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THE
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INTRODUCTORY ADDRESS FOR SESSION 1892-3,

Delivered October 3rd, 1892,

BY WILLIAM OLDRIGHT, M.A., M.D.,

Professor of Hygiene, University of Toronto.

Mr. Dean, Ladies, and Gentlemen:

By the request of my colleagues, I have the honor of delivering the introductory address of the academic year on which we are about to enter.

Of the changes which remind us, as we re-assemble year after year, of the transitory nature of mundane things, there have been, since we last met, more than the usual number. We need not call over the muster roll to recollect that the grim reaper has been busy amongst us. The absence from our midst this evening of one who belonged, not only to us, but to all the world of literature and science, of religion and philanthropy—the want of that familiar presence which for nearly forty years has formed so large a part of all gatherings of this university constantly makes itself perceived. It is difficult to conceive of any circle of thought or activity in which the loss of Sir Daniel Wilson will not be felt and mourned. A great thinker, deeply interested in his fellow-men, he was to be found in so many avenues of life mingling with them, laboring for their welfare, deriving

pleasure from this work and intercourse, and amid it all remembering and publicly recognizing Him whose servant he was. His sense of gratitude and responsibility to God, his good will and sympathy for men, brought him into the foremost ranks of Christian and philanthropic workers. By all classes and ages he will be missed; from the Senate, from the Council, from the public meetings of all the faculties, from scientific assemblies, from gatherings for the promotion of social and religious objects; by the students in the work of their various societies; by the poor boys for whom he founded the Newsboys' Lodging—but it is useless to individualize further, for his field of work was wherever he knew some way in which he could materially aid in the advancement of the race. There is left, however, the consolation, not only to those who were nearest to him, but to us all, that he is not entirely lost to us, for "he being dead, yet speaketh": in the things which surround us, in the work and life of the university, there are constant associations which bring him before us. When our time comes to depart, may we, in our several spheres, be found ready even as he was.

Another familiar face which we shall miss on commencement days is that of Robert McKim, who for over thirty years has officiated as bedel of the university. On the very same afternoon that the president passed away he was followed through the dark valley by this one, whom the president's daughter designated by the emblem, "My father's faithful friend."

He was a man of unflinching trustworthiness, faithful and devoted to duty, and had won the respect and esteem of those with whom he was associated.

By a sad and strange coincidence, within forty-eight hours followed the death of one who was associated with the earlier history of the university. I refer to Mr. W. G. Storm, the architect under whom the building which has recently been restored was originally designed and erected.

Passing from these, who were gathered in as the ripened grain, to the name of the last to whose loss I shall refer, I am reminded of an incident of that matriculation examination when I first met Professor Wilson. In the hall which stood within a few feet of the spot where we now are there was handed to us—I think it was by the then president, the late Dr. McCaul—a paper containing those beautiful lines of Mrs. Hemans:

“Leaves have their time to fall,

And flowers to wither at the north wind's breath,
And stars to set—but all,

Thou hast *all* seasons for thine own, O Death!”

Fresh from the halls of this university, and full of promise for a successful and useful career, Dr. A. A. B. Williams was cut off in the flower of his youth. He died at Belgrave, where he had recently commenced practice. His father, Dr. R. Watson Williams, was a fellow-student with us of a previous generation, so that in joining with our younger brethren we extend to him a double measure of sympathy in the sore affliction through which he has been called to pass.

I have felt that I could not proceed to address you regarding the affairs of another session without expressing my sorrow and your sorrow at the losses we have sustained. Without unduly anticipating the more formal records, I know that I may count upon your sharing in this expression of it, and upon your forbearance with me in regard to any personal reminiscences in connection with the memory of those with whom I have been associated in various ways for so many years.

The loss of our late venerable president has necessitated another change—the appointment of his successor, and I beg to tender to the president my good wishes and congratulations

and those of my colleagues of the university faculty. It must be to all of us a matter of congratulation that the Government has chosen our new president from the university staff; not only so, but that it is a graduate of this university who has by his attainments, long experience, and successful record on that staff been found fitted to worthily occupy the position.

There are occasions when one may properly welcome people to their own house, and such now becomes my pleasing duty. The audience which I have the honor to address represents the public—the people of Ontario; and to the people of Ontario belongs the University of Toronto, of which this is the medical faculty. On behalf of the faculty, then, I may say that we are very glad to see here to-night so large and representative a gathering. I suppose that possibly some persons in this audience are aware that a university election is on the *tapis*, and that there has been some discussion regarding matters in which the medical faculty is concerned. Fortunately, what I have to say to you in this connection does not come in conflict with the announced opinions of the debaters of either side. Those who have studied the history of the university will have noted the various changes in its policy in regard to the existence and support of a medical faculty. To render my remarks intelligible to those who have not, permit me to make a brief retrospect. During the first ten years of its existence (first as King's College, and subsequently as the University of Toronto), it followed the example of the great European universities, and had a teaching medical department; but motives of personal pique and ambition caused the abolition of the faculty of medicine as a teaching institution. This subject has been so often dwelt upon by our late president and other prominent friends and authorities of the university that I will not now enter into particulars. For thirty-four years the University of Toronto went on content to act, so far as the profession of medicine was concerned, as a mere prescribing and examining board, a sort of foot-rule or weigh-scale to measure the attainments of the great bulk of the students of the Toronto School of Medicine and of a few from other teaching colleges, and receiving from these students just

about as much love and devotion as could be evoked by such semi-inanimate functions. Fancy a boy's love for a mother whose only care of him was to hear him "say his lessons" once a year and decorate him once in his lifetime with a ribbon around his neck! Fancy the love, loyalty, and devotion of a graduate to an *alma mater* which consisted of an examining board, and whose visible presence was manifested to him once in his lifetime—on graduation day! For the first twenty years of this period a somewhat more cordial bond existed in the fact that the students of the Toronto School of Medicine took their chemistry and natural history at University College, and that for a few years they occupied a building contiguous to that college. But, subsequently, other universities, realizing the importance of extending their roots so as to have a stronger hold throughout the province, offered inducements which attached the teaching colleges to themselves, and left the University of Toronto as a sort of institution upon which a few of the more brilliant students drew once a year for medals and scholarships and took their degrees. In the years 1883, '84, '85, and '86 the number of graduates were 10, 10, 14, and 16 respectively. University men eager to increase the influence of the university and to extend her benefits to all classes of the community were dissatisfied with this condition of things. A number of medical men imbued with love for their profession, and seeing great possibilities for scientific advancement of medicine and surgery, thought that sciences which in other countries are advancing with rapid strides, and in which deep and careful research is being carried on and great discoveries made, should be taught in the national university, and should not be left entirely to the exigencies of private individuals and the control of private corporations. Nor were these views confined to medical practitioners. Thoughtful and observant men in other walks of life cannot fail to notice the vast fields which await toilers in the medical sciences, and the blessings to humanity which will follow from their successful cultivation; and they know what aid and encouragement and stimulus the workers will receive from the support and assistance of a well-equipped university holding the position and standing of the University of Toronto. Con-

sequently, the medical faculty has received the warm and active support of the chancellor, of the vice-chancellor, of the late president of the university, of the present incumbent of that office, and of many of the professors of the other faculties, some of them during the negotiations for its re-establishment, and of others since it has been re-established. The Government having concurred in the views which led to the restoration of this faculty, offers were officially made by the Senate to the two medical colleges in Toronto to join on equal terms in its formation. Trinity Medical College refused, the Toronto School of Medicine accepted, and the medical faculty of the University of Toronto was restored in 1887.

In proceeding to speak of the advantages of this step to the public at large, to the profession, to the university, and to the students, I may be challenged with the imputation of not being a disinterested speaker. I am free to admit the correctness of this imputation. My connection with the University of Toronto began as a matriculant in arts thirty-three years ago, and during all the intervening time, with the exception of three years, either as student, examiner, teacher, or senator, I have been intimately connected with the University and University College. It is no wonder, then, that, next to home and country, the University of Toronto is dearer to me than all other earthly institutions! This love has been increased by the two memorable attacks upon her through which we passed in the first two decades of the period to which I have referred. And this attachment would be natural even were she not, as she is, the noblest educational institution in this Canada of ours! I am free, then, to admit that it has been to me a great gratification to be bound by an additional tie, and that in connection with my life work, to the institution I love so well. If it is meant that I and my colleagues of the Toronto School of Medicine have received any pecuniary benefit, I reply that it is untrue, a fact which may be verified by a comparison of figures.

I trust you will pardon my making these personal allusions; but it seemed necessary to defend from attacks (chiefly from outside this university, I am happy to say) the motives of the members of the medical faculty. Our

self-interest is that we are proud to be part and parcel of this university, and to share in the work of developing the glorious future which is before her.

In considering, then, the advantages which have accrued, and will accrue, to these various interests, I will commence first with those I named last—last, but not least—the students. It must be remembered that whatever improves the educational facilities and standing of the student improves the profession to which he belongs, confers increased benefits on the people, and enhances the position of the university; it must also be remembered that the main work of the university is with, for, and by its students; that existing "*parum clarem lucem dare*," "to give a light a little clear," its first and strongest rays must shine upon them. Let us, then, compare the advantages possessed by the medical students of the University of Toronto with those possessed by the students of the Toronto School of Medicine at its close. In former times the fundamental sciences of biology and chemistry were taught by gentlemen who were obliged to devote the larger portion of their time to the active professional work necessary to obtain the means of livelihood, and could only devote a small portion of it to teaching. Now they are taught by an increased staff of gentlemen whose life work it is to devote themselves to systematic research in these special subjects, to the study of the latest discoveries, improvements, and methods of teaching them, and to impart this knowledge to students who have no other duties to distract them from their work. I need not dwell at length on the importance of a correct and thorough knowledge of the phenomena of life, of the make-up of the materials of the human body, the offices of its various parts, and the action upon them of surrounding substances and influences.

The separate study of physics, the special department of our president, is another new departure. The intimate relation of hydrostatics with the fluids of the body, of pneumatics with respiration and ventilation, of heat, of electricity, of magnetism, of optics and acoustics with various functions of the organism, will be self-apparent.

All these subjects have a permanent home in

the science portions of the university, and they are illustrated by means of laboratories stocked with the necessary appliances, the teaching being illustrated, not by a few articles being brought forward from some cupboard or corner at lecture hour, but by a standing exhibit ready for the practical demonstrations which are given to the students, and in some instances the students possess facilities for themselves working which they did not possess before, as, for example, in making microscopic preparations for themselves, having the control of a microscope and a certain amount of apparatus always ready for work. In anatomy it was deemed desirable that a greater amount of practical instruction should be given, and that students should receive more individual attention, and to accomplish this the staff in this department was doubled. There seems on the part of the Senate a tendency to make the departments of anatomy and, more especially, pathology less dependent upon the commissariat exigencies of the busy practitioner. In pathology the arrangements brought about in the last five years are of very great importance. Five years ago this subject was undertaken by the professors of medicine and surgery along with their other work and their practice. Now the professor of pathology devotes his whole time to collecting materials, utilizing them in teaching and in carrying on original research. In this he is assisted by a demonstrator of pathology. Increased interest in the subject has also been awakened by the discussions of the Pathological Society, with which many of the members of the university staff are connected.

I have now advanced so far in the time allotted to me without saying much about my own special department that I fancy I can hear some of the students *thinking*, in a favorite form of phraseology of theirs, "What's the matter with hygiene?" which, being interpreted, means, "Why does he not say something about hygiene?" Well, gentlemen, you know I shall have opportunities of making a few remarks to you on that subject as I meet you from time to time in the other building, and I shall not have the opportunity which I have to-night of talking of some other things.

I must, however, take advantage of this occasion to acknowledge my indebtedness to the other departments, which do so much better

than I can some of the work allied to my department upon which I used to be obliged to touch, thus relieving me in my efforts to crowd into twenty-five lectures the work for which that number is quite inadequate. I refer to the assistance which my department receives in its relations to biology and bacteriology, physiological and hygienic chemistry, physics and pathology. The physiologist continues in increased ratio the preliminary assistance which his subject has always rendered.

Whilst on this subject, I may say that the faculty and the Senate last spring adopted resolutions looking towards the formation of a museum of hygiene; that with the view of advancing this project I visited certain hygienic institutions in Baltimore, Washington, and Philadelphia. The object is to collect models, diagrams, and samples of apparatus connected with plumbing, drainage, disposal of refuse, heating, ventilation, climatology, water supplies, protection against fire, furnishings for schools and gymnasias, food stuffs, antiseptic preparations, etc.; also of samples of defective plumbing, and other causes of disease arising from insanitary conditions. I trust that after the meeting of the new Senate the scheme will soon be put in operation.

It is gratifying to know that the appreciation of the new condition of things has not been confined to the members of our own university, including the students, professors, and directorate, but that outsiders have spoken in glowing terms of these arrangements. Amongst those who have visited us and spoken encouraging words, I refer to Prof. Vaughan, of the University of Michigan; Prof. Abbe, of New York; Prof. White, of the University of Pennsylvania; Profs. Welch and Osler, of Johns Hopkins University. The remarks of the latter are *apropos* to the comparison just given. He said: "When I look back a few years and think of the appliances and arrangements we had then in Toronto, and when I go over this building and see the beautiful arrangements, the elaborate apparatus, the splendid appliances for teaching, I feel that it is possible for one to live through a renaissance."

How the public and the students sent up by them have appreciated the change may be partially gathered from the fact that the number of students in attendance has been steadily and

rapidly increasing, the numbers being as follows for the last three years:

	First-year students.	Total number of students.
1889-90.....	66	258
1890-91.....	81	263
1891-92.....	85	283

The university now not only says what subjects shall be taught, but how they shall be taught, and has moreover made such arrangements as shall secure valuable additions to her equipment from funds outside the university endowment.

Another most important advantage to the students, not only of the medical faculty, but of all the faculties, is that it brings them all into touch with each other. It is generally admitted that this rubbing of mind against mind—this acquaintance and interchange—is one of the most valuable results of attendance at university halls. How much more is this the case when the university is true to its name in the broad and literal sense! A mingling place for *all*. There are few of us medical students who took our chemistry and natural history at University College in the sixties but can call to mind pleasant reminiscences of *confrères* who have entered other walks of life; and we even now meet here and there with these men, some of whom are laboring in Christian work, others in the administration of law and justice, others in the training of youth; and we can better understand and sympathize with them, and they with us, and we can more freely unfold our minds and interchange ideas by reason of this university acquaintance in the days of "auld lang syne." It is to us a most pleasing sight to see the students of the different faculties fraternizing in the sports and amusements of the campus and the gymnasium, and in the evening reunions which take place—now, please, do not misunderstand me—within the lighted halls of your various literary and scientific societies, your Young Men's and Young Women's Christian Associations, and your other social gatherings. A little consideration will show that great assistance can be given to each other by the several faculties of the university; and whilst the medical can derive great advantages from the arts faculty, especially from the science department, so, too, can it aid the arts faculty.

By a resolution of our faculty, provision has been made for arts students in biology to avail themselves of demonstrations in human anatomy on paying such fees as will cover the actual cost. And surely it ought not to be necessary for me to point out that it should be the aim of a student in any department to advance to the highest work in that department. If the student is to delve into the secrets of biology, to examine the wondrous work of the Supreme Architect, and to obtain his first knowledge from the more simple forms, he certainly ought to study them where they are found in their most complex form, their highest form, the form which was to "have dominion over every living thing that moveth on the earth." What would we think of the mechanical engineer who should neglect to avail himself of the opportunity of examining the machine capable of doing work, and a variety of work, exceeding in difficulty and complexity that done by all other machines? We expect him not to cease his studies with the anatomy of the wheelbarrow or the bicycle, but to understand the construction of the locomotive engine and the electric motor. Honor men in biology need not now stop at the wheelbarrow stage of existence. Let them remember that the statement that the "noblest study of mankind is man" has a physical as well as a metaphysical side.

And this last sentence reminds me that not only does our new departure extend a helping hand to biology, but it also offers to open for the inspection of the metaphysician the structures of the brain and other portions of the wondrous nervous system; to the linguist the organs of voice and speech, with all the modifying effects of the structures of the abdomen, chest, mouth, throat, and nasal cavities, and in no lower organism can these be found to the same perfection. And who will say that the practical study of these structures which distinguish man from the lower animals is of no advantage to the students in those departments? The opinion and practice of eminent students of metaphysics and of elocution are proof that they are valued aids to those studies. To the student of ethnology, to the educationist, to the student of jurisprudence, and to many others, the proximity of a school of anatomy

presents facilities and advantages into the details of which we have not time to enter. During the past session the faculty of medicine voted \$1,000 for the purchase of apparatus for the practical teaching of bacteriology, and Prof. Ramsay Wright devoted a month of his time after the close of his regular lecture term to the practical teaching of this subject. This course was not limited to students of the medical faculty, nor to practitioners of medicine and surgery, and, as a matter of fact, at least one gentleman of another profession took advantage of the course. When it is borne in mind how some of Pasteur's earlier experiments were undertaken in the interests of agriculture and technology, it will be evident that the benefits of a bacteriological outfit and bacteriological work and of the increase of workers in this line will not be confined to the subjects of biology, medicine, and public health.

By the harmonious co-operation of the faculties, the reciprocal advantages of the various departments may be largely increased. Additional zest is given to scientific studies by the proximity of other studies and callings in which they receive practical application. In the beneficial results of the incorporation of a medical faculty into the university the students, the public, and the university are all participators. But there is one aspect of importance, especially, to the university. It is to her interest to bring up within her own walls, year after year, a body of men who, when they go out into life and influence, shall be filled with admiration and grateful remembrance of their *alma mater* from which they have received their education; men whose student life has been identified with her life, who will have no divided affections, who know and love her, and who will consider her interests as their own. To friends of the university it will be gratifying, then, to know that the numbers of graduates in medicine, which, you will remember, were 10, 10, 14, and 16 in the years 1883 to 1886, increased this last year to 55.

It may, perhaps, be useful to remember that the changes which I have described a short time ago were not accomplished without some sacrifice on the part of the members of the teaching faculty and students. Increase in the staff necessitated, at the outset, additional ex

pense. Then, again, those teachers of the Toronto School of Medicine who were appointed examiners of the university used to be paid for their services, but when the faculty was formed the amounts which they would otherwise have received went into a surplus fund for the procuring for the medical faculty of the university permanent improvements in the way of apparatus, etc., and it must be remembered that such apparatus became the property of the university, and would so remain even after the retirement of the existing members of the staff. It was also at first arranged that the fees of students for lectures of professors of the medical faculty who were also professors in arts should go into the same fund, it being held that this did not in any way interfere with the duties of these professors as regards the arts faculty; but this arrangement has ceased to exist, I mean in so far as the fees of the professors are concerned—not the fees of examiners who happen to belong to the medical faculty; these go to the surplus fund instead of to the individuals themselves.

There is one other fact that I would state for the benefit of those who have been inclined to think the medical faculty unduly rapacious, if any such there be. In the general abolition of scholarships and medals, the funds which had always belonged to the faculties of law and medicine for the purpose of providing these went into the general fund for the benefit of the faculty of arts. The medical men on the Senate made no objection to this disposal of them, but paid out of their own income for the continuation of these scholarships; so that the faculties of law and medicine have been somewhat good-natured towards their triplet brother, and have not quarrelled very badly over their share of the birthright. When the teaching faculty was restored much inconvenience was experienced by the fact that first and second-year students received some of their lectures in the park buildings and some in the Toronto School of Medicine building on Gerrard street. The students cheerfully accepted, temporarily, the increased amount of athletic exercise, but it was found necessary to come to some arrangement whereby they should receive all their instruction in the park buildings of the university. To some of the powers

that be it may not have seemed unreasonable that, as the members of the teaching faculty had incurred much expense and had surrendered valuable privileges in accepting the proposition of re-establishing the medical faculty of the university, the university should in return provide a certain amount of accommodation, more especially as some of the teaching would be available for honor men in biology and practical physiology in the faculty of arts. I do not pretend to present these as the stated views of those by whom the accommodation was arranged, for I have had no better means of knowing their views than the majority of my audience. I think possibly many of you may have heard the matter discussed, and are aware that now the medical faculty is paying into the funds of the university a rental of \$1200 per annum for the use of a portion of the building to the west of us, the same amount as it pays for the whole building on the corner of Gerrard and Sackville streets, and the large museum, which has taken so many years in formation.

I have endeavored to adhere as closely as possible to a statement of facts, and in this statement and explanation I speak only for myself. I have endeavored to avoid adding to a controversy which I think has already been too lengthy, and to which too much importance has been attached. One thing, however, I will say, and I think I may say that in this the medical faculty will agree with me, that we do not desire in any way to be a burden upon the arts faculty, or to deprive it of any portion of an income now inadequate to its necessities. I have no desire to pose as a Daniel come to judgment, but I think I voice the sentiments of a vast majority of university men when I express the opinion that, with this understanding, the sooner the whole question is dropped the better it will be for the prosperity and dignity of the university as a whole, and of all concerned.

I am glad to note from the discussion that has been going on that on one very important point university men are almost unanimous. I refer to the opinion that has been expressed by all parties regarding the desirability—nay, the necessity—for providing, in the near future, funds for increased research and laboratory

work and a greater amount of practical instruction in connection with the sciences of medicine and surgery. We must take care that, in affirming the principle that the endowment now devoted to the arts faculty must not be entrenched upon, we are not understood as affirming that no further endowment is needed for the faculty of medicine. It surely is not to be admitted that these sciences have come to a standstill; that we are not to keep pace with the advances they are making elsewhere on this continent and in Europe; that we are to take our information at second hand; that our students must forever take post-graduate courses at institutions in the United States and Europe if they wish to do the highest work. And if this is not to be the case, more money must be provided, for the things which are required cannot be obtained without money. From whence is it to come? Let us consider the possible sources; they may be classified thus:

- (1) From the fees being raised.
- (2) From increase of fees resulting from increased numbers of students.
- (3) By diminishing the salaries of the professors.
- (4) By private bequests.
- (5) By state assistance.

Those who say that the fees of students should be raised argue that, the profession being already overstocked, students seeking to enter its ranks should not be assisted. Now, if this argument means anything it means increase the fees and diminish the numbers; and, if this be done, how is the amount derived from fees going to be increased? But, supposing there are too many men in the profession, would it not be better to make the entrance depend upon a higher intellectual qualification standard rather than a higher money standard? But we have already shown that an adequate amount cannot rightly be expected from this source. Nor will the increased number of students, with an increased number of fees, sufficiently meet the case, for our experience has shown us that more students means more demonstrators, more material, and more laboratory accommodation. Of course the increase will mean some improvement, for the number of students listening to a didactic lecture can, within certain limits, be increased without detracting at all from the ef-

iciency of the lecture. But as our teaching is becoming more and more practical, training the eye, hand, and powers of observation of the student, the number of demonstrators, amount of material, accommodation, and apparatus must increase.

Then, as to deducting the funds from the salaries of the professors, you will see by a reference to the Report of the Standing Committee on the Faculty of Medicine that two of these, devoting their whole time to teaching, receive \$1500 per annum, and the rest from \$300 to \$750. You can make your own deductions—I do not mean from the salaries, but from the facts.

With regard to the next source—private benefactions—we are quite free to say that we consider it a very proper and commendable one; and we hold up as worthy of admiration and imitation the acts of Blake, Mulock, and Rossin, graduates of the university, and of the late Mrs. Mulock, of Mr. Ramsey, Dr. Balfour, Dr. Richard Noble Starr, the bankers of Canada, and, last but not least, both in arts and medicine, those of the late Hon. John Macdonald, all of whom have shown themselves in such a substantial manner to be friends of the university.

But, notwithstanding the hopes we may entertain from the good example of these and other benefactors, there is still ample need of the assistance of the state—the people—if we are not to fall behind. And we maintain that it is a duty the people owe to themselves. The public cannot afford to neglect those means which shall bring to them the best results in regard to public health, whether we apply that term to preventive or to curative medicine and surgery. Statistics there are in abundance to show that states have received back, in the saving of life and loss of time, an hundredfold—or hundredfolds—for investments made in hygienic measures. The same holds true of all judiciously expended aid to scientific advance in the medical sciences.

Against the granting of public money in the directions I have indicated, it has been urged "that it is not the duty of the state to use public funds of any kind in educating students for a special profession, such as medicine or law, any more than for any other calling by which people

earn their living." Now, if this means anything, it means that about the only class of men who should be educated at the public expense are those who might afterwards shut themselves up in a cloister, where their education could be of no use in gaining a living, or who are so well off that they do not need to earn a living. And what, then, of the teaching conducted in the School of Practical Science? Do engineers and architects not use the knowledge imparted there in earning their living? Is the anatomy, whether normal or morbid, of a human being of less importance to the human race than that of a bridge? Which cause the most misery, the tubercle bacillus and its work, or defective beams and their results? And what of the teaching profession? Will anybody say that languages and mathematics must not be taught because men earn their living by the acquisition of them and the teaching of them again? It will at once be seen that if subjects are useful as a means of developing the mind or of imparting a good basic substructure, or if a greater amount of good to the masses will result from public assistance than by relying on private effort, the fact that the individuals acquiring them may at the same time obtain from them a financial return to themselves should be no argument against public assistance.

Another objection that has been urged is that the work can as well be carried on by private effort. This is not correct. For pathology we want far more time, more appliances, and more undivided attention than can be devoted by the practitioner or than can be paid for by the fees of the students. One sub-department of it alone, pathogenic bacteriology, requires the constant and undivided attention of more than one man. Fancy Pasteur or Koch and their respective labors being developed from the private resources of the funds of some two hundred students divided between two or three dozen practitioners!

The subject of hygiene being now taught, to a certain extent, in all our schools, the place of this department in the university and its interrelations with other faculties and departments, and its claim on public sympathy and support, ought to be evident to all. In this department there are experiments to be conducted with great advantage and much pecuniary gain to

the public which would occupy far more time and constant, regular watching than the private practitioner can give to them, or than can be given with the resources at his command.

There are many subjects, too, such as quarantine, sewerage, disposal of sewage, water supplies, which are of little or no use to the practitioner of medicine or surgery in the daily work of his profession. There is also much information of value to the public that has to be acquired by experiments of a prolonged character. It may be said that such work should be conducted by boards of health; but what of the training of the students and health officers of the future?

I think I may fairly ask why the people of Ontario cannot do wisely what the people of her neighbor Michigan have wisely done. The endowment of the University of Michigan is mainly derived from four sources: (1) A land grant from the United States, which produces about \$38,500. (2) A tax of one-twentieth of a mill on all taxable property in the state, which at present amounts to the sum of \$57,000. (3) Fees of students, over \$120,000. (4) And a special vote of the legislature to make up deficiencies, amounting to a sum varying from \$100,000 to \$113,000. Of this endowment the medical faculty receives a sufficient share to enable her to do noble work. I am told that similar provisions, and even more liberal ones, are to be found in other states of the neighboring Union. And be it noted, the American can generally distinguish a bad from a good investment. You know well that similar conditions exist in countries on the continent of Europe.

You are familiar also with the fact that the grand old universities of the mother land support their medical faculties out of endowments which, though not under the control of the state, are yet public in so far as they have been left in a general way for educational purposes. And among our sister universities of Canada we can point to aid given to medical schools from funds subscribed for general educational purposes.

And now for the customary "few words to you students"—as though we had not been talking to you during the whole of this time—well, specially to you. I hope you will not feel too self-important at the acknowledgments we have made

of your importance—that but for the students our occupation as a university would be almost gone. If you do feel too much elated, let me remind you that at periods in the past, varying from one year to forty-five years, we were just as important as you—in that respect at least.

* But lest you should still feel too much puffed up, I brought with me a little clipping from a newspaper. It is an anonymous letter, but I hope you will let me read it :

GOOD FURNISHED ROOMS FOR GENTLEMEN—every convenience; no students need apply. — Church St.

I have suppressed the numerals lest you should be rushing to “apply,” and I do not want to lose your company so soon; or you might be showing your want of discrimination by a serenade; and, gentlemen, perhaps that has been the trouble. Some wicked fellow or fellows, falsely representing themselves, or supposed to be, students, may have been blowing fog-horns under the windows at night, disturbing some poor sick fellow who had just gone to sleep, when they should themselves have been in bed, or burning what was pretended to be the ante-midnight oil. But I do not know who inserted that advertisement. I do not think any of our faculty did; we are only too glad to have you “apply,” to us first, and then to your work. We are glad to see so many of you back again; glad too to see plenty of freshmen. Did I hear a second-years’ man on the back benches interpolate the remark, “What is home without a baby?” If so, gentlemen of the first-year, it is because he considers what delight he himself gave last year to the present third-years’ men; these in turn to the present “candidates for M.B.,” and so on up to the time of the patriarchs behind me.

But seriously, gentlemen, we are glad to see you; and will you take kindly one or two little bits of advice that may be useful to you at the outset of your course, or in beginning a new year in it? Choose men of good, steady habits for your roommates and companions. If each one does this, where will the other fellows be? The logical deduction will be that they will have ceased to exist. There is one piece of advice which I may only venture to give personally, although I think I might count on the faculty also. Many of you are adrift, away from your homes. I know of two pretty good anchorages

here in your university life. One is the Medical Students’ Temperance League. If you at once place yourselves in a position to say, when asked, “I am bound in honor not to take even a friendly (?) glass of liquor,” you will save yourselves a lot of bother and unrest. Your friends will soon know your resolve, and those of them who are worth anything will think none the less of you, whatever their own practice may be. Another good institution for you to join is the Medical Y.M.C.A. You will get no harm there. If you do not want to indulge in cant you need not do so; but if you are or should become a true Christian, you will be none the worse man—none the worse student. But an infinitely nobler and better thing than being merely a member of either of these societies—a thing far from incompatible with them, but not necessarily embraced in them—is to make it your chief object to please Him from whom you receive every blessing which you enjoy. Taking that principle for your guiding star, you will steer a straight, safe, and useful course.

I again say on behalf of this faculty that we hope for your regular and steady application to your work. We wish you all success, and will do what we can to help you to it.

In that part of his address which dealt with the subject of hygiene, Dr. Oldright also made a few extempore remarks on cholera as one of the questions of the day. Of the saving of money, as well as life, by advances in the medical sciences, we have an example in the present mode of destroying the germ wherever it can exist—in clothing, baggage, etc.—in contrast with the old so-called “shotgun” quarantine. A description was given of the “observation ship” at some of the stations. About 60 healthy persons at a time are taken off the infected ship; whilst they are passing through their bathrooms and on to the several staterooms assigned to them during their period of “observation,” their clothing is being sterilized and is ready for them—drying immediately as soon as withdrawn from the superheated steam chamber. This was described in detail, and a reference made to that invented by Mr. Bernard McEvoy, of Toronto, which appears to be the best in use. One weak point appears to be that money handled and interchanged by persons affected with the

disease is not sterilized. The lecturer considered this a very probable mode of transmission of this disease, and not only so, but of such diseases as diphtheria and typhoid fever. Money taken from the hands of children affected with diphtheria might be sent to a fruit store for bananas or grapes, and might then be given to other children in change. It is a common thing to see persons counting bills and wetting their fingers on their tongue in so doing. These bills might have been handled shortly before by persons ill with diphtheria or typhoid. He considered a warning necessary as to these practices, and also in regard to eating fruit bought in stores without peeling.

Reference was also made to crude ideas regarding disinfection, and want of accuracy—guessing at the strength of disinfectants; and a haphazard sterilization by heat he compared to throwing a little strychnine on or around a mad dog instead of giving a dose which would be sure to kill.

Selections.

THE DANGERS OF EARTH BURIALS.—Sir Spencer Wells, in a late popular article, calls sharp attention to the dangers of earth burials in the case of those who have died from diseases caused by the more virulent of the pathogenic micro-organisms or toxins. He says: "Some persons doubt whether poisons can be carried through the earth for any considerable distance, but the fact has been experimentally proved as to the saline solutions. A salt of lithium was sown over a plot of land more than 150 yards distant from a well. Repeated examinations were made, and the eighteenth day it was proved that the solution had percolated through the soil into the well. Instances of contamination of water by animal impurities have long been too well known, and now the specific germs of infective diseases are known to propagate in the same way. Quite lately what is known as typhoid and cholera has been proved as to consumption and bacillus of phthisis. In the botanic garden of Lyons, flower pots were filled with earth June 16th, 1891, and some earthworms were added in each pot with some of the sputa of tuberculosis patients and fragments of lung from their dead

bodies. A month afterwards it was found that the earthworms contained tubercle bacilli in large numbers, and that guinea pigs inoculated with them soon died with genuine tuberculosis. Whatever the bacilli may be, whether tubercular, typhoid, or choleraic, in bodies buried in the earth, it is incontestable that earthworms, everywhere so numerous and active, may preserve the bacilli in their bodies during many months, and still live and lose none of their virulent properties and power of rapid germination or reproduction. These are the grounds on which we assume that bodies after death from cholera ought to be cremated, not buried. This becomes not only an additional argument in favor of cremation, but is a blow as well against the English Burial Reform movement, which favors a rapid dissolution of the body in basket caskets.—*Chicago Clinical Review.*

HEMORRHAGE FROM INTACT SKIN.—A. Deriabin, of Osa (*Vratch*, No. 31, 1892, p. 784), reports the case of a previously healthy girl, aged 18, in whom there suddenly appeared, without obvious cause, a profuse hemorrhage from the centre of the tip of the nose, the anterior surface of the forearms, and the volar aspect of the finger tips. From the skin of the nose the blood escaped in the form of a single fairly thick stream, while from the upper limbs it ran in the form of numberless thin jets and drops, as if "from a watering-can." Sometimes the blood spouted in a jet more than a foot high, at others it simply oozed, while now and then the bleeding stopped altogether. The phenomenon lasted, with short intermissions, nearly four hours, and was followed by all the typical symptoms of acute anæmia (pallor of the face and mucous membranes, vomiting, giddiness, prostration, etc.), the girl gradually recovering in about four days. Careful and repeated examinations failed to detect any lesion of the integuments, except, perhaps, over the tip of the nose, where there could be seen "a largish orifice of a cutaneous gland plugged with a blood clot." The latter disappeared in a few days, "leaving a permanent bright red spot." The thoracic organs were sound, menstruation normal. The hemorrhage did not recur up to the date of report (four months after the bleeding).—*Brit. Med. Journ.*

CANCER "CURES."—The announcement of an exposure by a committee of medical investigators of the Count Mattei cure for cancer is satisfactory. The faith in the alleged remedy was probably very shallow, and those who believed in it will be quite capable of disbelieving in the exposure. Evidence to those who believe in cancer "cures" by pretenders and dealers in secret remedies is very much thrown away. Even if one fraud is exposed, another will quickly take its place. The fresh spurt of energy in a newspaper announcement of a provincial remedy is probably to be explained on this principle. The public in these matters is willing to be deceived. It cannot await the slow development of regular medicine. The serious thing is that both in the Mattei business and in others medical men are involved whose professional qualification gives color to the pretension. It will be interesting to see how a certain journalist will take the Mattei exposure. The remedy was accorded a publicity by this gentleman to which, no doubt, it owed a certain amount of success. Credulity is not a very safe quality in a journalist, however well-meaning and benevolent; but the very least we can expect from him will be that he will give a cordial publicity to the exposure, exhibit some improvement in the critical faculty, and not lightly again lead the public into the indulgence of false hopes of impossible results from distilled water.—*London Lancet*.

A SUBSTITUTE FOR THE NASAL DOUCHE.—Dr. Bloebaum (*Med. Neuigkeiten*) no longer uses the nasal douche in removing crusts from the nasal cavity. He simply twists a lton and thin roll of cotton on to a knitting needle, introduces it into the nose, and withdraws the needle, leaving the cotton in the nose. A second and third are introduced thus, until the entire cavity is filled. Then one may begin with the opposite side and do likewise. In the course of a quarter of an hour the mucous membrane begins to secrete profusely, and if the cotton is then removed it will be found that it is saturated with secretions and the crusts lie on the rolls of cotton, thus leaving a nicely cleaned cavity for the application of the remedies. He never employs any watery solutions, but salves, which are rubbed into the nasal

mucous membrane, or powders, which are insufflated.—*Lancet-Clinic*.

THE TREATMENT OF PNEUMONIA.—Dr. Boardman Reed goes very carefully over the literature of this subject and concludes: (1) That water locally applied, either by wet packs or in the form of baths, after the Brand method, is the most efficient single remedy or therapeutic measure for acute pneumonia. (2) That either veratrum viride or aconite can accomplish more than any other single drug in the first stage, and that the same is true of digitalis in the second stage. (3) That a combination of one of these cardiac sedatives with opium and diaphoretics affords not only a safe but an eminently successful internal treatment for the first stage of acute pneumonia, being capable of aborting the disease when its administration is begun near the onset and is repeated at short intervals day and night. (4) That venesection, though a most efficient means of treating sthenic forms of pneumonia, and, judiciously employed, considerably more successful than any merely expectant method, is no longer an indispensable resource in managing the disease, since other remedies have been found to accomplish the same results more surely and pleasantly.—*Therapeutic Gazette*.

THE TREATMENT OF ALOPECIA AREATA.—In a communication made to the Societé de Dermatologie et de Syphiligraphie (*Annales de Dermatologie et de Syphiligraphie*, No. 7, 1892), Raymond discusses some of the more recent methods of treatment employed for the cure of alopecia areata, and presents a method of his own which, it is claimed, shortens materially the time required to cure this often intractable malady. That form of the disease in which the loss of hair is confined to areas of moderate extent in the scalp and beard is regarded by the writer as quite distinct from that in which the hair fall is more or less general. As in many cases of the first variety a spontaneous cure not uncommonly occurs at the end of seven or eight months, methods of treatment which fail to bring about a return of the hair within a shorter period than this are regarded as useless. While admitting that the intra-dermic injections of solutions of sublimate, as practised by Moty,

and the application of vesicating liquids, are of real service in promoting the growth of the hair, yet these methods are painful or inconvenient, and thus difficult to carry out.

The treatment which the author employs consists in the application every morning of the following:

R.—Hydrargyri bichloridi	50.
Tinct. cantharidis	25.
Bals. floravanti ¹	50.
Eau de cologne	150.—M.

Frictions with this lotion are to be made over the entire scalp, and it is to be rubbed into the plaques with a stiff brush. In the evening the diseased patches are to be rubbed with the following lotion:

R.—Acidi salicylici	2.
B-Naphthol	10.
Acid. acetici glacial	15.
Ol ricini	100.—M.

The author insists upon a strict adherence to these formulæ, having found that the omission of any one of the constituents is followed by unsatisfactory results. In all the cases in which this treatment was employed, a return of the hair occurred within the first month, and the cure was complete at the end of two months. In those cases in which the alopecia was more or less general, the method gave no better results than the others employed.—*Univ. Med. Mag.*

TREATMENT OF RINGWORM.—Crawford Warren, F.R.C.S.I., in the *London Lancet*, suggests the following treatment for this troublesome affection: The affected region should first be washed with soap and warm water containing a little carbonate of soda, and then well dried. Acetic acid should then be thoroughly applied with a small brush, and on the lapse of about five minutes, when the acid will have soaked into the part, an ointment composed of sixty grains of chrysophanic acid to an ounce of lanolin should be rubbed in. This treatment should be carried out daily for such a period as may be necessary.—*Western Medical Reporter.*

THE Canadian Practitioner

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

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

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TORONTO, NOVEMBER 1, 1892.

THE UNIVERSITY SENATE ELECTIONS.

Few there were in university circles who were not pleased to see the end of the recent contest in the elections for the Senate of the University of Toronto. It was a sad affair from beginning to end, and stirred up more bitterness than the university had ever known before. The strife among the graduates in medicine commenced early, and was kept up with almost relentless fury until the last. Those who organized the opposition to certain of the old members worked with tremendous determination, and left no stone unturned to attain their ends. The friends of those whom they wished to defeat took up the gauntlet with unbounded enthusiasm when they obtained some knowledge of the true inwardness of the attack.

I will not attempt to tell how much I regret many features of the contest. There is enough Irish in my nature to make me rather fond of a fight if it be fair and open; but a family fight, a war between those who should be friends, has always been to me a horror which I have ever striven to avoid. What dreadful thing happened in the Medical Faculty of the University of Toronto to divide its members into two factions engaged in an unholy war? I know not. There are mysteries connected with the whole wretched business which I have not solved—which I never expect to understand.

My chief aim in writing this article is to refer to some of the principal features in the so-called "new policy," and the relationship existing be-

¹ This is officinal in the French Codex, and is essentially an alcoholic solution of various aromatics with balsams.

tween arts and medicine in the university. I think that the efforts of a certain number to antagonize two faculties which ought to give each other a loyal support are greatly to be deplored. But the most unfortunate feature in the whole affair was the persistent and determined endeavor to ruin the Vice-Chancellor, as far as his university life was concerned. Who is Mr. Mulock, whom his enemies tried to destroy? He is the man who, as Vice-Chancellor for the past eleven years, has done more than any other living man to advance the interests of the University of Toronto, and, at the same time, the interests of higher general, as well as higher medical education. He managed the finances and husbanded the resources of the institution with a success that has been very gratifying to all who have had any intimate knowledge of such affairs. He ever endeavored to widen and broaden the great work of the university. He was to a large extent instrumental in bringing about the affiliations of the following institutions: Knox College, St. Michael's College, Wycliffe College, Victoria College, the Toronto College of Music, the College of Dental Surgeons, and the College of Pharmacy. It is easy to run over such a list, but it is difficult to conceive of the amount of work which these various undertakings have necessitated. His work in connection with the "federation scheme" alone cost many anxious weeks of earnest toil.

Although I knew Mr. Mulock intimately since boyhood, I had no adequate conception of the time he spent in university matters until I became a member of the Senate. I sometimes doubt if I know half now, as I have been learning something new in that direction from year to year. The greater portion of his work has been done for the Arts Faculty—the faculty that has furnished his most vindictive enemies. When the fire occurred in February, 1890, it had made but little headway before a special train was hurrying William Mulock from Ottawa to the scene of the disaster. He practically worked night and day, in conjunction with that magnificent veteran, Sir Daniel Wilson; and I have no doubt that his prompt actions, untrammelled as they were by any red-tapeism, did more than all other influences combined to bring to the university such large sums of money from the

Government and from private individuals. He had made arrangements, shortly before the fire, to take a somewhat extended trip to Europe in the early summer of that year. In consequence of the increased work thrown on him, he gave up all ideas of going on any trip. I simply mention this incident (the particulars of which happen to be known to me, and probably not to three others in the world) to show how willing he was to make any sacrifice for his university, which he loved so well, without going on the housetops to proclaim the nature and extent of such sacrifice.

I noticed some statements in one of the recent "campaign" letters about financial matters, in which the writer endeavored to show that, as the Vice-Chancellor received a salary of \$400, the \$4,400 received in eleven years would go a good distance towards recouping him for the many thousands he had given to the university in many ways. Intimate as I have been with Mr. Mulock, I had no knowledge enabling me to contradict such statements until I heard him say, in reply to a question from Mr. John King at a public meeting of the graduates, that he had never taken a dollar of such moneys. I have since learned, incidentally, that he alone of the officials receives nothing while engaged in such work as counting ballots. I do not, however, attach much importance to this aspect of the assistance rendered by the Vice-Chancellor to the university, because I believe his time and energies, so freely and unselfishly given, mean more than his money, large though the amounts may be.

My most intimate knowledge of Mr. Mulock, as Vice-Chancellor, has been in connection with his work done for the Medical Faculty. It is impossible for me to do justice in my feeble words to the zeal and devotion which he ever showed to what he considered the strong right arm of the university. His prompt and generous action in sending, at his own expense, Prof. Ramsay Wright to Berlin to study Prof. Koch's methods of treating tuberculosis was simply an index of the great interest he took in the success of the Medical Faculty. In his dark days of a few months ago, when blind, unreasoning prejudice threatened to engulf him, his supposed favoritism towards this faculty was the instrument used by his enemies in their efforts

to destroy him. I will not now comment on this portion of Mr. Mulock's policy. I will concede, for the sake of argument, that it is open to criticism; I will admit that some friends of the faculty might consistently have objected to certain features of his policy; but how any fair-minded members of the Medical Faculty could join hands with the arts men in an endeavor to destroy the Vice-Chancellor, and those who had supported his views with reference to this same faculty, is to me incomprehensible.

It is well known that the Chancellor has recently taken an active part in the administration of university affairs. It is fortunate that a graduate so distinguished as Edward Blake has been able to devote a considerable portion of his time to university work. It is unfortunate, at the same time, that some of his friends should consider it their duty, while lauding him, to endeavor to pull down William Mulock. It must surely have been somewhat humiliating to the Chancellor to find, on his return from Ireland, that many of his expressions and utterances had been made use of in very questionable campaign literature by those who desired to ruin the Vice-Chancellor. Our Provincial University presents a grand field for all who are willing to work in her interests. It is big enough for all the Blakes and Mulocks that Canada can produce. Let it ever be our aim to encourage all such men to continue as active workers in a good cause.

I may be asked why I bring up these personal matters at this late date. I have done so because I ascertained during the recent contest that a large number of graduates in medicine wanted some light on this subject. Those brilliant letters which appeared in the Toronto press directed much attention towards Mr. Mulock and his attitude respecting the Medical Faculty; some wondered why so dangerous a man was allowed to run at large. I was strongly tempted to speak at that time, but I thought it was due to Mr. Mulock, as well as myself, that I should not publish an article such as this at a time when there could be the slightest suspicion that I was doing it for election purposes.

Now that the election contest has become a thing of the past, I sincerely trust that a large portion of the bitterness has departed with it.

I regret exceedingly that such a man as Dr. John A. Mullin, of Hamilton, should have been dragged into the fight, and subjected to the humiliation of a defeat through no fault of his own. Of the other candidates on either side, I have nothing now to say. My great desire is to see a united faculty. We cannot afford to be divided. Our duty is to build up the Institution that has given us posts of honor. Personally, I desire to thank my fellow graduates for their kind and generous verdict, as shown by the recent "count."

A. H. WRIGHT.

THE MEDICAL COLLEGES.

The Toronto medical colleges were opened on Monday, Oct. 3rd. The old custom of having an opening address was adhered to in the three schools. This has never been the universal custom in Great Britain, and many who formerly had such formal openings have given them up. In Edinburgh they have nothing of the kind. Many of the London schools which formerly had such opening exercises have dropped them in recent years. We are rather fond of the old custom, and are glad to see it retained in Canada.

Dr. Oldright delivered the opening address for Toronto University Medical Faculty, which we are kindly permitted to publish in this issue. It will be found very interesting, not only to the friends of the university, but also to all practising physicians. The doctor's statistical references were very encouraging, as they showed that there had been a steady increase in the attendance, from year to year, since the re-establishment of the faculty. We understand, however, there is a slight falling off this year; and, as the five-year rule, which comes into force next year, is likely to diminish the number of young men entering upon the study of medicine, there is a prospect of a further decrease in numbers. In connection with this aspect of the position certain mathematical calculations of "Bystander," as published in the *Ontario Medical Journal*, may be considered rather interesting. Financially, the faculty has a small margin to work on, so far as the payments of salaries are concerned, and it is to be hoped that nothing will occur to make matters any worse in this respect than they are at present.

All things considered, we have every reason to believe that the prospects of the faculty are good, and that excellent work will be done by its members in the interests of higher medical education.

Dr. Powell delivered the opening address for Trinity Medical College on the afternoon of Oct. 3. The doctor received a warm reception from the students, with whom he is very popular. His address was said by those who were present to be an admirable one. Trinity's prospects are good, although we do not know that the numbers of this year will quite equal those of last session. It would be strange if there proved to be a falling off in both of the Toronto schools. The country, however, is not likely to suffer, as the supply of doctors at present is ample, and likely to remain so for many years.

The Woman's Medical College will have the largest number of *freshmen* that has thus far appeared in that institution. The members of the teaching staff are quite enthusiastic, and the prospects in every way are very bright. This college is doing excellent work, in a quiet, unassuming way, and we are glad to know that this is being properly appreciated.

THE PRACTITIONER AND THE UNIVERSITY OF TORONTO.

THE CANADIAN PRACTITIONER has always taken an active interest in matters pertaining to the University of Toronto. The head of its publishing firm is a distinguished graduate of the university, and no more worthy or loyal son of his *alma mater* lives to-day than Mr. J. E. Bryant, M.A. Many of the founders of the journal, men who freely and generously rendered much assistance to it in the early days of its history, are now on the professional staff of that institution; others, not connected with the staff, take a deep interest in her welfare. The connection of the editor with university work is sufficiently well known to make extended comment needless. Under such circumstances, it will create no surprise when we state that the aim of the journal is to take no sides in university politics, but simply to discuss matters of general interest from an impartial standpoint.

In the recent unfortunate and ill-advised

contest it seemed best to adhere to our policy as above-mentioned, and do nothing to assist or injure either side. We think we carried this policy of silence too far in some respects, because certain broad questions arose which might have furnished legitimate subjects for discussion without even appearing to do any injustice to either side. However, if THE PRACTITIONER is to retain its high position as an independent journal, it is actually necessary that those connected with it should be above suspicion of any selfish motives in their editorial comments. We have been called the "university journal." We have no special objection to the title, if used in the proper sense; but we wish it to be distinctly understood that our highest aim is to be considered the independent and fearless mouth-piece of the medical profession of this country. In discussing matters pertaining to the University of Toronto, the various educational institutions, the Medical Council, and all questions affecting the interests of the general profession, we will ever keep this aim in view.

HAMILTON GENERAL HOSPITAL.

The members of the visiting staff in the Hamilton General Hospital are elected to their positions by a vote of the physicians and surgeons residing in Hamilton. A meeting of the profession of that city was held October 5th to elect the following: One physician, one surgeon, two outdoor surgeons, one oculist and aurist, one pathologist. For the position of physician there was a contest between Drs. Shaw and Cockburn, which resulted in the election of Dr. Shaw by a vote of 26 to 17, there being 3 blank ballots cast. Dr. White was elected surgeon without opposition. Dr. Osborne, oculist and aurist, and Dr. Cummings, pathologist, were elected to these positions without opposition. Three were nominated for the out-surgeons' positions, Drs. Lackner, Rennie and Aikins. The first two were elected.

DR. JOHN FERGUSON, Toronto, formerly of Welland, has been appointed Senator. The honorable gentleman will accept our congratulations. It is also reported that when Premier Abbott resigns the doctor will lead the Conservative party in the Senate.

Meeting of Medical Societies.

CANADIAN MEDICAL ASSOCIATION.

Twenty-fifth annual meeting, held in the Parliament Buildings, Ottawa, Wednesday, Sept. 21st, 1892.

The meeting was called to order at 10.30 a.m., Dr. Roddick, the retiring president, in the chair, who requested Dr. Fray, of Chatham, the president-elect, to take the chair.

The following nominating committee was then elected: Dr. J. A. Mullin, J. E. Graham, J. W. Campbell, A. Rousseau, F. W. Strange, R. W. Powell, H. H. Chown, T. G. Roddick, A. Taylor, L. C. Prevost, V. E. Edwards, C. O'Reilly, I. H. Cameron, J. Christie, G. L. Milne, the president and secretary.

The president invited the past presidents and secretaries on the platform, and then welcomed the delegates from the Ontario and Rideau Associations.

Dr. Mullin's notice of motion was then taken up. Dr. J. A. Mullin moved, seconded by Dr. J. E. White, which after a short discussion was carried: "That no proposal for honorary membership shall be presented to the association unless it shall have been previously submitted to a committee consisting of the president, secretary, and vice-presidents, who shall report to a meeting before the name is submitted for election."

Dr. Strange moved, and Dr. Powell seconded, "That only delegates and visitors from places outside the Dominion shall have the privilege of registration without a fee."—*Carried.*

The motion to engage a stenographer to report the proceedings of the association in order to have an official record was referred to a committee consisting of Drs. R. W. Powell, E. E. King, A. Rousseau, J. W. Campbell, W. H. B. Aikins, and H. S. Birkett.

Dr. Mullin spoke feelingly of the sad illness of Dr. Geo. Ross, of Montreal, an ex-president of the association, and moved, seconded by Dr. J. E. Graham, the following: "That this association has heard with deep regret of the illness of Dr. Geo. Ross, and beg to tender our sincere sympathy in his affliction."

The president stated that death had removed several prominent members during the year, and intimated that the Necrology Committee report in the matter.

It was suggested by Dr. Graham that the subject of cholera be discussed at the afternoon session; and that an invitation be sent to Hon. J. Carling and other Ministers of the Crown to be present.

AFTERNOON SESSION.

Dr. D. MacLean, of Detroit; Dr. Bulkley, of New York, delegate from the New York State Medical Society; and Dr. Kent, delegate from the American Medical Association, were made welcome and introduced to the meeting.

The president, Dr. Bray, then read his address. See page 433.

Dr. McPhedran, of Toronto, then read a paper on "Tubercular Cirrhosis of the Liver," which was discussed by Drs. Graham and F. W. Campbell.

Dr. H. P. Wright, of Ottawa, followed with a most excellent paper on "Appendicitis," which was discussed by the following gentlemen:

Dr. Bulkley referred to a case in his own person when twelve years of age; he was treated by Alonzo Clark. It was one of the earliest cases of opium treatment. The bowels were not permitted to operate in two weeks. The abscess opened into the bladder spontaneously, and he made a slow recovery.

Sir James Grant: I have been very much interested, indeed, in the excellent paper by Dr. Wright on "Appendicitis." I wish to bring before you to-day a case that I have now under observation, a gentleman who in his seventy-eighth year was attacked eight or nine days ago with very acute pains in the neighborhood of the appendix. I was under the impression that it was a case of acute inflammation in connection with the appendix or the tissues around it. I had attended him many years before for attacks of rheumatic gout, which generally ended in laying him up for weeks at a time. Had it been otherwise, I should have been inclined to follow the system of those who advocate early operation. Opiates were administered, and energetic dry cupping over the appendix. I informed him that I believed it was not at all unlikely that he would develop an attack of gout, as had been the case years before. On the eighth day after the abdominal trouble had almost disappeared, he had a moderately acute attack of gout. Some years ago I had occasion to write an article on the appendix, which was taken up later on by Dr. Howard, of Montreal. Since that time the treatment of appendicitis has been largely by operation, and now the abdominal cavity is regarded as a kind of gymnasium, and men think nothing of opening it to see what is the matter.

Dr. D. MacLean (Detroit): I listened with very great pleasure and interest to the practical and suggestive paper of Dr. Wright, and, if it were in my power to add anything in the way of definiteness or certainty to the problems which he has so ingeniously suggested, I should be very happy indeed; but I do not think that I am in a position to do so. I do not think that any person is as yet. After all, the operations in cases of appendicitis are of very recent origin, and I think it will be some time before we are able to lay down a complete set of rules for our guidance in those cases; they vary so much from each other. I think there is one point with regard to the management of appendicitis: we must take into consideration each individual case and judge of it on its own merits. We cannot lay down a general law that will apply to every case. Patients vary as to their age, as to their habits, as to their general condition, and in so many ways that while in one case it would be very easy to decide what course to pursue, in other cases it is a matter of the most extreme difficulty and the greatest responsibility. I may illustrate by one or two cases which have occurred to me quite recently. One was a case of a very well-known young gentleman in the city of Detroit, a man occupying a prominent position there, a gentleman whom I have known for twenty years at least, and who has always been very delicate—a kind of constitution that a surgeon would be very unlikely to select, if he could arrange the matter beforehand, as a subject for operation. This gentleman was in the woods

when he was taken ill, one hundred and fifty miles away from home—taken ill with all the characteristics of appendicitis. He got a special train and was brought home as soon as possible, and I saw him perhaps forty-eight hours after the commencement of the symptom.

He was then suffering very much pain and had a good deal of fever—about 101—a rapid pulse, very furred tongue, very sallow complexion, and altogether it looked as if it would take very little indeed to turn the scale against him. The indications for operation were clear, except in so far as there was no fluctuation. That would have settled the matter of course. There were tenderness and swelling, and all the characteristics. No doubt, if it had been an ordinary case brought to a public clinic or hospital, there would have been very little hesitation about performing an operation. But in this case, in view of the responsibility connected with it in many ways, and in view especially of the patient's condition, I did hesitate, and I made up my mind that I would wait anyway for twenty-four hours longer, getting everything ready in the house to operate providing the temperature went up, or other indications seemed to require it. I watched him very carefully indeed. In twenty-four hours his temperature had begun to go down. The swelling at the appendix had begun to disappear to some extent. His general condition was better, his pulse moved freely, the expression of his countenance improved, and I felt still further encouraged to wait. I did so, watching him very carefully until the symptoms gradually disappeared, and he got well without an operation. Now, there is one of those cases that illustrate the difficulty in deciding as to the operation. I have no doubt at all that if ten operating surgeons had seen that patient eight at the very least would have determined upon an operation, and yet the patient made a good recovery without it. A very few days afterwards I was called into the country to see a young man, aged 22, who had violent symptoms of appendicitis, and had been suffering for several days. I was called for the purpose of operating, as the surgeon in attendance was confident that nothing but an operation would have saved the patient's life. Sure enough, I found him with a high temperature, with well-marked swelling, and I believed I could detect fluctuation. At all events, the general symptoms were so urgent that the case did not seem to me to admit of any doubt whatever as to an operation, and I with very great facility found and perforated the appendix imbedded in a large cavity of exceedingly foetid pus. I removed the appendix, washed out the cavity very thoroughly indeed, and left the cavity open with absorbent gauze so arranged as to make a good drain, and the patient recovered without any bad symptom. These are two characteristic cases illustrating the position that a surgeon very often finds himself in with regard to appendicitis. The question as to operation of the one case had gone so far, the last one I have described, that any doubt about it had really vanished. A few days before it might have been much more difficult to determine, although no doubt the patient would have had a better chance.

There is one point that I notice in Dr. Wright's paper—the question of the kind of drain to use. I have tried all kinds, and have settled down at

last to gauze. I believe iodoform gauze makes the surest drain so long as the cavity is not too full to obstruct discharge. Just a few days ago I operated for a case of appendicitis which also elicited another point brought out in Dr. Wright's paper. All the symptoms of a rapid case of appendicitis were there, and I was called in for the purpose of operating. I acted on the patient within five minutes from the time I first saw him. The case had gone so far that the patient had been delirious, although the temperature was normal. One cannot always trust the thermometer. There was a patient in an advanced stage of appendicitis and yet his temperature was normal. Still his pulse was bad, and he had a low form of delirium. There was a discharge of a large quantity of pus. I washed out the cavity and made a good drainage, and the patient made a very rapid recovery. The point I wish to make is especially this, that I never saw the appendix. I passed my finger in and I found the abscess which was caused by the appendicitis was fenced off from the peritoneal cavity, and so I operated without touching the cavity, and I thought I should repress my desire for an additional specimen for my collection, and resist any tendency to look further for the appendix. He made a good recovery, as good as I have ever seen, and I do not suppose I shall ever have any further trouble with him. I do not think it is always necessary to find the appendix or remove it. There is one other point with regard to those cases—it is one of the most unfavorable and unpleasant to contemplate. I can illustrate it by a characteristic case which occurred in my own practice about a year ago. A young lady had recurrent attacks of pain caused by appendicitis. I had been called in once before, but the attack had passed off and she was well, though she had a delicate constitution. Another attack took place, and I was called in. The symptoms continued and became aggravated, although there was no very definite swelling. There was a high temperature, rapid pulse, pain, and general constitutional disturbance. In that case it was thought necessary to operate, and I did so. In that case we got down to the appendix, and with the utmost facility found the appendix swollen, inflamed, and adhering. I separated it very gently, of course. I do not think the whole operation lasted over five minutes. I closed it up, and congratulated myself on having struck a very satisfactory and easy case. She was a young lady about seventeen years of age. Unfortunately, she never did any good after the operation. She woke up in agony, and all the symptoms of collapse came on with tremendous rapidity, and in twelve hours she was dead. Unfortunately, I could not have a *post mortem*. Strange to say, on the same day, in New York, Dr. Bell, of that city, performed an exactly similar operation on a young lady of exactly the same age, and with exactly the same result. He could get no *post mortem* either. Now, perhaps on the other side of the abdominal cavity there was a secondary accumulation of pus which was not detected, and, if I find myself in a similar case hereafter, I think I shall make a careful exploration. If I did not find the pus which we had reason to believe existed somewhere, I would not have been satisfied with merely removing the appendix, which was done in this case, with very great facility, but I

should have had a suspicion that there was something more, and try to find it. I think it is quite possible that in that case we might have found in the pelvis or somewhere a collection of pus which, if had it been removed, might have had the effect of saving the girl's life. Another point, and I will have done; it is a very nice subject, and once you get a surgeon started on it, it is hard to stop him. It is a subject on which the surgeon is mostly always wound up. One other point I want to make here, and that is the danger of the exploring needle or aspirator. I think we might almost say now that the aspirator has outlived its usefulness. I know very few cases in abdominal surgery where the aspirator is required. I have seen very sad cases, indeed, where great injury has been done by it. First, by the injury it involves; second, by sepsis; and, thirdly, by the incomplete diagnosis. There may be cases where you may empty an abscess by the aspirator successfully, but they are exceedingly rare. They generally leave enough behind to insure further trouble. At all events, as far as appendicitis is concerned, it is a paltering palliative and ineffectual mode of dealing with it. Either do one of two things—trust to nature and general treatment, or explore the abdomen and make a thorough, complete, and scientific operation.

Dr. Hill: This interesting discussion has opened my memory, and I recollect a case that I was attending at Brighton, England, years ago, of a young lady who was suffering from appendicitis. There was constipation, and when that was overcome she voided no less than eight plum-stones. She had eaten plum-jam eight weeks previously.

DISCUSSION ON CHOLERA.

The president, Dr. Bray: We have the Minister of Agriculture here, and I would ask now that Dr. Bryce come forward and open the discussion on cholera. The Hon. Mr. Carling does not wish to make any remarks now, but will do so afterwards.

Dr. Bryce said: Gentlemen, I have only to remind you that it is not six weeks yet since we had an official notice of cholera being present in Hamburg; that we have seen cholera brought from that point to England and to a United States port, endangering our own various localities to an extent which has created an extreme interest, which epidemics of cholera invariably have done since their first appearance here in 1832. In the limited time at my disposal, I shall only refer to two particular portions of the question of "What has this continent to do to protect itself against cholera?" You will remember that the International Conference is simply a meeting of executive officers, and that after the deliberation the president selected a commission of some seven gentlemen, four of whom made the eastern trip to inquire exactly into the border defences against the introduction of the disease to this continent. We started about the first of this month, and visited the Grosse Isle quarantine, and from thence, the day after the disease appeared in New York, we hurried as rapidly as possible to New York harbor, and there saw what all of you have read about, the detention of thousands of passengers in the middle of the harbor on infected ships. We went from that point to Boston, to Portland, to St. John, and Halifax, and back

again to Philadelphia and Washington. I may state the general conclusions arrived at by the commission. I may say in brief that we have found this—that, assuming the disease to be brought to this continent in ships, there is a great lack at all points generally of provision for the removal of the healthy from infected ships. That is the very thing we found in New York harbor, and it seemed to us absolutely inhuman to see the large ocean ships, with hundreds of valuable lives upon them, lying there for nearly two weeks exposed every day, in most cases, to the sick, through the crew, stewards, etc., passing through the ship continually. The first thing we said was, "Get these people off the ships." It was finally done, but after great difficulty. At Boston the station had good places to take passengers to; but this brings up the next point, viz., the insufficiency of means to remove passengers from the infected ships.

At our own stations, Grosse Isle and Halifax, and others, this was noticed just as at New York, where there were thousands on the ships lying in the harbor. We likewise concluded that at all points where immigrants are received there must be means for immediate removal to islands, if islands are used for quarantine stations. The next danger is that at New York—it is not so now at Philadelphia, and I think we can say Philadelphia is safe—but at New York and Boston at the time of our visit, and at our own ports, there was a very great lack indeed of any modern facilities for rapidly and thoroughly disinfecting the baggage, which might have been infected before it was packed up and brought on board at Hamburg. That, then, is the next absolute necessity—that we must have modern disinfecting appliances wherewith rapidly and with certainty to destroy any germs in the baggage or effects of immigrants, and, next, that there shall be at these points such facilities as shall rapidly and completely disinfect the ship which may have been infected. Now, at no place on our whole tour from Grosse Isle to Washington did we find any sufficient apparatus for that particular part of the work. So you can see that there is in that direction a very grave question facing us—how much can our Government afford to spend, how much can the Federal Government and the State Governments of the United States afford to spend for this purpose? What shall be its character, and, next, where shall they make their main point of defence? If we have not money to do this at more than two or three points, then it is possible to require all ships with passengers to come to those points. What is demanded is that here and in the United States, at those points, there shall be absolute defence against ingress. The other point I shall simply refer to because it belongs to the honorable gentleman's department—and it is a question which has arisen with the members of his own Cabinet, and with Provincial Governments and the various transit companies—what action shall our Government and the United States Government take with regard to bringing in immigrants next year? We know that next year we are to have a great world's fair on this continent, and we know there will be a large influx of a very doubtful class of immigrants from European countries. The immigration to the States last year was over seven hundred thousand. The Grand Trunk Railway brought in nearly forty

thousand, mostly from the port of New York, during the last eight months, and our other great railway has brought in some sixteen thousand by way of the St. Lawrence. This indicates that the danger to us is greater *via* New York than it is *via* the St. Lawrence, and it further indicates that the United States are not in any way exposed as much to us as we are to them. The question then arises, What can we, as medical men, viewing the situation broadly, recommend to all the health authorities with regard to next year? Our opinion is that of many gentlemen in the United States, that excepting, probably, immigration from Norway and Sweden and the British Islands, we shall urge that for a year at any rate—that is, next year—there shall be a complete embargo put upon that kind of immigration which comes to this country, especially through the port of Hamburg. You all know what it is; I need not describe it. If any of you have any doubt about it, let him look at the arrivals by the various ports of entry. If cholera once gets into New York and begins to spread, the people would disperse by twenty or thirty lines of railway, and coming into Buffalo by as many more, you can readily understand what we would be exposed to. The only fight we can make of a really effective character is the external fight. If after that we have to fight it in our individual towns and cities, I trust that with the work done in the present winter by local health organizations, cleaning up everywhere, and making the most positive health regulations necessary, we shall be comparatively free from danger if it gets through our frontier. I trust gentlemen will continue the discussion as I have indicated, and, if possible, formulate some broad conclusions that will be useful to ourselves as health officers, and I have no doubt of equal use to the Honorable Minister of Agriculture.

Dr. Rogers: What would Dr. Bryce consider as the most rapid and thorough way of disinfecting the baggage and the passengers on ships?

Dr. Bryce: Of course it is a question with a great many details in it, but I may say briefly this: it can be illustrated by one single reference on this continent. At New Orleans, as we all know, every year they suffered greatly from yellow fever, and especially from 1876 to 1878. The district during those years was semi-decimated. They introduced a very simple process of putting the infected material into a long cylinder which could be supplied with live steam under pressure rapidly driven in through pipes and kept there until everything in the inside was disinfected. It has been improved upon, and we have now, in the one at Grosse Isle, one of the most effective that I have seen on the continent. It is about nine feet long and four feet in diameter. It would only take a few square yards at a time, and that would take too long. That is, for the baggage itself. The other point is, that after the persons have been removed they are handled in this way at Philadelphia by appliances completed last week. They fitted up a steamer complete in its details so that they could run out close to the infected ships; then take on 50 or 60 passengers an hour and put them in large bath-rooms where they can be washed within an hour, and while washing have their clothing put in a superheated room where it can be disinfected. The next hour they take off as many more, and in

that way disinfect the whole of the passengers. That is the steamer of "observation." Then they take the baggage by a *lighter* to the shore, and disinfect it in a superheated chamber there. The difficulty is they cannot, at Philadelphia or at New York, and we cannot at Grosse Isle yet, bring the ship alongside of a wharf where it could be cleaned. In order to clean the ship at Grosse Isle, Philadelphia, etc., they have adopted a plan of placing on a barge, or some sufficient vessel, large chambers in which sulphur dioxide can be rapidly distributed by means of fans. A large quantity of sulphur dioxide is sent through the ship. If that is done thoroughly and the ship stands under sulphur fumes for twenty-four hours, they have found in New Orleans, at all events, that it does disinfect the ship, not only in cases of smallpox, but also of yellow fever. That is, I think, an answer to the question.

Dr. Playter: I think we should consider hereafter, as medical practitioners, another aspect of the question. We know that there are yet other factors in the causation of all diseases of an infectious nature, and Sir Andrew Clarke has recently brought the question to a fine point in regard to tuberculosis. He said there were necessarily two factors in the causation of tubercies; one the bacillus, and the other the soil on which it grows. It is most desirable that everything should be done through quarantine to prevent the infection reaching this continent, but I think attention should be directed to the other essential more than it has been. Not that we should neglect the first, but the infection will escape the best quarantine and the best disinfection. There will be less danger in the future, but we should prepare for a certain amount of outbreaks at the best on this continent next summer. Our present facilities for instructing the people are, I think, insufficient, and a good deal might be done by way of enlightening the people in the way of the soil. We all admit that if the digestive canal is in a good condition there will be no infection, and the general functions of the body should be kept in a vigorous condition. It seems to me very clear that unless there is a want of acidity or, rather, alkaline conditions of the intestinal canal, the cholera bacillus will not develop there. I think there should always be a thoroughly clean condition of the digestive organs.

Dr. F. W. Campbell: I do not think that, with all the good will that the Hon. Mr. Carling has, he will undertake to keep the digestive organs of the people of Canada in good order. That is a matter which comes under the cognizance of the provincial authorities. I should like to ask for information from those who are health officers if it is not a fact that the statistics give the following: That 70 per cent. of epidemics escape quarantine, and that 30 per cent. only are successful, even under the best system of quarantine?

(To be continued.)

DR. SENN, in a recent clinical lecture, expressed himself as being satisfied that catgut is the only suture necessary to approximate and maintain any fracture of the patella until union has taken place.—*Chicago Clinical Review.*

Book Reviews.

An American Text-Book of Surgery. Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph.D. 1207 pp. Published by W. B. Saunders, 913 Walnut Street, Philadelphia. Toronto: J. A. Carveth & Co.

The book before us is one that we can recommend to both students and practitioners as embodying the latest improvements in the science and art of surgery. It is not perfect, no book can be; but it is up to date, and that means a great deal. When we con over the list of authors who have contributed to make this work a success, we can appreciate its value more fully, for each in their particular line are masters. Senn, Roswell Park, Nancrede, Francis J. Sheppard (the only Canadian honored with a department), J. William White, Phineas S. Conner, etc., are each and all of them at the head of their departments. We notice with a particular pleasure the illustrations, the majority of which are photo half-tone plates, and depict the lesions with that accuracy that only photographs can do. The old wood cuts, that only convey an erroneous impression, are nearly all superseded. The lithographs that are inserted, especially those of the bacteria, are exceedingly well executed. The chapter on surgical bacteriology is concise, yet thorough, and places the present status of this subject well before the reader. The chapter on "Ligation of Arteries" is exceedingly complete, and the illustrations, colored, are *fac similes* of those published by Maclise, possibly the best in existence of the arteries and veins. In some of the descriptions of operations, for instance, inguinal colotomy, the directions are vague and uncertain, which should not be in a book of this character; in fact, in this particular operation, if the technique were followed, the result would not be difficult to foretell. But, taking the book altogether, it is a great credit to the editors, and it embraces the whole subject of surgery tersely, and brings it up to the advances of to-day, and makes it equal to any publication of its kind from the continent of Europe. The typography and binding are each excellent, and the editor should be congratulated on having so good a publisher.

Principles of Bacteriology. A practical manual for students and physicians. By A. C. Abbott, M.D., First Assistant, Laboratory of Hygiene, University of Pennsylvania. Philadelphia: Lea Bros. & Co. Toronto: J. A. Carveth & Co.

To a person desiring to learn the technique of bacteriological work, we cannot recommend any work which will be more suitable than the one before us. The fault which can be found with most of the works we have met with on this subject, is that they are too extended for the use of a student or practitioner beginning the subject and yet are not sufficiently large to allow of an exhaustive treatment. Dr. Abbott has shown great judgment in the selection and arrangement of his material. The work is divided into two parts: the first part being devoted to the general subject with a description of the methods of disinfection, cultivation, staining, etc., and the second to the practical application of these methods in the laboratory. The arrangement of this second portion we would especially commend. Certain types are selected which illustrate the various phases of the study, and these are worked out thoroughly, so that the student who follows it closely will be in a condition to carry forward the work for himself, although the book is meant primarily for practical students of the science. Medical practitioners generally could read the work with profit, especially the chapters on sterilization and disinfection, and those on tuberculosis and diphtheria in the second part.

Notes on the Examination of the Sputum, Vomit, Faeces, Urine, and Blood. By Sidney Coupland, M.D., F.R.C.P. Second edition. London: H. K. Lewis; Toronto: J. A. Carveth & Co.

This little book contains minute directions for the examination of the above matters, and treats the subject very thoroughly. It is a great boon to the student.

Essentials of Bacteriology. By M. V. Ball, M.D. Philadelphia: W. B. Saunders. Toronto: J. A. Carveth & Co.

This is one of the Question Compend Series, and, like its predecessors, is full of information that is abreast of the times. So great has been

the advancement in this particular branch that the literature is accumulating rapidly. This little volume puts all matters briefly, yet explicitly.

The Operative Treatment of Enlargement of the Prostate. By C. W. Mansell Moullin, M.A., M.D. Oxon., F.R.C.S. Toronto: J. A. Carveth & Co.

This volume contains three lectures delivered Mr. Moullin before the Royal College of Surgeons which are based on one hundred and forty cases of operations.

Personal.

DR. P. E. DOOLITTLE, Sherbourne street, is on a flying visit to England.

DR. D. ROSE has returned from England and resumed practice on Simcoe street.

DR. HUNTER, Bathurst street, is recovering from a very severe attack of typhoid fever.

DR. HUGH McCORMACK (Tor. '92) has commenced practice at Chippewa Falls, Wisconsin.

DR. HUGH WATT (Vict. '88), of Victoria, B.C., has been elected a member of the Local Legislature, B.C., to represent Cariboo.

THE outbreak of smallpox in the Toronto General Hospital has attacked the house-staff doctors.

DR. FRANK P. COWAN, John street, has returned from his wedding trip. He has removed to the corner of John and Nelson streets.

DR. R. F. DWYER has been appointed lecturer on pathology in the Woman's Medical College.

ASST.-SURGEON C. O'GORMAN, 40th Northumberland Battalion of Infantry, assumes the rank of surgeon, having served ten years as assistant-surgeon.

DR. J. T. DUNCAN, coroner, Parliament street, had the misfortune to fall on the deck of the steamer on which he was returning from Europe and break his clavicle.

DR. C. T. CAMPBELL, London, vice-president College of Physicians and Surgeons, Ontario, was elected Grand Sire of the Independent Order of Oddfellows at its annual session at Portland, Oregon. This is the highest office in the gift of the order, and the first time it has gone outside the United States.

AT the organization meeting of the Toronto Clinical Society, held on October 19th, the following officers were elected for the ensuing year: Drs. J. A. Temple, president; L. McFarlane, vice-president; Edmund E. King, recording secretary; W. H. B. Aikins, corresponding secretary; G. Sterling Ryerson, treasurer. The executive committee: Drs. James Burns, J. E. Graham, Adam H. Wright, James F. W. Ross, and Albert A. Macdonald. The society has a charter membership of twenty-four. Its meetings will be held monthly.

Therapeutic Notes.

VIBURNUM PRUNIFOLIUM; ITS PHYSIOLOGIC ACTION AND THERAPEUTIC APPLICATIONS.—(*Medical News*, April 2, 1892.) By R. L. Payne, Jr., M.D., Lexington, N.C.—Dr. Payne, after careful experimental research on the action of this drug upon cold and warm-blooded animals, deduces the following conclusions: Black haw appears to exert no influence on consciousness or sensibility, but has a constant and marked effect upon the centres of motion. After its administration gradual paresis is first noticed, then complete paralysis of voluntary motion, and, finally, loss of all reflex power. In cold-blooded animals the pupils are contracted, but in warm-blooded animals no effect upon them is noticeable. It enfeebles the action of the heart, and under full doses there is a distinct lowering of the blood pressure, owing partly to increasing feebleness of the heart's action, and in part to a distinct action on the vaso-motor system. In lethal doses paralysis of the heart precedes the cessation of respiration. The heart is arrested in diastole. Dr. Payne concludes, from the result of his experiments, that viburnum paralyzes both the centres of voluntary motion and the reflex functions of the spinal cord, and thinks it destined to become an improved remedy in all diseases characterized by

increased excitability of the motor centres. An especial recommendation in such cases is the fact that it does not impair sensation or consciousness. The writer refers to a case of paralysis agitans, in which the prolonged use of moderate doses of this remedy produced marked diminution of the tremor. He thinks it especially useful, however, in certain forms of dysmenorrhœa, and in the prevention of abortion. The preparations recommended are the solid extract in doses of from five to ten grains, the fluid extract in doses varying from a drachm to half an ounce, and a decoction prepared from the bark of the fresh root.—*International Medical Magazine*.

PHENACETIN FOR SENILE VESICAL IRRITATION.—Dr. Traill Green has reported in the *University Medical Magazine* for June the successful use of this drug in cases of frequent micturition in the aged. Prompt relief was frequently obtained after a ten-grain dose taken at bedtime. The soothing action of the remedy seemed not to be limited to the nocturnal irritability, but was prolonged over upon the following day, so that the micturition intervals, both night and day, became nearly normal. In two of his cases there was a reduction from six and seven micturitions nightly to one only. One patient for a time did not need to get up at all during the night. No effect was reported as to the amount of urine secreted, and it did not appear to be necessary to use the phenacetin continuously in order to get the desired result. There were no effects from this use of the drug that would appear to contra-indicate it even among those patients who were enfeebled by their weight of years. The use of the drug is said not to be advisable in cases of prostatic enlargement.—*N. Y. Med. Jour.*

ANTIMONY IN DISEASES OF THE SKIN.—Jamieson and Douglas (*Edinburgh Medical Journal*, June, 1892) report further trials with antimony in the treatment of diseases of the skin. Two cases, psoriasis inveterata passing into general exfoliative dermatitis, and an exfoliative dermatitis tending to spread rapidly, were treated by the internal administration of tartarized antimony, a complete cure following. The first case had become progressively worse

under other remedies, but began to improve upon the administration of one-eighth grain doses of tartarized antimony, and within three months a complete cure had taken place. In the second case the improvement was still more rapid. The authors conclude, from the observation of these cases, that "antimony softens skin, imparting increased succulence to the cells, augments insensible perspiration, improves the nutrition of the integument, diminishes hyperemia, and lessens the tendency to premature and excessive exfoliation. While advantageous in the early congestive stages of acute eczema, . . . it is contra-indicated during the period characterized by oozing, though it may be serviceable at a later stage, that of desquamation.—*Univ. Med. Mag.*

CHRONIC ECZEMA.—Dr. Lanara (*La Semaine medicale*, No. 41, 1892) recommends the following in the treatment of chronic eczema:

R.—Alcoholic tinct. male fern . . . gms 30, ʒj.
Rectified alcohol . . . gms. 15, ʒiv.
Tincture of myrrh . . . gms. 4, ʒj.
Crude pulverized opium . . . gms. 4, ʒj.

Wash once a day with green soap the parts affected with the chronic eczema, removing all the crusts, then apply this preparation. It produces a slight irritation, which soon disappears. The vesicles cease to appear after ten or twenty days of this treatment, while the affection is cured in a varying length of time, according to the time it has lasted. Sometimes the eczema disappears in fifteen days.—*Cincinnati Lancet-Clinic*.

THE KEELEY CURE.—Dr. Keeley has taken great pains to keep his remedies a secret, but they have been secured and analyzed by competent chemists, and are now well known. The treatment consists in the use hypodermically four times a day of a solution which shows an analysis of:

R.—Strychnia sulph . . . gr. ½.
Atropia . . . gr. ¼.
Acid boracic . . . gr. xv.
Aq. dest . . . oz. iv.

The formula of the tonic taken by the mouth is:

R.—Ammon muriate . . . gr. j.
Albin . . . gr. ij.
Tr. cinch. comp . . . oz. iij.
Aq. dest . . . oz. j.

M.S.—Teaspoonful every two hours while awake.

During the initial treatment—for the first one, two, or three days—much heavier injections of atropia are given, in combination with morphine. Any physician will know at a glance that the quantity of strychnine used is so minute, considering its relative potency, that it can have little effect in modifying the action of the atropia. The tonics support, to a degree, but they, too, have little influence in controlling the symptoms produced by that powerful drug.—*Times and Register.*

LEUCORRŒA.—

R.—Iron oxide, brown (“sub-carb.”) } of each,
Powdered columbo }
Powdered cinnamon } 0.10 gm.
Powdered ergot } 0.25 gm.
One or two such powders daily.

—Paillard.

PILLS.

R.—Ergot extract 1.5 grams.
Iron sulphate } of each, 4 “
Potassium carbon. }
Glycyrrhiza extract } of each a sufficient
Powdered glycyrrhiza } quantity.

Divide into 50 pills. Two or three every morning, noon, and evening.

—Braun.

CACHETS.

R.—Calcium sulphide 1 gram.
Dispense in 10 cachets. One mornings and evenings.

For little girls Bouchert recommends frequent lotions of lead-water or decoction of marshmallow leaves, and the injection of a 1:300 solution of corrosive sublimate.—*Med. and Surg. Reporter.*

FOR ACUTE CORYZA.—

R.—Menthol gr. iij.
Acid boric. pulv. ʒj.
Benzoini pulv. }
Bismuthi subnitrat. } . aa ʒjss.—M.

Ft. pulv.

S.—A pinch to be snuffed five or six times daily.—*L'Union Méd.—Med. News.*

FOR FISSURED NIPPLES.—

R.—Olei olivæ ʒss.
Ichthyol ʒij.
Lanolini }
Glycerini } aa ʒijss.—M.

S.—Apply topically.

—OEHREN, *Journ. de Méd. de Paris.—Med. News.*

Miscellaneous.

ONTARIO MEDICAL COUNCIL EXAMINATION.

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Final.—W. H. Bourns, Addison; D. B. Bentley, Forest; P. M. Brown, Sarnia; J. G. Burrows, Napanee; G. R. Chevrier, Ottawa; J. H. Closson, Toronto; D. A. Clark, Agincourt; Geo. H. Cooke, Chesley; Geo. Clingan, Toronto; Bertha Dymond, Brantford; W. Earl, Winchester; I. J. Foley, Westport; J. C. Gibson, Milverton; W. C. R. Graham, Prescott; Henry Gear, Marsville; T. J. Gowan, Crechmore; F. H. Heming, Toronto; John J. Harper, Rosemont; W. L. Holmes, Toronto; J. A. Hershey, Garrison Road; M. F. Lucas, Grimsby; A. W. Mair, Portage du Fort, Que.; A. L. Murphy, Rosemont; F. H. Moss, Toronto; D. A. McPherson, Crieff; E. F. McCullough, Everton; F. McConaghy, Richmond Hill; John McGinnis, Arva; F. A. Rosebrugh, Hamilton; A. Skipper, Hillsburg; W. W. Sautler, Toronto; R. W. Shaw, Hudson, Mich.; F. L. Switzer, Carleton Place; Julia Thomas, Toronto; W. G. Walker, Stratford.

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MR. GLADSTONE'S capacity for public business, for literary work of the highest character, and his physical endurance, with the weight of years upon him—he is now more than eighty-two—is a remarkable fact. There are reasons, however, for this state of things in his case. He was born into the world a vigorous infant, of excellent ancestry. He has never had any pecuniary anxiety. He has lived a sober and a godly life. These are the conditions which, if they do not insure longevity, and mental vigor with the long life, go very far toward promoting it.—*The Post-Graduate.*

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