wrote it, that it could not be supported by facts; that it is without truth, hence an innuendo is used in place of a direct statement. Surely the case against the Executive Committee is not so weak that it must rely upon a fertile imagination for evidence, and upon innuendoes when direct proof would be more convincing. Let the doctor put up evidence from the transactions. If this course, on the part of the Committee, is "habitual," and continued up to last year, there need be no lack of cases.

In the February number, at page 62, another charge is made in very vigorous terms. It is that of a "daring and insolent usurpation, in 1895 and 1896, of one of the Council's most important and most cherished prerogatives—that of deciding whether there shall or shall not be a Fall examination—the Executive Committee is not covered by a single rag of excuse on the ground of right, or expediency, or usage, or necessity, nor had it any semblance of Council authorization for the unwarrantable act." This quotation makes clear how the animus in a man's mind may lead him to strong assertions and denunciations when there is no cause. The Executive Committee did nothing in this matter. It has no power to decide the question; and were it to write a resolution for the purpose, it would be waste paper. The Committee was not the authority under which the Fall examination was held, nor did it claim to be. Hence the vigorous denunciations of the doctor are thrown away. Well, who authorized the examinations? The Council. That body has a set of regulations, which will be found in the Annual Announcement, that *continue from year to year unless altered or amended by the Council.* It is customary, either in the report from the Education Committee or directly by the Council, to authorize the Registrar to make the necessary clerical alterations to bring them into harmony with the year, but *no changes are made in the regulations unless directly authorized by vote of the Council. These regulations provide for Fall examinations.* The Executive could not have hindered them had they so desired.

Dr. Sangster has been on the Education Committee for two years. Did he fail to grasp the method of doing business? Was he too dull to comprehend a matter of this kind? Those who can believe this, are weleome to the belief, if they can thereby relieve him of the cowardly and dishonest course of misrepresenting, and unjustly accusing a committee, that he may, with much assumed indignation, pour out his wrath upon them.

Another charge made is, that of withholding information from members of the Council. Those who are interested will get the gist of the charges on reading the Announcement for 1895-96 on pages 122-126.

It will be learned that Dr. Sangster wished the officers of the Council to bring down certain returns. That they, knowing they had no authority from the Council, their masters, so to do, applied to the Executive Committee. This Committee could not learn from the Act that it had any right to so order the officers, and declined to exceed its duty. Hence the very virulent charge of the doctor. In his remarks he endeavors to make what he requested appear as small as possible, and refers to it as "some information" he requested. Following the debate, however, we learn it was more formal "returns" he wished brought down.

When wishing a member of the opposition elected to the Executive Committee, on the ground that he is a member of the opposition, the doctor is anxious to follow British parliamentary practice. What is parliamentary practice with reference to "returns"? How would a member of the Legislature proceed? Would he simply write to the officials, and would they at once being them down? Dr. Sangster knows, no one better, that he would be laughed at for his verdancy. The officials will make no move, nor will the Government, who have much more power than an Executive Committee, order them so to do. He must wait until he can make a motion and get the sanction of the Legislature, then, and not till then, will he get his returns. Were the Council to follow the loose course the doctor wishes, it is obvious grave abuses might, probably would, be the result. In but one case has the President taken it upon himself to order "returns." He apologized to the Council, and justified on the ground of urgency. His action was endorsed by the Council. In this case the doctor says, "the Executive Committee refused point blank ; *they decided that no interest of any importance would be militated against by deferring that communication until the meeting of this Council.*" If, then, this was their deliberate judgment, who would condemn them for not exceeding their duty, and giving an order to have "returns" brought down?

All will agree that information in the ordinary way should be furnished by the officials to members of the profession as well as to members of the Council, and, to the credit of the officials, we wish to say that we have yet to learn of the first case, when information has been courteously requested, that it has not been cheerfully furnished.

The Executive changes from year to year. Its actions are governed by the judgment and discretion of its individual members, and cannot be expected to give universal satisfaction, as few, if any, organizations do; but that its course is dictated by, and in the main, is in the interest of the profession, is beyond controversy.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, May 25th, 1897.

Should the Medical Profession of Ontario be Self-Governed?

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—About the middle of April I received a communication from the Secretary of the Ontario Medical Association asking me to read a paper at the approaching meeting, to which I sent the following reply:

BOWMANVILLE, April 15th, 1897.

"*J. N. E. Brown, Esq.*:

"DEAR SIR,—Yours of the 12th, asking me to contribute a paper at the approaching meeting of the Ontario Medical Association, I received this morning. I would be glad to furnish a paper on 'Should the Medical Profession of Ontario be Self-governed?' The question is one of vital importance to the honor, the dignity and the solidarity of the profession, and might well and advantageously be discussed by the Provincial Association. For this course there is precedent, for Dr. Williams, of Ingersoll, some three or four years ago discussed Council matters before your Association. If agreeable to the Executive, I will be glad to prepare a paper on the above subject. "Yours truly,

"J. W. MCLAUGHLIN."

Not having received any answer to this for some weeks, I took it that "silence gave consent," and prepared the paper. A month after the first letter was received another came from the Secretary informing

me that the Committee on Papers, of whom Dr. Britton is chairman, declined my paper, without assigning any reasons. I replied, protesting that it was unfair to allow a one-sided presentation of the affairs of the Council to be placed before the Association, without also giving an opportunity for reply. The answer came that the committee would not alter its decision, and once more without assigning reasons.

It is under these circumstances that I ask your indulgence for the publication of the paper above referred to.

Yours truly,

J. W. McLAUGHLIN.

Bowmanville, May 26th, 1897.

Miscellaneous.

SANMETTO IN BRIGHT'S DISEASE.—Charles F. Reiff, M.D., of Freemont, O., writing, says: "I prescribed Sanmetto in a case of advanced Bright's Disease. The patient became more comfortable, and since then has used several bottles of Sanmetto. In my opinion Sanmetto is the most efficient remedy for diseases of the genito-urinary organs, and I shall continue to prescribe the remedy."

A REMEDY IN NERVOUS DISORDERS WHEN CHARACTERIZED BY MELANCHOLIA.—The "Reference Book of Practical Therapeutics," by Frank P. Foster, M.D., editor of the *New York Medical Journal*, which has recently been issued by D. Appleton & Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol. . . . As an antipyretic it acts rather more slowly than antipyrin or acetanilid, but efficiently, and it has the advantage of being free, or almost free, from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of antikamnia is from three to ten grains, and it is most conveniently given in the form of tablets."