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Monthly Record

OF

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EDITED BY

GEORGE E. FENWICK, M.D.,

PROFESSOR OF CLINICAL SURGERY AND MEDICAL JURISPRUDENCE McGILL UNIVERSITY; SURGEON TO THE MONTREAL GENERAL HOSPITAL; ONE OF THE GOVERNORS OF THE COLLEGE OF PHYSICIANS AND SURGEONS.

AND

FRANCIS W. CAMPBELL, M.D., L.R.C.P., LOND.:

PHYSICIAN TO THE MONTREAL DISPENSARY AND INFIRMARY FOR DISEASES OF WOMEN AND CHILDREN.

CORRESPONDING EDITORS,

HONBLE. D. McNEILL PARKER, M.D., EDIN., L.R.C.S.E.,
Member of the Legislative Council of Nova Scotia, Halifax, N. S.

W. CANNIFF, M.D., M.R.S.C.S.,E., TORONTO, ONTARIO. } AND { WILLIAM BAYARD, M.D. ST. JOHN, NEW BRUNSWICK.

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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Two Cases of Ovariotomy; one unsuccessful and one successful. By ROBERT CRAIK, M. D., Professor of Chemistry in McGill University; Consulting Physician to the Montreal General Hospital, &c., &c., &c.

At the present time, when everything connected with the operation of ovariotomy, and indeed with ovarian disease in general, is attracting more than usual attention, both from the greatly increased frequency of the operation itself and the constant improvements in the manner of performing it, even individual cases, when faithfully reported, become instructive, and more particularly so when the course of the disease has been followed from its commencement to its close. This is especially the case in a country like ours, where there are as yet no great operators, and where patients are dealt with in almost all cases by the practitioner into whose hands they happen first to fall.

As my experience in this department of the profession has been quite limited,—confined in fact to my own two cases and about half a dozen occurring in the practice of others,—I propose simply to give a report of the cases, as nearly as possible as they were set down in my notes at the time, leaving them to convey their own lesson in their own way, and only venturing on such brief remarks or explanations as the peculiarities of the cases seem to render necessary.

I would ask my readers to remark that the first of the two cases occurred more than six years ago, at a time when the operation of ovariotomy was almost if not altogether unknown in Canada, except from reading; and even in Europe its success was far below the point to which it has now attained, and by many writers it was still looked upon as a *dernier resort*, to be undertaken after all other means of cure had been tried and failed.

Case 1. Miss Mary D., aged 16,—a young lady of singularly amiable and quiet manners, with rather a slight figure, and pale but healthy complexion,—was observed by her friends during the month of September, 1862, to be increasing rapidly in stoutness, while at the same time her general health began to fail. I saw her on the 6th of October, when the abdomen was enlarged to the extent usually observed about the sixth month of pregnancy. The enlargement was uniform and soft, no trace of a solid tumour being perceptible at any part. There was no pain, and the catamenia, which had only appeared scantily and irregularly during the preceding year, were unaltered. There was no swelling of the feet, nor of any other part of the body except the abdomen, and the general health was not as yet much impaired. An ovarian cyst was of course believed to be present, but whether unilocular or multilocular could not clearly be made out, particularly as no vaginal examination could at that time be obtained.

She was directed to observe a rather dry regimen, and was given a diuretic mixture with occasional hydrogogue cathartics, care being taken not to reduce her strength by overdosing.

October 16*th.* The treatment has had no effect in retarding the progress of the disease, and the distension has increased so rapidly that it now (only ten days from my first examination) seriously interferes with her breathing, and renders absolutely necessary some attempt to procure at least temporary relief. With the advice and assistance, therefore, of Drs. G. W. Campbell and Drake, I tapped the cyst in the mesial line, and drew off 27 pints of characteristic albuminous fluid, giving of course immediate relief. No perceptible tumour could be felt through the abdominal walls, after the tapping. Uniform and firm pressure was applied to the abdomen, and she was directed to take a pill composed of squills digitalis and blue mass, three times a day.

November 6th.—Since last report various other remedies have been tried in the hope of retarding the secretion, among which, iodide of potassium, in considerable doses, was given; but no internal treatment whatever has seemed to produce the slightest beneficial effect, the distension being already (in exactly three weeks) as great as before. She was accordingly again tapped, and 25 pints of fluid removed, almost as thick as white of egg.

November 14*th.*—Dr. Fraser saw her with me to-day, and we were permitted to make an examination per vaginam. A fluctuating mass was found projecting into the pelvis on the right side, and the impulse was very distinctly felt in that locality when the mass was percussed through the abdominal wall. The uterus was somewhat lower than usual and thrust to the left side, but was in other respects normal.

November 18th.—Dr. Howard also saw and examined her with me to-day, and found the same conditions as described on the 14th instant.

November 22nd.—She was tapped again to-day, and 19 pints of fluid withdrawn. After tapping, a distinct flattened tumour was felt in the right iliac fossa, freely movable, and about the size of a small placenta.

It now became a serious question what to advise, whether to urge her to undergo the risk of an operation, which at that time proved fatal in about one case in every three, or to attempt a cure by injecting the sac with a solution of iodine, the latter alternative being attended with comparatively little danger and with a reasonable hope, in the event of the growth being monocystic, of effecting a cure. After careful consideration, and placing the matter as clearly as possible before the patient herself and her friends, it was decided to allow the cyst partially to refill, and to tap it and inject with iodine.

December 4th.—With the assistance of Drs. Campbell, Fraser, Howard and Drake, I again tapped the tumour, and drew off 20 pints of thick fluid, containing, towards the end, flakes of lymph. A long elastic tube was then introduced through the canula, and, after washing out the cyst with tepid water, five and a half ounces of a solution of iodine (containing a scruple of iodine and half a drachm of iodide of potassium to each ounce of water) was injected. The tumour was then manipulated, and some of the fluid allowed to drain off. An ounce thus escaped, leaving four and a half ounces in the sac. The tube and canula were then withdrawn, the puncture closed, and the patient placed quietly in bed.

7 p. m.—Has had a rigor and is very restless and feverish; pulse 132. Has passed about 15 ounces of coffee-coloured urine, containing iodine and blood globules in considerable quantities. To be sponged repeatedly with tepid water and to have a drachm of solution of morphia immediately.

December 5th.—Has passed a confortable night, complains of heat in mouth and throat; pulse 150 but regular, soft and distinct; tongue coated brown but moist; skin natural; urine still contains iodine and blood. The morphia draught to be repeated to-night and twenty grains of bicarbonate of potash with two minims of Flemming's tincture of aconite to be given every two hours.

December 6th.—No blood in urine since yesterday afternoon; pulse 164, soft and regular. Slight tenderness in right iliac fossa.

December 10th.—Pulse 146.

December 20th.— (Sixteen days since last tapping.) Tapped her again to-day taking away 18 pints of fluid much thinner than formerly, greenish in color and towards the last, looking rather purulent.

The tumor was smaller, more distinctly circumscribed and fixed in the right iliac fossa.

It it thus evident that the injection with iodine has proved a total failure having completely failed to arrest or even to retard the secretion, and from the inflammation set up it has evidently produced firm adhesion to the surrounding parts.

The patient's strength which had been steadily failing from the beginning, was now seriously reduced, and it was perfectly evident that she must inevitably sink in the course of a few weeks unless relief could be obtained by some other means. Of course the chances of success from ovariotomy were very much diminished by the effects of the injection with iodine and this was clearly explained both to the patient and her friends; but as there was evidently no prospect of her surviving without it, both she and her friends desired that she might have the benefit of any slight chance of cure which the operation under these circumstances might afford. It was therefore agreed that the operation should be attempted on the 3rd of January, 1863.

The operation. January 3rd, 1863. I was assisted by Drs. Campbell, Fraser, Howard, Drake and Taylor; Drs. Wright, MacCallum, Hingston and F. W. Campbell were also present.

An enema had been administered in the morning and a glass of sherry was given a short time before the operation was commenced. The room being heated to between 70° and 80° and the air rendered moist, chloroform was administered about 3,20 p. m. I made an incision from about half an inch below the umbilicus downwards to the extent of about three inches and cautiously divided on a director all the layers until the cyst was reached, when it was found to be closely adherent to the peritoneum on all sides, but the adhesions could be readily broken down by the finger.

After separating the adhesions all round as far as my finger could reach, I proceeded to tap the cyst with a large trochar having an India rubber tube attached to the canula for conveying the fluid to a bucket upon the floor; and as the cyst collapsed, it was seized with a vulcellum and dragged outwards while I continued to separate the adhesions on every side. This was easily accomplished in front and below, but at the upper and back part, the adhesions were so strong as to be separated with great difficulty. To allow greater freedom in manipulating, the incision was continued about an inch both upwards and downwards and the separation cautiously carried on. The strong adhesions were chiefly to the small intestines and to the omentum.

After separating as much as possible from above downwards, the pedicle

was sought for, found and secured by a strong screw clamp and a ligature, the latter above the former. The pedicle was then divided above the ligature and the tumour drawn upwards while the adhesions to the small intestines and the mesentery were separated as much as possible, but at the left side a portion of the ileum was found so firmly adherent that it could not be separated without imminent risk of lacerating the bowel. Serious symptoms of exhaustion shewing themselves at this stage of the operation and all prudent efforts to separate the remaining portion of the tumour being ineffectual, the adherent part of the cyst was left attached to the bowel and the remainder of the tumour cut away. The portion thus left was about five inches long and three broad and to render it as innocuous as possible, the inner or secreting surface was dissected off as carefully and quickly as possible. The abdominal cavity was then carefully cleansed with clean sponges, the other ovary examined and found healthy, and the wound closed by means of gilt needles with whipcord twisted over them in the form of the figure 8.

The patient was now put to bed at 4.50 p.m., warm flannels applied over the abdomen and a drachm of solution of morphia administered, after which she fell into a gentle sleep, waking at intervals of from 20 to 30 minutes and again dropping off to sleep.

At 11 p.m., then was little or no change in her condition; the hands and feet were still cold, but the pulse was quite perceptible at the wrist though too frequent to be counted.

January 4th. At 4 a.m., she was slightly restless and the pulse rather feebler. Another drachm of solution of morphia was given with brandy and water, the latter repeated at short intervals. She seemed to rally for a short time, but about five o'clock she began to sink rapidly and died at half past seven—15 hours after the operation.

The autopsy, 8 hours after death.—There had been no hemorrhage from the pedicle. The lips of the wound were adherent throughout, requiring some slight force to separate them. The peritoneal surface was somewhat injected in patches, particularly over the small intestines where the adhesions had been strongest, and in several places, loops of intestine were glued together by recently effused and healthy looking lymph. There was no trace of hemorrhage. The portion of the cyst which had been left adherent was now cautiously detached, without lacerating the bowel, but the force required was altogether greater than would have been considered justifiable in a living person. The solid portion of the tumour weighed 7½ pounds, and was multilocular, and the fluid drawn off during the operation measured 20½ pints.

Remarks.—There can be little doubt that had ovariotomy been

performed at the time of the injection with iodine there, would have been a good prospect of success, as there were then few if any adhesions, and her strength, although much reduced had not so completely given way as when the operation was afterwards undertaken. I have little doubt also, from the severity of the symptoms which followed the injection of iodine. that some of the iodine escaped into the peritoneal sac, producing the extensive and firm adhesions which virtually obliterated that cavity. Many will perhaps think that the major operation ought to have been insisted upon in the first instance, but it is a very serious matter to urge an operation which has proved fatal in one third of the cases, even in experienced hands, and more particularly serious when the operation is a new one, and there is no possibility of consulting any surgeon having personal experience in such cases. Besides, when one has to deal with persons of intelligence, it seems to me that the proper course is to lay the whole circumstances of the case as fully and fairly as possible before the patient herself and her friends, and to leave them to decide the question.

The rapid course of the disease in this case and the fatal rapidity of the secretion are worthy of notice. From my first visit to her on the 6th of October till her death on January 4th,—a period of exactly 90 days,—I drew off no less than 130½ pints of thick albuminous fluid, being considerably more than a pound a day of nutritive material withdrawn from the circulation, even allowing for the time during which the accumulation was going on before I saw her.

Case II.

Double Ovariotomy.—Successful.—Free use of carbolic acid.—Miss L. a tall and remarkably well-formed young lady, consulted me in June 1868, concerning a slight enlargement which she had observed during the latter part of May, and which had made its appearance so gradually and with such entire absence of constitutional disturbance, that her first idea was that she was simply growing stout. She had lost two sisters within a few years from phthisis and she herself had a narrow escape about three years ago from the same disease. Her health since that time had been good, though not robust, and there had been no arrest or even irregularity of the menses. The enlargement was soft, uniform and without any perceptible solid portion, but percussion produced a dull sound in front and at the lower part of the abdomen, and distinct resonance at the upper and lateral parts. I had no doubt whatever that the case was one of ovarian disease, but as there were as yet no urgent symptoms, and the weather in town was very warm, I advised her to go to the country for a few weeks, and prescribed for her a dessert spoonful of a saturated solu

tion of chlorate of potash to be taken three times a day, according to the plan recommended in 1865 by Mr. Craig of Ayr, but without the slightest hope of its producing any benefit.

August 7th.—The swelling has steadily increased and is now about the size usually observed at the full period of pregnancy. Her general health is beginning to suffer and her breathing is somewhat affected by the pressure of the mass.

September 26th.—The distension has now become very great. The chlorate of potash was continued steadily until a week or two ago, but without any perceptible effect of any kind. She now measures around the waist 42 inches, instead of 18 which was her former size.

October 8th.—Dr. Howard saw her with me to-day, and a large ovarian tumour of the right side was clearly made out. It projected into the vagina on that side and displaced the uterus to some extent, but the latter organ was perfectly free and otherwise unaffected.

The presence or absence of adhesion could not be ascertained from the great amount of distension.

October 25th.—While at breakfast this morning, she was suddenly prostrated with violent pain in the upper part of the abdomen together with vomiting and symptoms of impending collapse. Hot fomentations were immediately applied, and she was given a drachm of solution of morphia with occasional spoonfuls of brandy and water. Reaction soon set in and the symptoms rapidly subsided, but considerable soreness and tenderness remains at the upper part.

October 27th.— Much improved in every way. She has passed enormous quantities of urine during the last two days and the swelling is perceptibly diminishing. There can be little doubt that the cyst has burst into the peritoneal cavity.

November 1st.—The improvement still continues and she is sanguine that a spontaneous cure is taking place.

November 14th.— Still continues better. Is now able to walk and drive without fatigue; sleeps and eats well. There is still however considerable enlargement, more particularly on the right side.

December 7th.— The tumour has commenced slowly to enlarge again

December 23rd.—The distension has again become sufficient to cause serious disturbance and her general health is beginning to suffer severely The stomach is exceedingly irritable and the pulse varies from 100 to 120.

January 18th 1869.—Dr. Howard saw her with me again to day with the view of ascertaining if possible the extent of the adhesions which no doubt formed after the rupture of the cyst. As no reliable information could be obtained on that point on account of the great distension, we

decided to tap the cyst as well for purposes of diagnosis as to procure for her temporary relief, with the hope of improving her general condition and getting her into a better state for operation should she decide to submit to it. We accordingly drew off 13½ pints of thick albuminous fluid with flakes of purulent-looking lymph in the last portions. The mass was found to be partially adherent but admitted of considerable movement and could be distinctly traced to the right side. There has been no menstruation since the 14th of December, up to which time she had been regular.

February 2nd.— She improved considerably in general health after the tapping, but she is now as large as ever and is again suffering severely; she is much emaciated and the pulse ranges from 110 to 120 per minute. She has at last made up her mind to the operation and is even anxious for it. Dr. Campbell saw her with me to day, and the 6th instant is fixed upon for the operation.

The operation. February 6th.— The patient was in excellent spirits and full of courage. The abdomen measured 49½ inches in circumference on a level with the umbilicus. Her pulse which had not been below 110 for several weeks, was now 122 but firm and good. An enema had been administered early in the morning and she had breakfasted on a small cup of coffee and a slice of dry toast. I had taken the precaution to soak all the sponges and ligatures in a concentrated solution of carbolic acid, and had a large quantity of the acid ready with which to impregnate all the water used during the operation, and to be applied in other ways which might suggest themselves as the operation proceeded. Drs. Campbell, Fraser, Howard, Wright, MacCallum, Fenwick, Drake, F. W. Campbell and Ross were present and kindly assisted.

The room having been heated to a little over 70 and about half a glass of brandy having been given to the patient, she took her place upon the table and sulphuric ether was administered by Dr. Drake. Dr. Campbell and myself having dipped our hands and the instruments in a solution of carbolic acid (about 1 in 30), I made an incision in the mesial line, from an inch below the umbilicus to an inch above the pubes—a space of about five inches in the distended condition of the abdominal walls. The tumour was carefully exposed, and found to be adherent to the abdominal parietes over the whole of the anterior surface; but the adhesions were easily broken down with the hand. After this had been done, the patient was turned over almost upon her face, and the principal cyst tapped with a large trochar, allowing twelve pints of thick fluid to flow out. A second cyst was tapped in like manner, and yielded 4 pints. The mass was in the meantime seized and drawn out as much as possible, some loose adhesions to the omentum being carefully separated as the mass was with-

drawn. A small cyst gave way while it was being withdrawn, and the contents, of course, escaped into the abdominal cavity. The pedicle, which was flat and tolerably long, was then transfixed by a needle, armed with a strong double ligature (made of linen threads steeped in carbolic acid and waxed,) and each half tied firmly in an ordinary knot. The pedicle was then carefully divided about half an inch above the ligatures, and the tumour removed. The stump of the pedicle was then brushed with a concentrated solution of carbolic acid, the ends of the ligature cut off close to the knots, and the stump with its ligature dropped into the pelvis.

A Second Tumour.—A slight examination now showed that there was a remarkable fullness on the left side, and on searching among the intestines, a second tumour was discovered, as large as an adult's head, entirely free from adhesions, and attached by a short thin pedicle to the neighbourhood of the left broad ligament. The pedicle was transfixed, tied and treated in precisely the same way as the other, and the stump was in like manner, with its ligature, allowed to drop into the pelvis. The patient was now turned upon her face, to allow any fluid to run out, and the abdominal cavity was cautiously cleansed from blood and other fluids, with a sponge wrung out of a solution of carbolic acid. It now only remained to close the external wound, which was done with silver sutures passed through the whole thickness of the abdominal walls, care being taken to include the edges of the peritoneum. A piece of lint, soaked in carbolic lotion, was placed over the incision and covered with oiled silk. A thick pad of cotton batting and a flannel bandage completed the dressing, and the patient was put to bed, the operation having lasted exactly 45 minutes. The total weight of the tumour removed from the right side, including contents, was 25 pounds, while that from the left weighed 6 pounds, making a total of 31 pounds.

The ether acted most kindly throughout, keeping her thoroughly unconscious without producing any dangerous depression. The pulse, which was 122 at the commencement of the operation, was only 128 at its close.

Almost immediately after being placed in bed, she felt an urgent desire to go to stool, which continued until she passed a copious fœculent evacuation about two hours after the operation, and which gave her much relief. She voided urine at the same time, and in a few minutes afterwards I passed up a suppository containing a grain of opium. In the course of the afternoon there were two more evacuations of the same character, after which, two grains of opium were administered by suppository. In the evening there were two more stools,

making five in all, but there was no pain, nor did they produce any ill effects. There was no nausea nor vomiting and very little thirst, but she complained a good deal of the taste of the ether and her breath exhaled the odour of it very perceptibly. She was allowed to suck small pieces of ice and to swallow a teaspoonful of brandy and water every half hour; at 11 o'clock p.m. the pulse had again fallen to 120, and she was comparatively comfortable. A draught containing twenty minims of solution of morphia was administered, to procure rest and to prevent a continuance of the evacuations.

February 7th. Had a very comfortable night, no pain, the pulse in the morning had fallen to 112, rose in the afternoon to 130 and fell again in the evening to 120. No return of the diarrhœa, but urine has been voided freely (she now confesses that the diarrhœa yesterday was due to her own imprudence, she having on the evening before the operation, while her mother was absent from the room, obtained access to a bottle of pickles, and had eaten two good sized onions and a cucumber.) The brandy and water to be alternated with a teaspoonful of strong beef-tea, and the morphia draught to be repeated.

February 8th. Quite comfortable, no pain, tongue and skin moist, pulse 108, beef-tea to be increased cautiously.

February 9th. Still doing well, adjusted the dressings and re-applied carbolic lotion to the wound. The latter seems to have healed entirely by the first intention, as there is not a drop of discharge of any kind to be found near it.

February 13th. No pain nor fever, pulse 104, took a hearty breakfast this morning, and sat up in bed during the afternoon.

Februnry 21st. Removed the sutures to-day, taking care to withdraw them with great gentleness to avoid injuring the peritoneal surface.

From this date she continued to improve rapidly and in a few weeks she was as strong and active as ever. There has of course been no return of the menses.

Remarks.—This case is interesting, 1st. From the double tumour although menstruation was continued within two months of the operation. 2nd. From the attempt at spontaneous cure by the bursting of the cyst. 3rd. From the free use of carbolic acid even in a concentrated form within the peritoneal cavity; and lastly, as showing what formidable operations may sometimes be undergone by persons in a state of extreme debility and emaciation, without the occurrence of a single bad symptom.

Place d'Armes Hill, July, 1869.

Trichiniasis being an abstract of an essay submitted to the Medical Faculty McGill University for the degree of M.D., C.M. By THOMAS D'ARCY LUCAS.

(*Continued from page 497, Vol, V.*)

Diagnosis.—In the first stage the diagnosis relates to its discrimination from irritation of the gastro-intestinal canal produced by any other cause, and this is, by no means, at all times easy or even possible. If there be derangement in the functions of the alimentary canal, accompanied with pains over a large portion of the abdomen, followed by constitutional disturbance and attributable to no other cause, suspect Trichiniasis. Inquiry should be made concerning the food taken for the past week, and if meat has been eaten, specimens of it should be examined miscroscopically; if Trichinæ be found, the diagnosis is complete; if not Trichiniasis cannot yet be excluded. If more than one person be attacked in a similar manner, having eaten of the same articles of diet, suspicion is very much strengthened, in fact this furnishes more than suspicious evidence, it is probable that the disease is Trichinosis. A method proposed by Davaine might be brought to account even in this early stage; the possibility of finding trichinæ in the feces by microscopical examination. It has been ascertained by Senckort and Davaine, that on the introduction of Trichinæ into the alimentary canal, the number of females is greater than that of the males, that after three or four days the females are much greater in numbers, and that after several days more have elapsed the female Trichinæ are out of all proportions to the male. It has consequently been inferred that the males, where connexion has taken place, having discharged their function, perish and pass off with the fœces, while the functions of the females require a greater longevity. Again it is possible that either males or females might become entangled in the contents of the bowels, carried along to the anus and discharged externally. Should positive results be obtained by such an examination of the fœces, the certainty of the diagnosis is at once established, but such an examination to be at all satisfactory, must be thoroughly performed, and this, it is natural to suppose, would be a most troublesome and unpleasant proceess, sufficiently so to prevent its general adoption; if the results prove negative, Trichiniasis can by no means be excluded.

The diagnosis in the second stage of the disease, requires its discrimination from Rheumatic and Typhoid Fever.

The absence of fever of an inflammatory type; of frequent and irregular changes in the temperature; of profuse perspiration; of acidity of the secretions; of the affections of the joints in the majority

of cases; of the erratic nature of the disease; of the usual complications, and of the conditions under which Rheumatic Fever occurs, are sufficient for its elimination; while the presence of the characteristic symptoms of Trichiniasis before detailed, the Typhoid character of the fever, the absence of affections of the joints, the possibility of finding Trichinæ in the muscular tissue of the subject, and the conditions under which Trichiniasis occurs, establish its presence. An ante-mortem diagnosis of the disease, was first made in the year 1862, by Friedrichs, by the removal of a portion of muscular tissue, which is by far the most certain means of ascertaining the presence of the disease; but without resorting to this process the disease is quite as easily distinguished as most others in the nosology.

Typhoid Fever can usually be excluded by the absence of the following:—Its gradual and insiduous manner of developement; the congested state of the skin; the dilated pupils, the dull state of the intellect; the delirium *during the second septenary* period; the character of the stools (ochre colored and contain uncoagulated blood and sloughs of the Pyaerin and solitary glands); the early appearance of meteorism, iliac tenderness and gurgling; the tendency to hemorrhages from mucous surfaces, of Epistaxis and blood in the stools before stated; the appearance of successive crops of lenticular rose colored papulæ on the abdomen, from the end of the first week to the fourth; its endemic appearance, its tendency to attack those from 16 to 35 years of age and the liability to relapses.

Mode of Examination of the fœces.—Water should be added until they are rendered fluid, if they be not already sufficiently diluted; the suspected matter is then to be placed on the object glass drop by drop, when with a magnifying power of 20m. it is possible to find the worms.

Mode of Examination of Muscular Tissue.—Remove a small portion of muscular tissue by the process of harpooning, or with the knife from any convenient place of the deltoid, (it is advisable to take flesh from the acclimitous parts, and those are generally near the insertions or tendons of the muscles, for in such places the worms meeting with an obstruction are found in maximum numbers) and subject the portion thus removed to microscopical examination. If the cysts have undergone calcareous degeneration, they can be distinguished without any difficulty. It may be remarked that an examination after the worms become encysted, is seldom required, for when this process has taken place recovery is the result. If encapsulation has taken place, but the cysts have not become calcified, the capsule can be seen inclosing the worm; a little dilute acetic or hydrochloric acid to which a small quantity of

solution of Iodine has been added, is an important aid in this examination. If the disease has been of such short duration that no cysts are formed, attention should be directed to the following process. A very small portion of the excised tissue should be spread on a glass, a drop of water must then be added, the result requires to be covered with a second piece of glass, when a magnifying power of 50 will render them distinctly seen, if present to examine ultimate structure, a power of 300 is required. Fallacies to those will be mentioned in connection with the following:

Practical method of making a post mortem Diagnosis for Dissecting room purposes.—1st. Remove a very small portion of muscular tissue from near its insertion into bone or termination into tendon.

2nd. Carefully break up the fibres to expose the cysts as plainly as possible.

3rd. Place this on a piece of glass.

4th. Hold the glass on the coat sleeve or other dark colored substance with the tissue to be examined upwards when the cysts may be seen, if present, as white specks.

Fallacy to this test, small portions of adipose tissue or nervel fibre might present a similar appearance, but if a little dilute acetic or hydrochloric acid be added to either of these latter substances negative results are obtained; if added to the cyst, the result depends on the age of the cyst, if the whole cyst and worm have become calcified (requires a great many years) no trace of either will be left. If only the cyst has become calcified, the worm will remain, and requires the microscope for recognition.

5th. If the outer coat alone has undergone calcification, then the worm and inner portion of the cyst remain, and may be seen with an ordinary magnifying glass.

If the cyst be connected with a small portion of adipose tissue, the results will not correspond with either of those above mentioned, and it affords a second fallacy to the proof of the existence of Trichinæ, as furnished by the presence of the cyst; but on the addition of a little dilute acetic or by hydrochloric acid to dissolve the cyst, or add a little sulphuric ether to dissolve the fat where a change in size might be observed.

Prophylaxis.—If there be any disease in the nosology, which shows most forcibly the truth of the long admitted maxim, that prevention is better than cure, it is Trichiniasis.

Fuchs suggested the use of the microscope as a test for trichinous meat, but it is evident that this would be of no use in a negative point

of view unless every particle of the muscular tissue be examined; the expensiveness of this process besides its impracticability will prevent its general adoption.

Alcohol has been proposed as a prophylactic, and as bearing on this Dr. Wahltuch observes that at "the tragedy of Hellstadt, where, at a dinner party, numbers who had partaken of fresh sausages became victims to the poison of Trichinæ, supplies us with the following facts:—Of those who at dinner drank a red wine, the greater number of the cases soon terminated fatally; of those who drank a rhine wine or beer, the fatal termination was somewhat postponed; while of those who indulged in spirits, none were effected by the disease," (Medical Times and Gazette, Feb. No. 1864). It is to be regretted that subsequent observation has not sustained the accuracy of this observation.

It has been shown, beyond the possibility of a doubt, that the prevention of the disease can always be effected by abstinence from all kinds of meat, especially pork, unless it be effectually cooked. A temperature of 169° Fah. by coagulating the albumen in the tissues of the worm, assures against all ill consequences. It is advisable as a further prophylactic to keep hogs intended to serve as food enclosed in clean stables that all sources of the disease may be cut off. The process of smoking, salting, pickling and freezing (to 13° Fah. below zero) do not destroy the Trichinæ.

Treatment.—In the first stage of the disease, the indication, which should be attempted to be fulfilled is to prevent the development of the embryos by driving the Trichinæ from the gastro-intestinal canal, in the living state, or to cause them to perish when they will pass off with the fœces. If the patient be seen immediately after taking Trichinous meat an emetic should be given, this ought to be followed by purgatives and ansthelmintics. The mineral emetics viz. Sulphate of Copper and of Zinc, on account of their prompt action, are the best evacuants, which can be administered; they create but little nausea, produce but little debility, and belong to the class of immediate emetics; acting on the medulla and through nervous influence. Tartar emetic is slower in its action as it requires to be absorbed into the blood, to produce its effects, and it has the further disadvantage of being a powerful depressant. The operation of emetics should be promoted by repletion of the stomach with tepid liquids.

Whether free emesis has been effected or not it is important to produce powerful and speedy catharsis. The remedy for this purpose is croton oil, the most powerful drastic known; its action by irritation on the intestines is no objection to its use. In the absence of croton oil

elaterium or some other drastic should be given in large doses. The use of drastics in this stage of the disease is recommended by Lenckart, Virchar, and many other German writers; also by the English, but Fieldler denies their efficiency.

It has not yet been ascertained by clinical experience, what anthelmintic is best suited to destroy the Trichinæ, Prof. Moster having ascertained by experiments on animals, that Benzine has a toxical effect on the worm, has recently recommended its use in the human subject, but the care and discretion required in the use of this poisonous drug renders it still doubtful whether this or any other substance will prove successful in destroying the Trichinæ spiralis intestini; Prof. Moster's mode of administration, is to make "a mixture containing Benzine ʒ ij. Liquorice Root and mucilage of Gum Arabic, of each ʒ j. Peppermint Water ℥ iv. of this he directs the patient to take a table-spoonful every one or two hours." Prof. Fredrich recommended the Bi-Carbonate of Potash, but Fieldler and Moster showed that it would neither prevent the generation of the embryos nor kill the intestinal or muscular Trichinæ. The success which has attended the use of Carbolic Acid as an ansthelmintic suggests its employment for the destruction of the Trichinæ spiralis intestini homines. Prof. Moster shewed that muscular Trichinæ would live for thirty-two hours, in Fowler's solution of arsenic; for forty-eight hours in a mixture consisting of santonine, olive and castor oil; for five hours in pure chloroform.

When the larvae have left the intestinal canal (2nd stage) all efforts directed to their destination being unavailing the indications are to support the powers of life until encapsulation takes place and to combat urgent symptoms. With a view to the accomplishment of the former, highly nutricious articles of diet should be given and accessory food, viz. brandy, administered as the necessity of the case requires.

Warm fomentations medicated with anodynes viz. Fluid Ext. of Hyosciamus, Tr. Belladona or Tr. Opium serve to diminish the muscular pains, opium per mouth or by hypodermic injections besides allaying the pains, tends to oppose the nervous depression, the lowering effect of the heart's action, and checks the diarrhœa. The bladder must be carefully watched and the catheter employed should retention occur. Generally the œdema requires no special attention, but should it prove troublesome, several hydrogogs are sufficient for its removal. The profuse perspiration can be allayed by fomentations with vinegar, when convalescence is declared, nutricious diet, change of air, sea-bathing and out-of-door exercise, should be recommended. The whole class of tonics may be included as medicines. Anorexca is usually present in this stage;

should several hydrogogs prove ineffectual, recourse must be had to drastics.

I had the satisfaction of daily observing the following case of Trichiniasis, in the practice of Dr. Sass, of New York, formerly of Cuba.

The patient, Simon Obondouffer, when first seen, May 27th was found occupying a small ill-ventilated room, very dirty and offensive. The most prominent symptoms observable were œdema about the mouth and eyes; tongue thickly coated with red tips and edges; pulse 95, partial anorexia; sweating; diarrhœa; muscular pains and abdominal tenderness. On account of the bad English used by both patient and wife, it was with some difficulty that the following history was obtained. He was a German by birth. aged 54. Since emigrating to this country in November 1866, he had followed the "business of begging" by which he had accumulated some $200; was the father of two children, both dying in Germany (cause unknown). The patient had been sick eight days; during this period there had been vomiting, diarrhœa, thirst, impaired appetite, loss of strength and sleeplessness; for two days past the vomiting had been diminishing while the other syptoms were increasing. On making inquiries concerning the substances eaten and drunk, previous to the attack the patient replied "we both drink Lager and eat what is given us by charity." Directions were given as to cleanliness, and calomel gr x prescribed. A dose of morphia, directed to be taken at bed-time. After leaving the place, I asked the Dr. for the diagnosis to which he replied, "I suspect Trichniasis for I have seen several cases in Cuba, and this much resembles them."

May 28th.—Complains of want of sleep, pains and exhaustion, only occasional vomiting, but all other symptoms of yesterday somewhat increased; pulse 110 per minute, eight liquid stools during the twenty-three hours; croton oil gt. ij. at once prescribed; morphia left to be taken at eight o'clock in the evening.

May 28th to June 2nd.—In addition to previous symptoms the patient complains of headache; stiffness and much soreness of muscles. During this period the treatment consisted of anodynes and sedatives.

June 3rd.—Palpebral œdema very characteristic, œdema of the arms and legs appearing, no vomiting, six stools during the past twenty-four hours; pulse 106, profuse perspiration; great thirst; soreness and stiffness of muscles; the last motion produced the most intense pain, respiration 30, cough and a somewhat rusty expectoration.

(To be continued.)

ONTARIO MEDICAL COUNCIL.

First Meeting under the New Act—Organization of the Council—An important Notice of Motion by Dr. Agnew.

On Wednesday afternoon, July 14, the first meeting of the lately elected members of the New Council of the College of Physicians and Surgeons of Ontario, was held in the Court House, Toronto. There were present outside the bar of the chamber quite a number of the practitioners of the city.

THE NEW MEMBERS.

Dr. Pyne, suggested that Dr. Strange, of Hamilton, Registrar, do call the roll. The following gentlemen answered to their names:—

ELECTORAL DIVISION AND REPRESENTATIVE.

Western St. Clair—E. G. Edwards, Strathroy.
Malahide and Tecumseth—John Hyde, Stratford.
Saugeen and Brock—Wm. Clarke, Guelph.
Gore and Thames—C. W. Covernton, Simcoe.
Erie and Niagara—Thos. Pyne, Hagarsville.
Burlington and Home—Jas. Hamilton, Dundas.
Midland and York—J. N. Agnew, Toronto.
King and Queens—Wm. McGill, Oshawa.
Newcastle and Trent—J. F. Dewar, Port Hope.
Quinte and Cataraqui—H. W. Day, Trenton.
Bathurst and Rideau—W. Mostyn, Almonte.
St. Lawrence and Eastern—W. H. Brouse, Prescott.
University of Toronto—W. Oldright, Toronto.
University of Victoria College—C. Berryman, Toronto.
University of Queen's College—A. Bathurst, Glanford.
Royal College of Physicians—M. Lavelle, of Kingston.
Toronto School of Medicine—W. T. Aikins, Toronto.
University of Ottawa—J. A. Grant, Ottawa.
Trinity College of Toronto—C. B. Hall, Toronto.

HOMŒOPATHIC REPRESENTATIVES.

D. Campbell, Toronto; G. C. Field, Woodstock; H. Allen, Brantford; Wm. Springer, Ingersoll; J. Adams, Toronto.

ECLECTIC REPRESENTATIVES.

W. Hopkins, Dunville; H. Cornell, Toledo, Ont.; G. A. Carson, Whitby; J. J. Hall, St. Marys; R. H. Clarke, Cobourg.

VERIFYING THE RETURNS

On motion, Dr. Covernton of Simcoe, assumed the chair.

Dr. Brouse moved that a committee of three be appointed to inspect the returns and report.

Dr. Clarke, of Guelph, thought such a step was useless, as he considered, that according to the Act, the Registrar's returns could not be controverted.

Dr. McGill, of Oshawa, thought that the Council had the power to carry such a motion as was before the chair.

The motion being put was carried, and the chairman appointed Drs. Pyne, McGill and Clarke as the members of the committee.

The committee reported the representatives mentioned as all duly returned.

ELECTION OF PRESIDENT AND VICE-PRESIDENT.

Dr. Brouse, seconded by Dr. McGill, moved that the mode of voting for election of office-bearers be by written ballot.

Dr. Dewar objected. He thought that the voting should be open and above board. He was not afraid to record his vote openly.

Several members coincided with Dr. Dewar. They considered that open voting would best conduce to the working of the new Council.

Dr. Aikins contended that the election was required to be done by open vote.

After some further discussion, Dr. Brouse withdrew his motion. The election of President was then proceeded with.

Dr. Brouse, seconded Dr. Dewar, moved that Dr. Clarke, of Guelph, be the President of the Council for the ensuing year. The motion was concurred in without any division.

Moved by Dr. Grant, seconded by Dr. Hall, that Dr. Brouse be the Vice-President of this Council for the ensuing year.

Moved in amendment thereto by Dr. Allan, and seconded by Dr. Field, that Dr. Campbell be the Vice-President.

The amendment being put was lost.

The original motion was put and carried, thus electing Dr. Brouse Vice-President.

THE PRESIDENT'S SPEECH.

The President, thanked the members of the Council for electing him as their President, assuring them that he would do all in his power to

merit the confidence placed in him and proceeded briefly to ad ress them impressing strongly the desirability of discussing matters brought before them, temperately and in conducting themselves seemly and harmoniously. For his part, he would be only too happily employed if he could smooth down any old asperities or prejudices, and so make the Council thoroughly practicable. He hoped that they would sink all interests but those of their electors and of the public.

The Vice-President, Dr. Brouse, briefly thanked the Council for appointing him to the Vice-Presidency. He would do all in his power to supplement the promises of the President.

REGISTRAR AND TREASURER.

Dr. McGill, seconded by Dr. Brouse, moved that the Registrar and Treasurer be hereafter residents of Toronto.

Dr. Berryman took objection to the motion, considering it not in order. He thought that the Council should appoint the officers, and then compel them to become residents.

Dr. Lavelle would like to hear of some substantial reasons for the officers named being residents of Toronto.

Dr. Dewar thought that, that it would be found that the both offices should be filled by one person.

Dr. Aikins thought that the Act, rightly construed, went to show that the offices of Treasurer and Registrar should be separate.

The Chairman proceeded to put Dr. McGill's motion, and the Dr. spoke briefly in support thereof. He thought that Toronto should be the head-quarters of the Council.

Dr. Lavelle moved, seconded by Dr. Mostyn, that the election of Registrar and Treasurer be postponed.

Dr. McGill's motion was put and lost. Dr. Lavelle's amendment was then put and carried.

APPOINTMENT OF COMMITTEES.

Dr. Brouse moved, seconded by Dr. Aikins, that a committee of five, be appointed to name the standing committees for the year.

Dr. Brouse thought that as the mode mentioned in his motion was the usual procedure in public bodies, and obviously the easiest and most expeditious one, it should be followed.

Dr. Berryman objected. He considered it a curious way of appointing committees, and not at all a fair one.

Dr. Campbell coincided with the views of Dr. Berryman. He thought the appointing of the committees in open chamber would perhaps be best conducive to harmony. As a homœopathist he would persistently oppose

the motion. If it was carried, his branch of the Council, being in the minority, would stand no chance. The whole five, comprising the proposed committee, might be avowed enemies of homœopathy.

Dr. McGill inquired of Dr. Campbell, if he would accept the President's nomination of five members ?

Dr. Campbell—Certainly not; he had no right to delegate away the powers of his homœopathic colleagues. At the same time he would say that there was no member of the Council in whom he had greater confidence than in the President. He proceeded to move a motion to the effect of the mode he proposed; but upon the President showing him a list of names which he proposed to nominate, he consented to withdraw his proposed nomination, and accept the names. The names were Drs. McGill, Berryman, Campbell, Hopkins, Pyne, Dewar and Brouse.

A motion to the effect that these gentlemen be the committee proposed was accordingly moved.

Dr. Oldright, seconded by Dr. Agnew, moved in amendment. That the names of Drs. Hamilton and Covernton be substituted for those of Drs. Campbell and Hopkins.

Dr. Oldright proceeded to give his reasons for moving the motion, when he was interrupted by Dr. Campbell and others of the members, who contended that he was not speaking to the question.

The President ruled him in order.

Dr. Oldright went on to say that the Council were placed in an anomalous position. Certain members of the Council had, by pressure on the Legislature, forced themselves into the Council. He had never recognized them and never would, and would oppose them on every occasion and at every stage.

Cries of question.

Dr. Oldright's amendment being put, was lost, and the original resolution was carried.

AN IMPORTANT NOTICE OF MOTION.

Dr. Agnew said that as he presumed the appointing of the Committee just drafted would finish the busines of the Council, he would move the following resolution as a notice of motion for to-morrow :—

Whereas—A Committee of the late Medical Council of Upper Canada applied to the Legislature of Ontario, at its last session, for the repeal of the Act, under whose provisions the Council was constituted; and

Whereas—The said Committee of the Medical Council drafted and obtained the introduction and passage of a Bill, entitled, "An Act to amend and consolidate the Acts relating to Medicine and Surgery, in Ontario," without submitting such measure for the approval of their con-

stituents, or in any way consulting them in regard to it, or even furnishing them with copies of the Bill, so that the vast majority knew nothing of its character until it had passed and become law; and

Whereas—The "consolidation," of the Acts relating to the Profession of Medicine and Surgery does not appear to have been contemplated when the Bill was introduced and read a first time, and was a change of title incident to the interjection of clause or sub-section two, of section eight, and other-clauses consequent therefrom, at a late stage in the passage of the Bill, and when it was supposed by nearly all those who were responsible for it, to have received its final character; and

Whereas—The Coalition, in a Council, forced upon the Medical Profession, with two other bodies, known as Homœpathists and Eclectics, for the purpose of legislating in regard to questions involving the most vital principles of medical science, is viewed by nearly all the leading and thoughtful members of the profession as fraught with great danger, and likely to lead to the most pernicious consequences—alike subversive of the cause of science and of professional morality—for if the views held by all the great schools of the world are honestly embraced by the Medical Profession of this Province, and if the so-called theories of the other bodies are honestly held by them, they cannot be compromised by either, for any mere expediency, without dishonor; and

Whereas—The incorporation of the Medical Profession with the Homœpathic and Eclectic bodies in "The College of Physicians and Surgeons for Ontario," without distinction of any kind whatever, is viewed by the Profession as highly objectionable and calculated to compromise their status as recognized members of the great body of scientific Practitioners of Medicine throughout the world, and

Whereas—The establishment of a Central Board of Medical Examiners for the Province, has in the abstract, received the approbation of many leading members of the profession, the exempting clause in favor of the systems of Homœopathy and Eclecticism is condemned, as calculated to render nugatory the operations of the Board in favor of an advanced curriculum, and to greatly lower the standard of education, inasmuch as section twenty-five of the Act provides, "That every candidate who shall, at the time of his examination, signify his wish to be registered as a Homœpathic or Eclectic Practitioner, shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the theory or practice of physic, or in Surgery or Midwifery, except the operative practical parts thereof, before any examiners, other than those approved of by the representatives in the Council of the body to which he shall signify his wish to belong," thus maintaining in full force, (with exclu-

sive privileges not possessed by the Medical Profession), and giving greatly extended influence to the Homœopathic and Eclectic boards, claimed by the promoters of the Bill to have been extinguished, and

Whereas—In addition to all the foregoing objectionable features of the Bill, its operation will in all probability, cut off the recognition of our Medical diplomas by the Mother Country, and thus deprive our young men of privileges they have not been slow to avail themselves of in the past—to their own credit and ours, and which they would no doubt earnestly desire to have still continued open to them; be it therefore

Resolved—That a committee consisting of————be appointed to draft memorials to His Excellency the Lieutenant-Governor in Council, and the Legislative Assembly, in accordance with this resolution, and respectfully requesting the repeal of so much of the Medical Acts, as unites the Homœopathic and Eclectic bodies with the Medical Profession of this Province.

Dr. Agnew said that he would like to have this motion come up for debate to morrow. As it was somewhat lengthy and contained recitals of some importance, he had had sufficient copies of it printed, and would be happy to distribute them for perusal among the members. He was desirous that the discussion on it should be ample, free, and full.

A brief discussion as to the practicability of the motion in case it was carried, and particularly as to the best time for taking it up ensued.

The President and others thought that the effect of the resolution, in case it was carried, would not be practicable.

Dr. McGill thought that the discussion should, if possible, commence to-night, and when it did come up he would have something to say concerning it. (Laughter.) He thought it very strange that after the labor which Dr. Agnew had apparently spent on his resolution—of which he had given notice of motion—he should be afraid to have the debate come on to-night.

Dr. Agnew, in reply, said that he was prepared at any moment to go on with the debate, which it was evident the putting of the motion would produce. As it would most likely be a protracted, and, he thought ought to be a conservative one, and as he had had copies of the resolution printed for the perusal and calm deliberation of the members during the adjournment of the Council, he thought it would be inadvisable to commence the discussion that evening. He did not think that he fairly merited Dr. McGill's sneer that he was afraid to go on with the debate that evening.

After some further discussion, the Council adjourned until the evening at half-past seven.

EVENING SESSION.

The President took the chair at 8 o'clock.

REPORTS OF COMMITTEES.

Dr. Pyne, Chairman of the Committee, selected to appoint the Standing Committees, presented the following report :—

REPORT.

FINANCE COMMITTEE.—Drs. J. J. Hall, Field, Hamilton, Oldright, Bethune and Day.

REGISTRATION COMMITTEE.—Drs. Connell, Springer, Hyde, Grant, Mostyn, Covernton, and Agnew.

EDUCATION COMMITTEE.—Drs. Berryman, Hopkins, Aikins, Lavelle, Campbell, McGill, Dewar.

RULES AND REGULATIONS COMITTEE.—Drs. Adams, Carson, C. B. Hall, and Edwards.

PRINTING COMMITTEE.—Drs. R. J. Clarke, Allan and Aikins.

Dr. Payne moved, seconded by Dr. Campbell, that the report be adopted. *Carried.*

Dr. Grant asked to have his name struck from the Registration Committee.

The Chairman said he had no power to do so. The doctor might refuse to act and have his refusal recorded on the minutes of the Council.

Dr. Campbell suggested that his learned friend should have his name placed in some other Committee instead; but hoped that he would not obstruct the business of the Council by refusing to act altogether.

Dr. Grant said he had no desire whatever to obstruct business. He would prefer to withdraw his name; but, if the majority of the Council desired him to remain in the Committee, he would not press his request. (Hear, hear.)

The following report of the Examiner was read :—

TORONTO, July 14, 1869.

To the President and Members of the Medical Council of Ontario :—

GENTLEMEN,—I beg to report that I have examined eight candidates in the subjects appointed by the Council for matriculation. Seven of them succeeded in passing the examination, and one was unsuccessful.

The names of the successful candidates are as follows:—J. A. Wales, Markham; S. G. Rutherford, H. J. Cole, Robert Whiteman, Balsam, P. O.; Wm. H. Young, Brampton; Charles Morrow, Robert Hamilton. I have the honor, &c.,

ARTHUR WICKSON, L.D., Examiner.

Report referred to Education Committee.

The Council then adjourned.

THURSDAY, July 15, 1869.

The President resumed the Chair at 2.45 p.m

Dr. Agnew them moved his resolutions and that the Council resolve into a Committee of the Whole to consider his resolutions—Carried.

The Council then went into Committee—Dr. Hyde in the chair.

Dr. Agnew said that before taking up these resolutions he wished to make a running comment on them. He would carefully avoid personalities, and discussions of the various systems of medicine represented here. With respect to the 1st and 2nd clauses he would say, that the Medical Council of Upper Canada were not elected to legislate for the Profession, and they therefore exceeded their duties in introducing the Act, which was passed in such a high-handed manner last Session. This new law took every one by surprise. The rights which had been conceded to the older bodies were swept away by this hasty and uncalled for legislation. This Act was forced on the Profession by their own Medical Committee. With respect to the third clause, he would say that it would be impossible to establish a curriculum which would suit all the branches of the Profession, comprised in this Act. To form such a curriculum it would be necessary to compromise principles held by each body, and which could not be done without dishonor and disgrace. With regard to the 5th resolution, he would state that, instead of uniting the various branches, it would tend to separate them, and bring them into discredit in the eyes of the world. With regard to the 6th clause, he would say that it was not of such paramount importance to establish a Central Board. If abuses existed in our present educational systems, we should rather try to elevate their status by throwing about them proper safeguards. Section 24 of the new Act exempts Homœopathic and Eclectic students from examination in some of the most important branches of study. It was contended by the framers of this Act that its object was to elevate the standard of these two professions; but if they were to be exempted from examination in five of the most important branches of study, he did not see how their standing was to be elevated. He now came to the resolution itself. He must express his respect for the legislature of the country. Though he objected to the Act, he did not condemn the body that made it law. He was convinced they were not to blame in the matter, and if it were presented to them in its proper light, he had no doubt the Act would be amended. He was not surprised that physicians should differ from each other in regard to their views of medicine. He was not surprised that his professional brethren should differ from him; but he objected to being compelled to join with them. His object was simply to petition the Legislature to restore to the Profession their natural rights.

Dr. Clarke said his learned friend had not stated a single fact in all his remarks. He denied that the action of the Medical Council took the profession by surprise in assisting Parliament to pass this Act. Two years ago it was proposed to admit the Homœopathists and Eclectics into the Profession. This notice was sent round to every physician in the country, and was thoroughly discussed in the Council last year. The statement of his learned brother that the Medical Council had exceeded their powers and taken the Profession by surprise, was, therefore, a mis-representation. His learned friend had also asserted that the Bill was distasteful to the people throughout the Province. The fact that he (Dr. Clarke), and others of the Committee were elected by a very large majority on this very Bill, was proof to the contrary. The fact was that the large majority of the Medical Profession in Ontario were in favor of the Bill. He adverted again to the assertion that the Bill was rushed through the House. He denied the assertion. Never was a Bill more thoroughly canvassed and discussed in the House than this very Act. It was carried openly and above-board. The representative of Toronto East, when the Bill was discussed in the House, declared that he had no faith in Allopathy, that he believed in Homœopathy. (Laughter). This clause was forced on the Committee by the House of Assembly. They declared that they legislated not for the Profession, but for the people. (Laughter). He hoped the Council would not condemn this Bill till it had been found to work badly. It had pleased all but a few, and surely the Council would not stultify itself by passing Dr. Agnew's resolutions.

Dr. McGill said his name had been connected with this Bill, and he believed he knew as much about it as any of his friends present. He referred to the passage of the Bill through the House, corroborating the statement of Dr. Clarke, that it received careful consideration in the House. Several copies of the Bill were circulated throughout the Province—not a copy to each member of the Profession—but a large number which were evenly distributed throughout Ontario. The amendments which were made to the Bill after the first reading were made in Committee, and the Bill as amended was then distributed throughout the country. The subject was thoroughly discussed in the papers, and it has seldom happened that any Bill has been made so public as this Act, before it was passed. He denied that the standard of education would be lowered by this union. The contrary would be the fact, because the students would require to be better educated than at present to be enabled to pass the Central Board of Examiners. What an unwarrantable statement was this! It should be spurned by every member of the Profession. This Bill did not interfere with existing schools, otherwise

than to require a high standard of education. In the face of this fact was it likely that a practitioner with a higher diploma in his pocket, would find any greater difficulty in practicing in the mother country than he would at present? He was not surprised that the opponents of this Bill should have held their meetings in such a place as the Canadian Institute of this city. That institution had been in existence for many years, and had never been brought into notice before. He was afraid, until now, that it was one of those things

"Born to blush unseen,
And waste its sweetness on the desert air."

(Laughter.) But the would-be demolishers of this Bill had made it their rendezvous, and brought it into notice at last. This Bill was a great boon to the community. It elevated the Medical Profession by rendering a higher education compulsory on the part of medical students, and therefore gave the public more confidence in the Profession. They must in future come up to a higher standard. He did not believe it would be good policy on the part of the Council to make that standard too high; but they could raise it from time to time till it should become the highest medical standard in the world. He believed it was now one of the highest, and under the working of this Bill the public would be perfectly safe in the hands of the Medical Profession. The country had been praying for this bill for years, and now that they had got it a few were dissatisfied. He could not see how men's brains could be so diseased as to oppose the Bill. (Laughter.) The older schools might feel it humiliating to be compelled to fraternize with the newer schools; but it would be far more humiliating to see the status of the Profession lowered than to unite together to raise it. This Bill was calculated to raise the Profession, and the question was now whether the Council would receive it. He was sorry it was necessary to ask such a question. He knew very well that it would necessitate a little feeling on the part of the regular Profession. But would it harm the sun to have the moon brought nearer to it? Would it at all lower the standard of the old schools to have the young ones brought up to their standard? No; if the latter were unenlightened it was the duty of their more fortunate brethren to enlighten them.

Dr. Oldright said that according to the papers of the morning he was represented as having stated that he would never consent to sit at the same Board as the Homœopathists and the Eclectics. He denied having made such a statement.

Dr. Hopkins—"You did." (Cries of "you did.")

Dr. Oldright said he did not intend to make any such statement

He desired to be set right in the eyes of the people. He accepted the situation, because he believed the Act could not be repealed; and he did not desire to offer any factious opposition. He believed the Homœopathists and Eclectics should have a seat in the Council, as long as this Act exists; but he would rather they had been kept separate from the Profession. He believed there was a strong opposition to this Bill on the part of the Profession, and the fact that it was not violently opposed, should not be taken as a proof that there was none. It was said that the Legislature was well canvassed before the Bill was passed. He did not dispute that, but he denied that the Profession were duly notified of the change. The most obnoxious clauses of the Bill were introduced after it had passed through a couple of stages; and it had become law before the majority of the Profession were aware of the change. Some members of the Committee in fact knew nothing of the alteration.

Dr. Dewar—Name one.

Dr. Oldright—Dr. Aikin is one.

Dr. Clarke—What, do you mean to say that Dr. Aikin was not aware of those changes?

Dr. Aikin said he knew nothing of the changes made in the 25th clause until after the Bill became law. But he assured his learned brethren that he was willing to give it a fair trial.

Dr. Oldright denied that the agitation against this Bill was confined to Toronto. It was opposed in Ottawa, where one member lost his election because he supported it. It was opposed in various parts of the country. (Read a letter from a physician in Oshawa condemning the Bill).

Dr. Clarke—I rise to a point of order. We don't care a pin about the physician in Oshawa or his opinions. If you want to inflict the Council with such rubbish, get an old fyle of the *Leader* and read their articles on the subject.

Dr. Dewar said the old Council had endorsed the Bill, and the Council should not be insulted by such statements as Dr. Oldright had just made.

Dr. Clarke said if his friend objected to Homœopathy or Eclecticism the very best way to kill them was to educate the students better. (Laughter.) He was convinced that as soon as a Homœopathist or an Eclectic became enlighted he would reject the absurd system.

Dr. Oldright objected to compelling men to sit together in the Council, who would not consult with each other outside of it. In England there was a strong expression of opinion against the principle of this Bill, and he did not believe in lowering the standard of the Profession in this coun-

try by admitting sects of medical advisers into it here, which are not recognized there.

Dr. Dewar said the Legislative Assembly had admitted the clauses which Drs. Agnew and Oldright had condemned, and not the Medical Council. But it made no difference by whom they were introduced, they would have been carried by the House at anyrate. He believed it was a necessity to admit the Homœopathists and Eclectics into the body; but he had no desire to embrace them.

Dr. Campbell believed the hostility exhibited against the body to which he belonged (Homœopathists) arose from ignorance, as to their system.

Dr. Agnew believed that members of the Council had no right to enter into the particular principles of any one sect.

Dr. Campbell insisted that he was in order, and appealed to the chair to decide the question.

The Chairman—Quite in order.

Dr. Clarke believed it was unfair to denounce a system, and then deny its advocates the right of replying.

The Chairman declared he would leave the chair if any further opposition should be offered.

Dr. Campbell continued that it was owing to the general ignorance on the part of the Profession of the principles of the new party that there was so much hostility displayed against it. He believed, that so far from the sect which he represented, being likely to dwindle away when educated, in the end all would be Homœopathists and Eclectics. (He read a long article explaining the principles of the Homœopathic system.)

Dr. Clarke believed a great deal of latitude should be shewed to a speaker; but what Dr. Campbell was now reading was personally offensive to many present, and he begged of that gentleman to discontinue.

Dr. Campbell said he was perfectly well aware it was offensive, but that it was nevertheless true.

The Chairman ruled Dr. Campbell out of order.

Dr. Campbell continued his remarks, respecting the general ignorance of the principles of the Homœopathic system which existed in this country. He explained the reasons why the Homœopathists and Eclectics had been admitted into the Profession. Up to the time of the passage of this Act, they were not recognized as belonging to the Profession. Now they had a voice in the Council, and they would use it for the advancement of Medical Science. They were just as anxious as the Allopaths to raise the status of the Profession, and they had an intense interest in

excluding ignorant men from their ranks. Dr. Aikin, he said, was surprised when he learned how few had obtained diplomas.

Dr. Agnew—How many are there?

Dr. Aikin said that up to last Dominion Day there were of Homœopathists 43, and of Eclectics, 117.

Dr. Campbell said only 18 had passed since then, so that there were now only 61 Homœopathists in the country. He referred to the high standing of the Canadian Profession, many of whom had received high honors in the English schools. He spoke of the passage of the Act through the House, and believed that it would be ungrateful and unjust on the part of the Profession to throw this Bill back in the face of the Assembly which had given so much time and deliberation to it.

Dr. Grant said, after the able and elaborate speeches on the subject of medical education, which had just been delivered, it was not his intention to occupy the time of the Council by a repetition of the same views. Dr. Agnew had remarked that the Committee which was appointed to apply to the Parliament of Ontario for a new Medical Bill, was self-constituted. Such was not the case, for that Committee was formed at the meeting held in Guelph, owing to the fact that the old Bill of the late Dr. Parker was found inadequate, and not in itself suited to the present requirements of the Profession. Under these circumstances a Bill was drafted by that Committee, which subsequently met at Ottawa, and was then agreed to by Drs. Dewar, Brouse, Patullo and Grant. The Bill was presented to the Legislature of Ontario in this form, and entrusted to the charge of Dr. McGill. In it there was no reference made to the introduction of any clauses pertaing either to Homœopathy or Eclecticism. The subject of such introduction had been previously mooted in 1866 by Dr. Brouse, who introduced a motion to that effect, against which he (Mr. Grant) voted, and again in 1867 a second motion to the same effect was moved by Dr. Yates, of Kingston, against which he also recorded his vote. On several occasions the subject was mooted, but at no period did he give his assent towards such a union; and when the Bill was entrusted to Dr. McGill, it was never anticipated for one moment that so radical a change would be introduced without the assent of the Profession. He (Dr. Grant) merely wished to set the profession in this city and the country at large right upon this subject. It was a well-known fact that he was always opposed to such a combination, as it would not give satisfation to the Profession at large. At a meeting of the Medical Council, when asked the question by Dr. Dickson, concerning his knowledge of these resolutions, he then stated, most emphatically, that he was not

aware of such being introduced into the Bill, until such time as it became law. As the Bill now stood, it was not his intention to offer any factious opposition; and in the advocacy of a separation from the two bodies adverted to, it was not with any spirit of antagonism. This was a liberal and enlightened age, and the various gentlemen practicing their respective "pathies" have a full and perfect right to do so by legislative enactment. (Applause.) He deprecated in the highest sense, the showering down of ungentlemanly epithets by some individuals of the Allopathic school upon either Homœopathists or Eclectics. (Hear, hear). The only way to promote good feeling and advance science in its various departments, was to cultivate an elevated tone of expression, and the exhibition of gentlemanly deportment, for in this way alone could good results come out of such a union as assembled in this chamber on the present occasion. So far, there were no less than eight new representatives at the Medical Council, and these gentlemen, on almost every occasion, were returned to their present positions in opposition to the Medical Bill passed by the Legislature of Ontario last session. This was a fact which could not readily be controverted, and was proof-positive that, so far, the Bill did not meet the wishes of the Profession in Ontario. The opposition that he experienced in the Rideau and Bathurst divisions, was attributable to the circumstance that many of the Medical gentlemen labored under the impression that he supported the introduction of the Homœopathic and Eclectic clauses. Such, was not the case; for on each and every occasion where the discussion took place on this topic, he invariably voted against the admission of such resolutions, not with any antagonism towards these Medical gentlemen; but from the full and thorough conviction, that the best interests of the Profession would be subserved, by each body guiding and protecting its own interests separately, more especially as he was thoroughly convinced, that by this means alone would the interests of the Profession, not only in Ontario, but in the entire Dominion, be advanced so as to give entire satisfaction. (Hear, hear.)

The Committee then rose, and the Council adjourned for recess.

EVENING SESSION.

The President took the chair at 7.45 p. m.

The House went into Committee, Dr. Day in the chair, and the debate was resumed.

Dr. C. B. Hall said it was evident from the 25th clause that the President of the Council had no intention of exterminating the Homœopathists. The object then could only be to give them an unfair advantage over the regular Profession. He hoped the Council would unite and petition the Legislature to rescind it.

Dr. Clarke utterly denied the statement. Dr. Hall's assertions were incorrect from beginning to end.

Dr. Brouse was sorry to hear such recriminations as had just passed between members of the Council. He spoke of the origin of the Bill. The curriculum proposed by the Council was a very high one, equal to any in the world. They found themselves, however, in a difficult position, There were three licensing bodies in the Province, and a student who would be unfit to pass one curriculum might easily pass the others. It was, therefore, for the protection of their own system that this Act was proposed. Without a uniform system, uneducated practitioners would be let loose on the country, and bring disgrace on the Profession. If blame were to be attached to any one for the passage of this Act, it should rest on his shoulders. It was he who proposed it and brought it before the Council. He was willing to stake his reputation on the success of that Act. He hoped all would accept the situation, and if any dissatisfaction should arise from it in the future he was willing to exert his influence to have the Act repealed; but until then he would support the Bill. He therefore moved, seconded by Dr. Hamilton: That, all after the word whereas in the 1st clause, be struck out and the following inserted—" That inasmuch as three licensing bodies existed in Medicine in the Province of Ontario, whose privilege was to send forth practitioners of an inferior Medical education; and whereas, it is highly desirable to protect the public by allowing only thoroughly educated men to receive a license to practice Medicine, notwithstanding the objections many of the Council may have, and do now entertain towards some clauses of the new Bill, we are prepared to use our best efforts to make it acceptable to the Profession and beneficial to the community at large, by raising the standard of Medical education throughout the country.

Dr. Hamilton, in seconding the motion, said he believed the Act, if honestly followed out, would be found to be beneficial to the country at large. He appealed to the Council to act as an intelligent, educated body of gentlemen, and to take their new brethren by the hand, and try to elevate them to their own standard. (Applause.)

Dr. Lavelle would support the motion of Dr. Brouse. He could not understand why the Toronto members should come forward to oppose the Act when it was too late to do anything. He was present in the gallery when the Act passed the House, and he noticed several members of the Profession from Toronto in the gallery with him. They could not, therefore, plead ignorance that the Act was changed. He was opposed to the Act himself; but now that it was passed he was willing to do all he could to make it work smoothly. If it should not give satisfaction,

he was willing to petition to repeal the Act. If Parliament should then refuse to do them justice, he would go in for free trade with all his heart. With all due respect for Dr. Campbell, he would say that there were no Homœopathists in Kingston, which he represented.

Dr. Campbell—So much the worse for you.

Dr. Lavelle—May be so. But none of them ever were able to live in Kingston. He hoped that all would unite to elevate the curriculum, and work the Act for the best interests of the country and the benefit of the Profession. (Hear, hear.)

Dr. Field, Woodstock. Said he had heard so many different stories about its passage through the House, that he hardly knew what to believe. He assured his Allopathic friends that the Homœopathists did not oppose this Bill for fear the standard of education would be raised; but for fear that fair play might not be shown them, being in the minority; but he was inclined to believe that such would not be the case, and he was prepared to help to carry out the Bill. An opinion had been expressed that the Bill was passed for the protection of the Allopaths, to prevent students who might be plucked in trying to pass the Board of that sect, from going to other Boards for diplomas. Such was not the case. A candidate who could not pass an examination in Allopathy, would have little chance to succeed before a Homœopathic Board.

Dr. E. G. Edwards, (Strathroy) said his constituents were willing to give the Act a fair trial. He was sorry to hear the expressions which had been made use of by members of the Council. They did not tend to convince opponents of error, and lowered the Profession in the eyes of the people. He hoped such disgraceful scenes would not occur again, and that all would unite to carry out the Act.

Dr. Mostyn said the discontent caused by this Bill was not confined to Toronto. The Profession in Ottawa, when they found that those clauses were in the Bill, opposed it more violently than the people of Toronto. He would do his best to have the Act repealed.

Dr. Connell, as a member of the Eclectics, wished simply to have fair play shown them.

Dr. Aikins referred to the objections urged against this Bill when it was introduced in the House of Commons. One of the principal objections urged against the Act was that the Eclectics, being pretty numerous, would endeavor to depreciate the curriculum. He assured the Council that he was more liberally met, in his endeavers to raise the curriculum by Eclectics and Homœopathists, than by members of his own sect (Applause).

Dr. Hopkins, (Dunnville), as an Eclectic, would not endeaver in any

way to influence anyone to lower the curriculum. All his efforts would be directed towards raising it. It would be well if many of the Allopathic practitioners, with whom he was acquainted, were educated up to the Eclectic standard. (Applause.)

Dr. Grant (Ottawa) believed from what he had heard this evening, that the Eclectics and Homœopathists were perfectly competent to look after their own interests without joining the Allopaths. He would therefore move, seconded by Dr. Bethune, in amendment to the amendment, that inasmuch as the Medical Bill as at present is not in compliance with the wishes of the members of the Medical Profession generally, as it has legislated into union the members of various medical bodies in such a manner as will not conduce either to their interests or prosperity, that under these circumstances every endeaver be made to obtain the repeal of so much of the Medical Bill as unites these various bodies, and thus restore each to its original status, with such safeguards of the public interests as may seem necessary.

Dr. Bethune spoke in favor of the amendment.

Dr. Grant's amendment was then put to a vote and lost.

Dr. Brouse's was then put to a vote and carried by a large majority.

The Committee then rose and reported.

Dr. Brouse moved the concurrence of the Council in his amendment which was carried.

Dr. Agnew then called for a vote on the same motion, which was carried.

Yeas—Drs. Edwards, Hyde, Covernton, Hamilton, Pyne, McGill, Dewar, Brouse, Aikins, Lavelle, Campbell, Field, Allen, Springer, Adams, Hopkins, Cornell, Carson, J. J. Hall, R. H. Clarke—20.

Nays—Drs. Agnew, H. W. Day, Mostyn, Oldright, Bethune, Grant, C. B. Hall—7.

The Council then adjourned.

FRIDAY, July 16.

The President took the chair at 11 a. m.

Roll called and minutes read.

Moved by Dr. Edwards, seconded by Dr. Hyde, that we members of the Council of Physicians and Surgeons of Ontario, desire to express our most unqualified disapprobation of the practice of some of the registered Profession in Ontario, seeking public notoriety through the press, and by circular, by means of most unprofessional personal eulogiums, and that such conduct will in future be held highly censurable by the members of this Council, as being unworthy an honorable Profession. He explained that he desired an expression of disapprobation from the Council of the proceedings of certain registered physicians.

Dr. Hyde said it was extremely derogatory to the Profession to allow any of its members to practice in such a manner.

Dr. Lavelle said, however desirable it might be to put a stop to such proceedings, the Council had no power to legislate in such matters.

Motion carried.

Dr. Campbell moved for a reconsideration of the motion. If this were carried into effect a physician could not advertise in a paper. He objected to charlatanism, but he believed in legitimate advertising. He did not believe there was any disgrace in a physician putting his card in a newspaper.

Dr. Edwards said his learned brother did not quite understand him. He only whished to discountenance charlatanism.

Dr. Campbell said the intention should be more clearly stated in the motion.

Dr. Lavelle believed it was not unprofessional to insert one's card in the papers; but he asserted that it was decidedly unprofessional for a physician to advertise in the papers that he intended to visit other places.

Dr. Edwards withdrew his motion.

Moved by Dr. Grant, seconded by Dr. Hyde, That it is desirable public prosecutors should be appointed, in order to carry into operation the aim and intention of the Medical Act of Ontario, one for each county to be chosen by the representative of such, subject to the consideration of this Council. Carried.

Dr. Covernton moved, seconded by Dr. Hyde, that it is expedient that this Council should appoint a Committee to decide a code of medical ethics, and on a maximum and minimum tariff of fees, and to hear and adjudicate upon all complaints of violation, on the part of any registered member, of rules and regulations submitted by the Committee and sanctioned by the Council, without a vote of three-fourths of the Council, and be required to reverse the decision of the Committee. Carried.

The Printing Committee presented its report:—

EDUCATION.

The Education Committee presented the following

REPORT:

That all students pass an examination on general education before they commence their proposed studies, in accordance with the 33rd clause of the Medical Act. The Committee recommend that students should translate and prove their grammatical knowledge of passages from the first two books of Cæsar's Commentaries De Bello Gallico. With regard to the optional subjects, translation of the first chapter of St. John, in Greek, and proof of grammatical ability in French in the first chapter of

Telemach of Charles Twelfth, Natural Philosophy, Sangster's First Book.

That the age of 21 years be the earliest age, at which any student shall be entitled to register.

That four years of professional study be required of any student before he can present himself for his final examination, such time to date from the passing of their preliminary examination, except as hereinafter provided.

That the professional examinations be divided into at least two parts, that the first examination be undergone at the end of the third year, and the final examination at the expiration of the fourth year.

MEDICAL EXAMINATIONS.

Final at the end of the fourth year:—1st. Surgical Anatomy; 2nd. Practical Chemistry; 3rd. Medical Jurisprudence; 4th. Sanitary Science; 5th. Midwifery (operative); 6th. Surgery (operative practical); 7th. Materia Medica and Theraputics; 8th. Midwifery; 9th. Surgery; 10th. Theory and Practice of Medicine.

Primary—At the end of the third year on the following subjects:—1st. Descriptive Anatomy; 2nd. Physiology; 3rd. Theoretical Chemistry; 4th. Toxicology; 5th. Pathology; 6th. Medical Diagnosis; 7th. Botany.

All of which is respectfully sudmitted.

J. S. DEWAR.

The Council went into Committee on the report. Dr. Mostyn in the chair.

Dr. Campbell objected to subjecting Homœopathic students to examination in Materia Medica, which is one of the exceptions under the Act.

Dr. Lavelle held that if Dr. Campbell was sincere in his desire to raise the standard of medical education, he should not object to the insertion of this in the curriculum.

Dr. Campbell said he only objected to it because he had long been a student in the Allopathic schools, and his friends might consider that he was still inclined to that sect. (Laughter). He withdrew his objection.

The Committee rose and reported without amendments.

The report was adopted. The Council then adjourned.

AFTERNOON SESSION.

The President took the chair at 3 p.m.

Roll called and minutes of morning sitting read.

EDUCATION.

Dr. Dewar said through an omission the Education Committee had failed to insert in the report presented in the morning "German" among the optional subjects of study. He now asked permission to insert it.

Permission granted.

Dr. Dewar presented the following report:—

Your Committee beg to recommend that the Examining Board be composed as follows:—Representatives chosen by the Homœopathic Board, 2; do. Eclectic Board, 2; do. from the members of the Medical Profession registered in Ontario, 8.

Your Committee beg to recommend that Drs. Allen and Field be appointed to represent the Homœopathists.

That Drs. Carson and R. H. Clarke be the representatives of the Eclectics on the Board.

That Drs. H. H. Wright, J. H. Sangster, and M. Sullivan be the representatives of the teaching bodies in Ontario.

That Drs. Lizars (Toronto), Gordon (Brockville), Tuck (Guelph), Cole (Clinton), Hope (Belleville), be the representatives of the Council.

That the present matriculating examiners be re-appointed for the ensuing year.

The Council went into Committee of the Whole on the report. Dr. Hopkins in the chair.

Dr. Campbell charged the Chairman of the Committee on Education with dealing unfairly with the Homœopathists, to the selection of representatives. His (Dr. Campbell's) name should have been inserted instead instead of Dr. Allen's. He insisted that fair play should be shown him. The Educational Committee were afraid to have him (Dr. Campbell) on the Board, for fear he should watch them too closely.

Dr. Day called on Dr. Campbell to withdraw his last assertion. It was an insult to the Education Committee.

Dr. Clarke suggested that the Homœopathic representatives retire to another room, and settle the matter among themselves.

They withdrew accordingly.

In a few minutes they returned and announced that they had appointed Drs. Campbell and Field to represent them.

On motion, the report was amended by inserting Dr. Campbell's name in the place of Dr. Allen's.

Dr. Grant moved, seconded by Dr. Pyne: That in selecting examiners, the same rule be applied to the Homœopathist and Eclectic as to the Allopathic bodies of this Council, so that, if the Allopathic members be selected outside of this Board, the same may be done with the others.

Dr. Pyne, in seconding the motion, said that no other body in the world would select its Examining Board outside of its own members.

Dr. Lavelle believed the members should be selected from physicians outside of this Council, so that, in case any trouble should arise among them, this Council could be made a Court of Appeal.

Dr. Brouse was of opinion at the beginning, that the Board should be composed of members in the Council, as well as members outside of it. He had, however, changed his opinion, and believed they should be chosen from outside of the Council entirely.

The motion was withdrawn.

Dr. Brouse moved, seconded by Dr. Clarke, in amendment: That it is not advisable to affirm any definite principle on the subject at this meeting.

Dr. Oldright believed it should be left an open question.

Dr. McGill said the Act did not render it obligatory to choose the members of the Board from the Council, or outside of it. It was optional with the Council.

Dr. Carson believed it would be better to have a mixed Examining Committee.

The amendment of Dr. Brouse was put to a vote and carried.

The names of the members of the Board of Examiners were next taken up, and after a short discussion, Dr. Lizars was carried by a large majority. Dr. Gordon was also sustained. The name of Dr. Covernton was substituted for that of Dr. Tuck. Dr. Cole was sustained. It was moved and carried to substitute the name of Dr. McGill for that of Dr. Hope.

The Committee then rose and reported.

Dr. Dewar moved the concurrence of Council in the report.

On motion of Dr. Dewar the Council went into Committee of the Whole for the purpose of making further amendments. Dr. Bethune in the chair.

The following addition was then made to the report:—

That the Examining Board shall consist of eight examiners chosen by the members of this Council, other than the representatives of the Eclective and Homœopathic Boards, and two approved of by the majority of each of such Eclectic and Homœopathic bodies in this Council.

After a long and very disorderly discussion the clause was withdrawn.

Dr. Covernton moved, seconded by Dr. Hamilton, the following resolution:—Be it resolved, that it is advisable, satisfactorily and effectually to carry out the higher standard adopted by the Committee on Education, that the examiner or examiners in matriculation appointed

by this Council shall be selected only from such registered members of the Profession that are graduates in arts and honor men of one of the universities of Great Britain or Ontario, and that should it so happen that the Council elect to that office be Allopathic members that there shall be selected from this Council as assessors one member of the Homœopathic and one of the Eclectic school.

Dr. Oldright moved, seconded by Dr. Dewar, in amendment, that Drs. Hamilton, Evans and Berryman be matriculation examiners for the ensuing year.

Dr. Lavelle believed there should be equal representation in this matter. He would prefer to see graduates from different colleges appointed to the office rather than professional men.

Dr. Oldright proposed to add the name of Dr. Reeve to those already given.

On suggestion of Dr. Brouse, Dr. Covernton withdrew his motion for this session.

Dr. Oldright desired to have his resolution put to a vote as an original motion.

Dr. Dewar said that in that case he would beg to withdraw his name from the motion as seconder.

Dr. Clarke wished to see the matter tested, and would therefore second the motion instead of Dr. Dewar.

Dr. Agnew moved, in amendment, that the name of Dr. Oldright be substituted for that of Dr. Berryman—Lost.

The original motion was then carried.

Dr. Dewar moved that the name of Dr. Hope be substituted for that of Dr. McGill, as examiner.—Lost. Yeas, 8; nays, 12.

Committe then rose and reported, and the report was adopted.

FINANCE.

Dr. Pyne presented the report of the Finance Committee: a balance of 1,610, 94 remains in the Treasurer's hands. It recommends the following scale of fees:

SCALE OF FEES.

Members, for attendance to be paid $5 per day and travelling expenses.

Fees for passing final examination, $30. $20 to be returned if candidate is unsuccessful.

Primary examination fee $5. $3 to be returned if unsuccessful.

Matriculation fees $10. $6 returned if unsuccessful.

The examiners to be allowed each $60 and travelling expenses.

The Council then adjourned.

EVENING SESSION.

On motion of Dr. Pyne, the Council resolved itself into Committee of the Whole on the report of the Finance Committee. Dr. Lavelle in the chair.

Dr. Brouse said owing to the large number of members, and the necessity of having a building erected for the use of the Council, it was necessary to save the funds of the Association. He therefore moved, seconded by Dr. Aikins. That the sum of $3 per day and travelling expenses each day be paid to each member who attends this Council. (Cries of "No, no.")

Dr. Aikins spoke in support of the motion.

Dr. Clarke said it was necessary to economize if the Council did not wish to run aground. The expenses of the Council were so large at the present rate that it was necessary to shorten the session, thus leaving a large amount of business unfinished.

Dr. Covernton moved, seconded by Dr. McGill—in amendment to the amendment—that the sum of $4 per day and travelling expenses be paid to each member attending this council.

Dr. McGill thought the motion of Dr. Brouse was rather extreme; but, believing it was necessary to economise, he seconded the motion of Dr. Brouse.

Dr. Berryman would not accept such paltry wages. If it was necessary to economize, he would work for nothing (Hear, hear). A common mechanic could earn $3 a day, and surely professional men, who sacrificed so much of their valuable time in the interests of the Profession, deserved $6 per day.

Dr. Brouse said there was only $1,600 in the treasury, while the expenses of the session would amount to over $1,200. If the treasury were full he believed $6 per day was little enough; but under the circumstances, those who had the interests of the Profession at heart, would not object to receiving merely enough to pay expenses.

Dr. Hamilton was willing to receive anything or nothing for his services. Six dollars per day could be little inducement for any member of the Profession to leave his home to attend this Council. He was willing to accept any decision at which the Council might arrive.

Dr. Bethune said, sooner than take $3, he would take nothing.

The amendment of Dr. Covernton was put to a vote and lost, only four voting for it.

The amendment of Dr. Brouse was also lost, six voting for it.

The original clause was carried by a large majority.

On the clause fixing the examination fees at $30, providing that $20 be refunded if the candidate be unsuccessful, a discussion arose.

Dr. Campbell said he would not return a cent. The proper way would be to keep the money, and tell the plucked candidate a portion of the money would be placed to his credit when he came up for examination again.

Dr. Day believed it would be better to retain the clause in the report.

Dr. Aikins would not return money to a candidate if plucked. Unsuccessful candidates gave the examiners more trouble than those who were well up in their studies.

Dr. Berryman objected to the principle of the motion. It was taxing intellect. He believed in treating all alike. He did not object to retaining $10 for the trouble of examining the unsuccessful student.

Dr. Oldright would like to see a compromise. He suggested that $10 be refunded to the unsuccessful candidate, and when he came up for his second examination let him pay the $10. He would then pay in the full amount.

After some further discussion the main motion was carried.

Dr. Dewar moved in amendment to the following clause that the sum of $10 be substituted for $5, as charge for preliminary examination, and that the sum be returned if the candidate be unsuccessful.

Dr. Berryman objected to increasing the fees.

The clause as amended was carried.

Dr. Brouse moved in amendment to the clause relating to examiners that the sum of $10 per day and travelling expenses be paid examiners instead of a lump sum of $60. Carried.

The remaining clauses were carried without amendment.

The Committee rose, and the report as amended was received.

On the motion for the adoption of the report,

Dr. Hyde moved, seconded by Dr. McGill: That the members of the Council be allowed $6 for two days only, at each Session, in future.

The motion was lost, only the mover and seconder voting for it.

The report was then adopted.

On motion Dr. Aikins was appointed treasurer of the Council, without salary.

On motion Dr. Strange was appointed Registrar of the College of Physicians and Surgeons of Ontario, for the ensuing year.

The Council then adjourned at 10:15 p.m.

SATURDAY, July 17.

MORNING SITTING.

The President took the chair at 9:20 a.m.

A discussion took place upon a motion made by Dr. Allen to reconsider the report of the Finance Committee so as to amend that portion relative

to the fees for examination; on the motion being put to vote it was lost.

Dr. Allen rose to a question of privilege. It had been asserted in this Council that the Homœopathists were not surgeons. He denied the assertion, and he wished to say to the members on the other side that the Homœopathists were willing to be examined in any subjects which the Allopathists studied, if they would in turn, submit to be examined in the subject studied by Homœopathists.

Dr. C. B. Hall said hitherto Homœopathists pursued a different course of study from the Allopathists and Eclectics, but he never had any intention of saying anything against the Homœopathists, which could he construed into an insult to that sect. He never saw any Homœopathic work on surgery, and he still doubted whether it was a regular study in their schools. He called on his learned brethren of all sects to come to the Council next year with less prejudice than they had displayed throughout the session. It was natural they should differ from each other in many points; but he hoped they would learn to meet as brother doctors, all aiming at the one great object, the advancement of science.

Dr. Agnew—Let brotherly love continue.

Dr. Fields said he contradicted the assertion that Homœopathists were not surgeons when it was made; but his remarks were not taken down by the reporters.

Dr. C. B. Hall—I didn't hear it.

Dr. Oldright rose to a point of order. Dr. Hall had made an apology, which was accepted by the Homœopathists, and he saw no use of continuing this unprofitable discussion.

Dr. Cornell, on the part of the Eclectics, was happy to accept Dr. C. B. Hall's apology.

Dr. Field wished to say distinctly that surgery was taught in the Homœopathic schools as well as any other subject.

Dr. Campbell understood the assertion of Dr. Hall the other day as a joke, for he (Dr. Hall) knew well enough that Homœopathists were surgeons as well as the Allopathists. He (Dr. Campbell) was happy to accept the apology of Dr. Hall.

THE CANADIAN INSTITUTE.

Dr. Oldright referred to the sneering manner in which the Canadian Institute had been alluded to in a previous debate. He submitted to the chair whether it was right that an institution to which a large number of the members of the medical profession in this city belonged, should be spoken of in terms of disparagement in this Council.

The Chairman said that he did not occupy the chair to protect any institution outside of the Council. A sense of propriety on the part of

the members themselves should make them act and speak in a gentlemanly manner. His duty was to see the business of the Council properly conducted.

Dr. Campbell had the highest respect for the Canadian Institute, of which he was for a long time a member, and he could never have intended to speak of it in a disrespectful manner.

At this point the President, weary of the discussion, called on Dr. Cornell to take his place in the chair.

Dr. Brouse moved in accordance with the resolutions requiring the appointment of public prosecutors, that gentlemen be appointed in the respective medical divisions. He called on the Council to suggest the names.

The motion was allowed to stand over for a time.

EDUCATION.

Dr. Dewar presented the following report:

Toronto, July 17th.

The Committee on education beg to report as follows:—

Medical Council of Ontario, subjects of examination and examiners for 1869–70.

Anatomy—Descriptive and Surgical—Dr. Sullivan.

Physiology and Sanitary Science.—Dr. Covernton.

Chemistry.—(Theoretical and Practical)—Dr. Sangster.

Toxicology and Medical Jurisprudence—Dr. Cole.

Botany.—Dr. Gordon.

Medical Diagnosis and Pathology—Dr. Wright.

Surgery—(operative)—Practical and Pathology—Dr. Lizars.

Midwifery—(operative)—Dr. McGill.

CANDIDATES' OPTIONAL EXAMINERS.

Materia Medica and Therapeutics—Dr. Gordon or Dr. R. H. Clarke, (Eclectic), or Dr. Campbell, (Homœopathic).

Surgery, other than operative practical—Dr. Lizars or Dr. R. H. Clarke, (Eclectic), or Dr. Campbell, (Homœopathic).

Midwifery, other than operative.—Dr. McGill or Dr. Carson (Eclectic) or Dr. Field (Homœopathic).

Theory and Practice of Medicine.—Dr. Wright or Dr. Carson (Eclectic) or Dr. Field (Homœopathic).

The next clause recommended the examination to commence on the 1st Tuesday of April in each year, and gives the programme of the written examination for each day. Saturday will be devoted to oral examination.

Next clause read as follows :—

That the next examination for matriculation be held in Toronto and Kingston on the last Wednesday and Thursday in September, 1869, and on the first Wednesday and Thursday in April, 1870.

That at the close of each matriculation examination, the examiner shall forward to the Registrar a list of those who have passed, containing in full the name, residence and post office in the candidate's own handwriting of each of such matriculated students, and said list shall be fyled away by the Registrar after registering such matriculants.

That the first Medical examinations be held on Tuesday, Wednesday, Thursday, Friday and Saturday, of the first week of April, and that candidates then presenting themselves for a final examination, be required to pass the "primary and final," established by this Council; but primary examinations of colleges to be accepted as such.

That the Board of Examiners do meet at Kingston on the first Tuesday of April, 1870.

That a Committee be appointed at once to publish a circular containing all necessary information for the guidance of pupils, etc., a copy of which is to be sent to each registered practitioner in Ontario, and five hundred to each Medical School in Ontario, and said Committee be Executive Committee.

TEXT BOOKS.

Anatomy, Gray; Chemistry, Fowne; Physiology, Carpenter or Dalton; Medicine, Wood, Watson or Bennett, Surgery, Ericsen, Druitt or Gross; Materia Medica, Pereira, Wood or Stille; Midwifery, Smith or Churchill; Jurisprudence, Taylor; Diagnosis, DaCosta.

ECLECTIC.

Materia Medica, Jones & Sherwood, Hollenbeck; Practical Medicine, Jones & Sherwood, Newton, Scudder; Surgery, Hills, Buchanan and Newton; Midwifery, Kings, Buchanan, Hodge.

HOMŒOPATHIC.

Surgery, Franklin; Materia Medica, Heufel and Hahnemann; Midwifery, Bedford, Guernsey; Medicine, Hartman's Practice and Marcy and Hunt's Medicine.

The Committee rose and the report was received and adopted.

PUBLIC PROSECUTORS.

Dr. Brouse again moved his resolution for the appointment of public prosecutors, and the following names were submitted :—

Western and St. Clair, County Attorney, Chatham; Joshua Adams, Sarnia. Malahide and Tecumseh, County Attorney, Middlesex; Michael Hayes, Stratford. Saugeen and Brock, County Attorney, Wellington,

W. Boultbee, Berlin. Gore and Thames, H. A. Hardy, Simcoe, Mr. Ball, Woodstock. Erie and Niagara, Mr. Smart, Caledonia; A. J. Hardy, Brantford. Burlington and Home, T. Robertson, Dundas; Thos. Mathieson, Milton. Midland and York, R. Fraser, Toronto County Attorney, Simcoe. King's and Queen's, N. McGee, Oshawa; Mr Cochrane, Prince Albert. Newcastle and Trent, T. D. Armour, Cobourg; B. Davy Napanee. Quinte and Cataraqui; R. P. Jellett, Belleville; B. M. Britton Kingston. Bathurst and Rideau, W. Hall, Perth; J. J. Gemmell, Ottawa. St. Lawrence and Easten, H. S. McDonald, Brockville; J. A. McDonald, Cornwall.

After a short discussion, the motion was carried.

EXAMINATION PAPERS.

Moved by Dr. Covernton, seconded by Dr. Aikin: That it would be advantageous to their interests of the Council, that arrangements somewhat similar to those now in force at the University of Toronto, for the printing of the Examination Papers, be determined on. Carried.

EXECUTIVE COMMITTEE.

The Education Committee presented the following report:—

Your Committee beg to report that an Executive Committee be appointed, to consist of Dr. Aikins, Berryman, Dewar, Pyne, Campbell, and R. H. Clarke, and that their duties be to take cognizance of and action upon all such matters as require immediate interference between the adjournment of the Council and its next meeting.

The report was adopted.

Moved by Dr. Bethune: That the next meeting of the Medical Council be held in Hamilton.

Dr. Aikins said as he had had the management of the treasury, he objected to the motion. The session could be held more cheaply in Toronto than any where else, and that was no small object in the present state of the finances of the Council.

Dr. Brouse would have no objections to going to Hamilton, next session.

Dr. Campbell said this Council was the Medical Parliament of Ontario and objected to moving it about from place to place.

The motion was put to a vote and carried; yeas, 17; nays, 7,

Dr. McGill wished to resign his position as examiner in favor of Dr. Hope. He hoped his friends would accept his resignation.

Dr. Brouse moved, seconded by Dr. Pyne: That the resignation of Dr. McGill be accepted, and that the name of Dr. Hope be substituted. Carried unanimously.

EDUCATION.

Dr. Dewar presented the following report of the Education Committee:

"That two full sessions of the three demanded by the curriculum of each student, be passed in some recognized school in the British Dominions."

After a short angry discussion, the report was withdrawn, and the matter was left in the hands of the Executive Committee for one year.

REGISTRATION.

Moved by Dr. Aikins, seconded by Dr. Berryman: That the Registrar be instructed to obtain a book or register in which to enter the names of students who have passed the matriculation examination of the Council—such register to contain all the particulars required by the Council. And that the Registrar be authorized to grant a certificate of such matriculation and the date thereof, to each student. But nothing contained therein shall affect the time of those students who have been matriculated by any of the various licensing bodies hitherto existing in Ontario, provided such examination was passed prior to July 1st, 1869, and shall be enregistered as such. Carried.

Moved by Dr. Pyne, and seconded by Dr. Berryman: That Dr. Rolph do now take a seat in the Council. Carried, amid applause.

Moved by Dr. Day, seconded by Dr. Allan: That the Executive Committee be empowered to instruct the Board of Examiners as to what colleges they are to recognize in the examinations to be held next April Carried.

FINANCE REPORT.

Dr. Pyne, Chairman of the Committee, reported:

That the salary of the Registrar for the ensuing year be fixed at $400. And that the Treasurer and Registrar in whose hands the moneys of the Council occasionally accumulate, should give bonds as security for the amount of $2,000 each.

VOTE OF THANKS.

Moved by Dr. Lavelle, seconded by Dr. Agnew, that the thanks of this Council are due, and very cordially tendered to the President, Dr. Clarke for the able and courteous manner in which he has conducted the business of the Council. Carried with cheers.

Dr. Clarke made a suitable reply, and the Council separated at 12:30 p. m.

Canada Medical Journal.

MONTREAL, JULY, 1869.

TO OUR SUBSCRIBERS.

With the present number, we enter upon the sixth volume of the *Canada Medical Journal*, and while we have much cause for thankfulness for the success, which has thus far attended our efforts—yet we feel that the profession as a body have not extended to us that hearty support, which as the first, and for a time, the only Medical Journal in the Dominion, we had a right to expect. Especially have we much cause to complain of the backwardness which the profession have ever shewn in sending us the records of cases of interest occurring in their practice. Again and again we have appealed to them—but our appeal has been in vain, and not unfrequently our late issue—as the present one has been caused by our holding back in the expectation of receiving some original communications. We can hardly call this creditable to the profession. On the contrary it is discreditable, and none are more to blame in this matter than Physicians attached to hospitals. We trust that the future will shew an awakening in this matter, and that all who take the journal will send us freely their notes. Our subscription list was considerably reduced at the commencement of the last volume—our publishers having erased the names of all in arrears—quite a number having received the journal from its commencement, and never paid a years subscription. We can only use one word to designate such conduct, and that is, disgraceful. During the year however we have received a large number of new subscribers—many from Ontario, a large number from the Lower Provinces, and our circulation is steadily increasing. For the future we can only say that every effort will be made by the Editors to make the journal worthy of the support of the Medical profession in the Dominion.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

The new Medical Council, under the name of "The College of Physicians and Surgeons of Ontario" has held its first meeting. Our readers will remember that this body is composed of members of the

regular Profession, of Homœopaths and Eclectics. Notwithstanding the heterogeneous character of the Council, there seems to have been little difficulty in organizing and in taking the primary and necessary steps to carry out the provisions of the Act. In the account of the proceedings, it will be observed that many of the members belonging to the regular Profession did not willingly fall into place as co-workers with the Homœopaths and Eclectics. In the division upon Dr. Agnew's motion to presently appeal to the Legislature for a repeal of the objectional clauses of the Act, the following voted yea: Drs. Agnew, Day, Mostyn, Oldright, Bethune, Grant, C. B. Hall. The following accepted the situation: Drs. Edwards, Hyde, Covernton, Hamilton, Pyne, McGill, Dewar, Brouse, Aikins, Lavelle. Dr. Clarke, who was chiefly instrumental in securing the new Act, was in the Presidents chair, as a reward. Dr. Berryman, was at the time absent, but would, had he been present, voted against the motion. Of those who voted to continue the union, there were some who expressed themselves as opposed to the principle, and dissatisfied with the manner in which the Act was passed, but now when the Legislature had so placed them, it would be politic to give the Act a fair trial. But there were a few who gloried in their shame, and would not if they could, have the law changed. However, we will allow the latter all the credit we can.

As a justification of their conduct in uniting with sects who have always maligned the regular profession, these gentlemen aver that it is their intention to destroy the Homœopaths and Eclectics, by thus taking them to their embrace. When they have accomplished their work, we shall be prepared to give them all the honor which may rightly belong to them. But we very much mistake the feelings of the scientific, and honorable members of our Profession throughout the world, if the feeling toward them will not be akin to that experienced by the public, with respect to an executioner, who has with masked face attached the fatal rope to the neck of the culprit. It is true the question may be looked at from other than a professional standpoint. The advocates of the Act claim to be acting in the interest of the public. A few of them are politicians, perhaps others are aspirants for political favours, and hence prefer to court the general public rather than the more deliberate and honorable Medical public. Now, we submit that so long as one continues to call himself a member of the Profession, he is bound to value the character thereof, and to respect the feelings, the wishes, the honor, and even the traditions of its members. When he assumes the functions of a Legislator nothing connected therewith can require him to forget or ignore the principles of his calling.

The Legislature of Canada, before confederation, saw fit to give a legal standing to certain irregular "doctors," in most cases quacks of the highest type. One of the arguments used by the advocates of the new Act, both Legislators and Medical men is, that the country was being flooded with legal practitioners from the Boards formed of the parliament made "doctors." The Legislature of Ontario, recognizing the evil they had effected, were right in taking steps to correct the evil; but we fail to see upon what ground the regular Profession should be compelled to associate with a class of men whom they cannot respect, for the benefit of the public, which is so willing to countenance imposture. When Medical Legislators make use of this argument, we must express our unfeigned astonishment. Indeed we cannot repress the conviction that their real object is self-protection. Self-defense is natural enough, but we prefer to see it made in a straightforward way. There was no reasons why the Legislators should not look after the Homœopaths and Eclecties with the view of protecting the public, but why compel the regular Medical Profession to do the dirty work? Would Parliament have done so if recreant members had not offered to undertake the duty? At least, the proceedings of the Council show that there are enough to engage in the very questionable employment.

We are not disposed to abstruct reform, and there are generally more ways than one of effecting it. It seems to us the Profession of Ontario, has entered upon a difficult as well as an unpleasant task, a task which fell not to their lot. A cess-pool is undoubtedly a nuisance, but there are different modes of removing the offense. It may be filled up, or drained off, or disinfected, or a current of pure water may be turned into it, or it may be bailed out. If the current of pure water is sufficiently strong, although fearfully contaminated for a time it may eventually wash away the mass of corruption. Of course now that the Profession have entered upon the disgusting work, we not only hope, but believe they may succeed in exterminating the foul pond. In the mean time they need not wonder if the Medical public refuse to keep company with them until their garments are purified. Our opinion is that the malarious pool could and would have been abolished by the Legislature, in the judicious use of disinfectants, and that our Profession might have kept their hands clean.

The Report of the Proceedings of the Medical Council of Ontario, published in this number is abridged from the *Toronto Telegraph.*