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THE Canadian Medical Review.

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No. 1

Original Communications.

Viburnum in Abortion.

By DR. WM. GRAHAM.

My apology for this communication arises from reading the report of the proceedings of the Toronto Medical Society in the May number of your esteemed journal.

In Dr. Albert Macdonald's admirable paper, on the treatment of abortion is recorded the following sentence: "Viburnum had been highly spoken of, but his experience with the drug had not been gratifying"; also, in the discussion on the same subject, Dr. A. W. Wright states: "He was not able to say, whether Viburnum was of any use or not." Now, I feel very sorry for the reputation of Viburnum, because the experience of these gentlemen, who stand high in the profession, differs so widely from that of my own and others. There is no drug that I have ever used that I give with such confidence, for the purposes intended, than I do Viburnum as an anti-abortive when syphilis has been eliminated from the diagnosis. Viburnum Prunifolium was introduced to the profession, probably by

Dr. Bigelow, now of Boston, or Dr. Ed. Jenks, of Detroit, nearly thirty years ago, and first placed upon the market by Parke, Davis & Company.

Ever since reading an article on this subject by Dr. Jenks, some twenty-two years ago, it has been an essential component of my armamentarium against habitual miscarriage and suitable cases of dysmenorrhœa where local treatment was denied.

I do not question the efficacy of potassæ chlor. in these cases. I believe in its possibilities for good, but during the first seven or eight years of practice I failed to become satisfied as to its virtue in these cases, and incline to the belief that its sphere of usefulness must be very limited.

I do not think it a fair test of the value of anything to try it when separation of the ovum has taken place, and abortion fairly begun, because if hæmorrhage occurs in any degree, it cannot be estimated just how much detachment has taken place, but if these gentlemen will take cases that have habitually miscarried, from three to ten or twelve times, and administer thirty minims of fl. ext. vibur. prun. three times a day for a few weeks, commencing a little previous to the anticipated period of miscarrying, then every alternate week almost throughout the period of gestation, they will be pleased with the result. So also their patient, and it will no doubt increase their faith and change their verdict.

I remember well the first test I gave it, and it surely was a severe one. The lady was about forty-five years of age, had three children grown up, and during the interval had ten abortions about the third month of gestation. At the next pregnancy she was anxious to fall in with any suggestion to obtain a living child. I gave her Viburnum, and she carried the child to full term, healthy and vigorous above the average. I was not able again to test it with this patient, as being near the menopause, she did not again become pregnant. I mention the facts, you can draw your own conclusions.

I remember another well-marked case of a young married lady who had not yet carried a child to full period. She had five successive abortions, and through the influence of her husband's family, applied to me for assistance. I treated her as suggested above, with the result that I was called to attend her at full time. Unfortunately, it was a breech presentation, and I found the child so well developed that I could not remove it expeditiously enough to prevent undue pressure on the cord and a still-birth was the consequence.

I will leave you to imagine my disappointment, but still, Viburnum kept up its reputation much better than the obstetrician. Before the

next gestation she moved to a neighboring town, and when she again became pregnant, she called and desired to obtain a supply to carry her through to term, as she was about to move to the North-West. I acceded to her request, and in due time she wrote me stating she had been delivered of a healthy living child, and just very recently I have received intelligence that she has added a third to the number at full term.

I could go on, almost indefinitely, instancing just such cases, that have been successfully treated by Viburnum, but these will suffice, from my own practice. Now, is it not reasonable to suppose that the same remedy will do good, even in cases where the miscarriage is more immediately threatening, provided too much detachment has not taken place to interfere with the life of the fœtus. Dr. Phares, a pioneer in the use of this drug, says, "It is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise, whether threatened from accidental causes or criminal drugging, it removes those harassing nervous symptoms that wear out the pregnant woman and disqualifies her for the parturient effort."

Dr. J. H. Wilson, consulting physician in the Liverpool Lying-in Hospital, says, in the *Liverpool Medical Journal*: "Of the various preparations, for which we are indebted to our American cousins, I believe there will be found none more beneficial than Viburnum Prunifolium. In the whole of my experience I have never found a medicine that has given me so much satisfaction, whereas the treatment hitherto has been very discouraging."

Dr. Macfie Campbell reports six cases in the *British Medical Journal*, five of which were successful, and uses the following language: "It is a comfort thus to have some hope of success in dealing with such a condition as miscarriage, and although I have so far only the notes of six cases, of which five were successful, yet these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to Viburnum." The unsuccessful case he attributes probably to too small dosage.

There is one thing that is pleasant in the administration of the remedy; even if the taste and odor be unpleasant, it produces a sense of physical well-being, improves appetite and digestion, and enables the pregnant woman to attend to her household cares with unaccustomed vigor and energy. Indeed, I don't remember an instance where it had been used, for any length, that a similar tonic effect was not experienced.

I have almost invariably used the Fluid Extract prepared by Parke,

Davis & Co. ; but on account of the odor (disagreeable to some) the solid extract of the same in pills might be a more agreeable form to prescribe.

Should the above remarks be instrumental in assisting to prevent Viburnum from falling into disrepute, or into an inferior place in medicine, which I feel it does not deserve, my object will be accomplished.

Viburnum, in my experience, possesses other valuable qualities, but as eulogy on other lines would be straying from my text, I refrain.

Toronto, 29 Grosvenor Street.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.—The following gentlemen have passed the final examination and received license to practice : W. R. Alway, Vittoria ; J. A. Butler, Toronto ; Katherine Bradshaw, Toronto ; J. A. Bell, Strathroy ; C. N. Callander, Toronto ; G. I. Campbell, Bellwood ; J. A. Cummings, Bond Head ; J. J. Davis, London ; F. A. Dales, Dumbarton ; C. B. Dyde, Kingston ; F. J. R. Forster, Palmerston ; J. M. H. Gillies, Teeswater ; N. Henderson, Kingston ; G. H. Jackson, London ; R. W. Large, Stroud ; E. C. D. MacCallum, Kingston ; G. E. Millichamp, Toronto ; J. H. Mullin, Hamilton ; W. F. Maybury, Parkhill ; A. V. McGannon, Brockville ; N. W. McInnes, Vittoria ; A. T. McNamara, Toronto Junction ; J. S. McEachern, Cashtown ; H. McKeown, Belleville ; R. Nicholl Listowel ; R. W. Perry, Kirkfield ; G. Royce, Davenport ; F. A. Scott, Clinton ; C. R. Sneath, Toronto ; D. K. Smith, Toronto ; F. L. Thomson, Mitchell ; W. J. Wesley, Newmarket ; G. H. Wade, Brighton ; T. A. Young, Brougham.

We understand the examiners "held up" about thirty-three per cent. of the candidates in the final examination, and forty per cent. in the primary.

THE Medical Council meets July 6th. Correspondents on Council matters will be strictly limited to four pages after this issue.

Society Reports.

Ontario Medical Association.

THE seventeenth annual meeting of the Ontario Medical Association was held in the Normal School, June 2nd and 3rd, 1897.

Serum Therapy.—The discussion in medicine was on "Serum Therapy," and was opened by J. D. Davison, Toronto. He first gave a definition of the various terms used in connection with the new therapy. The manufacture of antitoxin was then described. For every toxine, as the result of bacterial invasion of the septum, there was an antitoxin. In this the beneficence of nature was shown, and a clue was afforded for the treatment of germ diseases. Judging from the very many favorable reports from many places, the success of the treatment of diphtheria by antitoxin was an assured fact. The essayist produced some general statistics which he considered convincing. Of course some reports were unfavorable, which might be accounted for by the bad quality of the serum, lateness of injection (for it must be used early to get the best results), on the insufficient quantity of the dose. He believed our own Parke-Davis could not be excelled. The objections of such men as Lennox, Brown and Winters, to the antitoxin, were then dealt with. The treatment of the bubonic plague, tetanus and scarlet fever was spoken of by the essayist, and reference was made to the work being carried on along this line in small-pox, syphilis, and other diseases in which the supposed causative germ has not yet been isolated.

Dr. T. F. MacMahon gave his unqualified verdict in favor of antitoxin. He had used it in a good many cases of diphtheria, as had his friend, Dr. Eadie, and found it was immediately followed, when used early in the disease, by marked improvement; in laryngeal case the stenosis was relieved, and in all cases there was almost a sudden disappearance of the membrane, and improvement in the temperature, pulse, and condition generally.

Drs. Fraser and Shuttleworth, of Toronto, also took part in the discussion.

Some Remarks on Modern Therapeutics.—Dr. J. T. Fotheringham read a paper entitled, "Some Remarks on Modern Therapeutics." The essayist spoke of the use of the microscope as being a prominent factor in placing the study of therapeutics upon a more rational basis.

The use of alkaloids and active principles, the tendency toward smaller dosage and greater frequency of administration, the pernicious practice of prescribing proprietary and compound preparations instead of the remedies of the pharmacopœa, were other subjects with which the essayist dealt. The last-mentioned practice benefitted the manufacturer, but it was doubtful if it helped the physician or his patient.

Presidential Address.—Dr. John Coventry then delivered the presidential address. Herewith are some extracts :

WHERE IS THE FAMILY PHYSICIAN OF THE PAST?

Whatever the causes are, we find him to-day split up into specialties, and the average family has taken on a sort of centrifugal action with respect to their ailments. The major domo has had a long-standing hæmorrhoidal affection, and a "rectal specialist" has him in hand. Madame, in the struggle of maternity, has received injuries which she thinks require the services of a gynecologist.

The elder son has a pain in his back, and is doing his own doctoring." The patent medicine advertisement is getting its deadly work in on him and his pocketbook—and his back still aches.

The elder sister has trouble with her eyes, and an alleged oculist is treating them.

Another scion has a "catarrh," so called. He is in the hands of a "throat and lung institute."

Another daughter has a friend who has an unrevealed trouble, and goes twice a week to a doctor (?) who cures all his patients with electricity, and the young lady is easily persuaded to try him for—constipation.

A younger brother has an unseemly eruption, and a "skin specialist," after exhibiting the pictures and the pickles in his office, promises him a "skin like velvet," but he will have to shake medicine for six months.

But why multiply the evidence? The fact is known to every one of you that united families, so far as a common physician is concerned, is the exception nowadays.

I am not prepared to account for this state of things, but I may be pardoned if I suggest that some of us are largely responsible for it ourselves.

There is a trite saying "that too many men abandon the study of the profession when they begin the practice of it," and in the busy life a doctor leads, when his rides are long and tiresome, when his sleep is broken up, when he is struggling to build up a practice and can scarcely make ends meet, it is not to be wondered at if he does not

keep abreast of the times with his reading, or if he is not within reach of the city and its hospital clinics he is very apt to drop into the rear rank.

CONTRACT LODGE WORK.

Did time permit I would like to add my protest against the debasing practice of contract lodge work.

Vampire never bled its prey more mercilessly than the pseudo-benevolent societies have the lodge doctor. While wholly dependent on him for existence, the lodge committees have dictated a ridiculous fee for his services, and the plastic physician, by his acceptance of it, has signed an acknowledgment that he has joined the army of men who are doing business by giving "a quarter off," "tremendous bargains," "slaughter sale," or "cut-rate tickets."

Nowhere is the medical profession "on the down grade" so much as in pandering to this influence, and, left to their own impulses, as they have been in the past, with no authoritative mandate on the subject, a certain class of physicians continue to transgress. The very worst feature of the whole affair is that they are nearly a unit in declaring against the practice, and, believing it is subversive of the best interest of the profession, are willing to abandon it, but are deterred from doing so because some of their confrerés are only watching to slip into their shoes.

Inertia of the Uterus.—Dr. Williams, of Ingersoll, recited a case of inertia of the uterus following the use of chloroform. He had seen the case in consultation. It was one of those in which there was great difficulty in extracting a very large child, fourteen pounds. The labor was prolonged to about eighteen hours. After delivery the uterus appeared to contract for a short time and then relax. There was a great deal of hæmorrhage. The hypodermatic use of ergot, F. E., together with friction within the uterus and upon the abdomen, at the same time making use of injections of very hot water, brought on the contractions, and a favorable result ensued. The writer discussed the various causes given by authors for this trouble, and said he was at a loss to know just what caused the inertia in this case. He advised the use of chloroform, but would limit the amount to the least possible. He thought the hot water, together with the friction, brought about the best results. We should never conduct a case without making provision for a plentiful supply of hot water.

Gangrene of the Rectum.—Dr. Luke Teskey, Toronto, reported a case of gangrene of the rectum. The patient had been referred to him by Dr. Geo. Elliott. General abdominal pains began to be complained

of since March, 1895. A year after stools were noticed to be smaller than usual, and were accompanied by discharges of blood and mucous. There was marked pain over both trochanters. In November, 1896, the patient suffered from acute obstruction of the bowels, but recovered. A week later on left an ischio-rectal abscess appeared, was lanced and discharged a teaspoonful of pus. In five days pus began to discharge from the rectum. Little or none came from the opening made with the knife. One afternoon a sharp attack of rectal tenesmus was followed by the evacuation of several large blood clots, faecal matter, and a piece of intestine six inches in length and three inches in width. Palpation revealed a large cul-de-sac on the left side of the rectum. Next morning the patient had a large evacuation of faeces through the wound at the side of the rectum—the first time faecal matter had passed that way. An inguinal colotomy was done. The patient is using the artificial anus, the rectum being almost occluded. There is a slight mucous discharge per anum. Patient's general health is good.

Traumatic Lesions of the Spinal Cord was the title of a paper read by Dr. Geo. A. Peters.

Cases of Melancholia Cured by Removal of Interstitial Fibroma of the Cervix Uteri.—This was the title of a paper by T. K. Holmes, of Chatham. The writer said many years ago he became convinced that puerperal mania was nearly always dependent upon some lesion of the generative apparatus, the repair of which lesion led to cure of the mental condition. Prominent alienists have been making a study of these cases, and, no doubt, if a gynæcologist was appointed to the staffs of asylums the proportions of cures would be greater than at present. The first case he had to report was that of a woman who showed signs of mental depression two years after her marriage. No uterine disease was suspected until examination was made at the time of her first labor, when a fibroid was found in the posterior wall of the cervix. After removal of this the melancholia disappeared. It returned some years after, and on examination another fibroid was found, upon the removal of which the insanity again disappeared and has not yet returned. Another case similar in character to the one reported was given by the doctor, in which operation produced the same happy result.

Affections of the cervix and lower segment of the uterus, the essayist stated, produced a much more profound impression on the nervous system than disease of other parts of the generative organs, because they are more abundantly supplied by the sympathetic nerves.

Lesions of the vagina came next in severity. He had seen vaginitis produce great mental instability,—in one case probably puerperal mania.

A Case of Extensive Sloughing Following the Use of the X Rays, was the title of a paper read by Dr. W. H. Harris.

A Plea for the Radical Cure for Hernia Among the Insane.—By Dr. A. T. Hobbs, London.

The Value of Aseptic Methods in the Treatment of Pus Cavities.—Dr. A. Primrose read a paper on this subject. The point which he wished to make in his paper was, that dealing with pus cavities, which owe their existence to specific organisms, it is of the utmost importance to prevent mixed infection. It is common practice, even to-day, to hear it remarked regarding cases in which pus is present that the condition is already "septic," and does not therefore demand the same rigid observance of Listerian principles as a so-called "clean case," *i.e.*, one in which pus is not present. True, pus cases are septic in the ordinary acceptance of the term, but there are, so to speak, degrees of sepsis. Thus an empyema representing a collection of pus in the pleural cavity may be a purely tubercular infection to begin with; but it is possible to have a streptococcic infection superadded. Or again, we may have an empyema in the pus of which there exists only the pneumococcus, under certain conditions, however, streptococci and staphylococci may be added, and various forms of bacilli are not infrequently found. Similar observations may be made regarding the so-called "tubercular abscess" which so commonly forms in connection with tubercular glands, or in the course of a tubercular arthritis. The dread which the older surgeons had of opening a psoas abscess showed that before the time of Lister the dangers involved in laying such collections open were appreciated, although the cause of the untoward results was not known. Modern bacteriological research has taught us much concerning the conditions under which various forms of bacteria flourish. In our treatment of specific organisms we should endeavor to upset these conditions. The main cause of mixed infection to my mind is, not the failure of our anti-septic measures at the time of operation, but the careless way in which the after treatment of the wound is carried out. For obvious reasons a wound should be dressed afresh whenever the discharge has come through the dressings to the surface. Drainage should always be employed when there is tension, and when there is likely to be septic absorption. Drainage may, however, be dispensed with in certain cases with advantage, as occurred in one of the cases about to be

narrated. As examples of the advantages gained by this careful method of treatment of pus cases, he referred to the following cases :

Case 1.—A boy three and a half years old, suffering from tubercular knee trouble of eight months' standing. An abscess developed which was opened, scraped, swabbed with pure carbolic and packed with iodoform gauze ; the bacillus tuberculosis was found in the pus. The dressing of the wound was carefully guarded, and in two weeks the abscess was entirely cured, and the patient left the hospital wearing a Thomas' splint.

Case 2.—Empyema in a child aged six. Here I performed resection of the rib, and placed a drainage tube in position. Every precaution was adopted to prevent mixed infection. The pus was examined and found to contain the pneumococcus only. The tube was removed on the fifth day, and healing was complete on the tenth day.

Case 3.—A large tubercular spinal abscess. Child aged eleven ; she had a well-marked kyphosis in the lower lumbar region, a large fluctuating tumor on the antero-internal aspect of the right thigh, communicating with a similar tumor at the back of the thigh. An extensive area was carefully prepared for operation. A vertical incision was made two inches from the third and fourth lumbar spines, and the abscess region was reached from this point with some considerable difficulty. It was then opened on the antero-internal aspect of the thigh ; a third opening was made at the back of the thigh, and a fourth just internal to the anterior superior iliac spine. From these various points the abscess was thoroughly curretted with the finger nail. A large quantity of sterilized water was used to flush out the cavity. One ounce of one in ten glycerine emulsion of iodoform was injected, and the wound stitched up without drainage. The wounds all healed by first intention, and I show you the patient to-day (three and a half months after operation) in an excellent condition of health.

The Treatment of Eclampsia, by Dr. W. J. Wilson. The essayist laid much stress on the matter of examining every patient on the first sign of pregnancy. Besides examining the urine, the state of the circulatory and nervous systems should be kept in a healthy condition. If indican is found in the urine, intestinal fermentation is indicated, and purgatives and disinfectants called for. When albuminuria is present, milk is the best form of diet. The ingestion of large quantities of water is recommended. The skin should be kept active and protected. Moderate exercise is recommended. If the child is near viability efforts should be made, if the condition of the mother

warrant it, to stave off an abortion. But if gestation has gone to seven months or over and symptoms are urgent, or if the child is dead, delivery should be promptly made. If gestation has gone on to full term and convulsions have set in, the uterus should be immediately emptied. The essayist then discussed the treatment. Sedation by chloroform, chloral, morphia and the bromides, bleeding, purgation, diaphoresis and diuresis were the points to be observed in treatment. The rationale of these various phases of treatment and their relative value were referred to.

A Case of Abscess of the Lung, by Dr. J. S. Hart. The patient was a young woman aged twenty-two, who, when the doctor first saw her, was suffering from pyemia. There was marked tenderness over the right iliac region. The doctor leaned to the diagnosis of typhoid fever for ten days, when suddenly the patient began to cough and expectorate purulent material. The lower lobe of the right lung behind was dull. Shreds of lung tissue were found in the sputum and streptococci. Patient remained much in the same condition for some days, when she began to discharge pus from the vagina. In three months recovery took place.

The Study of Dried and Stained Preparations of the Blood, by Dr. Harold Parsons.

The Present Status of the Radical Cure in Inguinal Hernia.—The discussion in surgery was next on the programme, and Dr. George Bingham, of Toronto, opened with a paper dealing especially with the various operations for inguinal hernia. The merits and demerits of McEwen's, McBurney's, Halsted's and Bassini's operation were explained, and shown by lantern slides on a large screen. In the experience of every operator, operation on children gave the best results, and the larger number relatively operated upon the less the percentage of deaths. In any event the percentage of deaths should be less than one. As to recurrences, such are sure to take place, and a radical cure should never be claimed until at least one year had gone by. Femoral, umbilical and ventral hernia were touched upon.

Dr. J. Wishart, of London, followed, and said he had been operating for some years. He began with the McBurney, but was led to abandon this on account of the large percentage of recurrences, 25 per cent. to 30 per cent. No operation seemed at the present time to be the ideal one, but Bassini's seemed to give the best results. Every operator would find, however, that cases were to be judged on their merits, and the various operations modified as the operator choosed. As to sutures, silk was by no means a good material for buried sutures. Kangaroo tendon gave the best results with the speaker.

The Cottage Sanitarium Treatment of Pulmonary Phthisis, by Dr. N. A. Powell, Toronto.—Experience proved beyond doubt that this plan of treatment was the best we have at the present time. The results obtained at Saranac Lake, by Dr. Trudeau, where about 30 per cent. of permanent cures, and 75 per cent. materially benefited, could not be equalled by any other plan of treatment at the present time. Several lantern slides were shown of the cottages at Saranac Lake, and of the sanitarium near Gravenhurst, which will be opened in about two months. The speaker hoped the profession of Ontario would heartily support the work, and not get the mistaken notion that it was a place for our consumptives to go to die.

The Effect of Gravity Upon the Circulation.—A paper thus entitled was read by Dr. R. D. Rudolf, Toronto. The writer commenced by showing several lantern slides illustrating the effect of gravity in the circulation of dogs, proving that (1) this force produces in a nominally horizontal animal a lowering of the carotid blood pressure in the vertical feet-down position, with a synchronous rise in the pressure in the femoral artery and also in the portal circulation; (2) that if the splanchnic nerves be cut or paralyzed by drugs, such as chloroform or curari, gravity produces in the vertical feet-down position a greater fall in the carotid pressure than in the normal animal, the blood accumulating in the paralyzed abdominal vessels; (3) that in an animal, whose splanchnics have been paralyzed, either version to the head-down position, or bandaging of the abdomen causes the arterial blood pressure to rise again. In normally upright animals, such as monkeys, gravity does not effect the general blood pressure in different positions, the system fully compensating for the same, and this is the state of things in healthy man, the radial pulse as measured by Oliver's arterio-meter, showing that the blood-pressure is fully maintained when man is standing, as compared to lying down. The writer then showed that in diseased states, where the circulation was weak, gravity acted markedly, increasing the swelling of the feet in standing in diseases characterized by engorgement of the venous system, and increasing the tendency to syncope and dizziness in diseases characterized by low arterial tension. He urged that the evil effects of gravity might be neutralized by judicious placing of the patient horizontally, thus decreasing the work of the weak heart, and he suggested that frequent resting in this position by patients suffering from heart disease *before* compensation begins to fail, would help to postpone that evil. He emphasized the urgency of only giving chloroform with the patient strictly horizontal, and suggested that previous bandaging of the abdomen might tend to lessen the risk of dangerous lowering of

arterial blood-pressure by this drug. Lastly, he pointed out that in certain diseased conditions gravity well supplements other treatment, for example, in cases of varicose ulcers, where these are much benefited by raising the limbs, and he suggested that in cases of excessive blood pressure, placing the patient in the vertical position, viz., sitting up in bed should assist the compensation for the abnormal tension, and in this position vaso-diluted drugs, such as nitrite of amyl, nitroglycerine, and the slower and more persistent erythrol tetranitrate would best exert their diluting action in the splandemic system of blood vessels. The writer claimed little or no originality for any of the ideas in his paper, and eulogized Mr. Leonard Hill's work as recently published in various journals.

Skiagraphs.—Dr. E. E. King showed some most interesting and instructive stereopticon views of a number of skiagraphs.

A Dermoid of the Cyst Ovary; a Myxo-Sarcoma; and a Polypus. By Dr. W. Oldright. It was removed from a patient whose principal complaint was frequency of micturition. A tumor about four inches in diameter was discovered behind the uterus. It seemed elastic and fluctuated in palpation. On removal it was shown to consist of three loculi and contained caseous matter, hair and teeth. A good recovery followed its removal. The second specimen was a myxo-sarcoma. It was first noticed by the patient, a farmer's wife, aged 47, about a year ago, in Scarpa's triangle. On removal it was seen to be about six inches in diameter and was connected with the connective tissue near the fenner.

The third specimen was a fibroid polypus about the size of a hen's egg removed from the margin of the arms of a four months' old baby.

Albuminuria of Pregnancy.—Dr. D. G. Gordon led the discussion in Obstetrics on Albuminuria of Pregnancy. This condition meant a disturbed kidney function. The presence of albumen in urine meant the presence of a pre-existing poison. The mechanical pressure theory would not account for the condition. Albutt had questioned, might it not arise from absorption from the intestine? The symptoms in severe cases resembles those of other specific diseases.

Intracranial Syphilis; Two Cases, with Remarks.—A paper with this title was read by Dr. Alexander McPhedran. The essayist began with the history of two cases. The first was that of a man in whom, after only partial treatment, the disease manifested itself by symptoms of headache and left hemiplegia, followed by right hemiplegia. Partial improvement followed the administration of the iodide of potash with inunctions of mercury. Later the arm on the affected side

became increasingly spastic, following which there was no improvement. In the second case, after some years of latency, the patient complained of daily recurrences of pain in the temples, followed some weeks later by chills and fever. Some time later a slight swelling presented a swelling in the left frontal eminence, which, under the iodide, disappeared. Close inquiry revealed the fact that the woman seventeen years before had nursed a neighbor's babe, after which there appeared a sore on her nipple.

In the first case there was syphilitic endarteritis with temporary interference with the circulation in the right hemisphere, causing sudden paralysis of the left side. But a more grave disturbance a week later caused a degeneration terminating in general paresis of the right side. The second case represented a less common variety of intracranial syphilis, in which the meninges appeared to have been affected with simple inflammation, or the formation of gummata. In a third class of cases there is a chronic diffuse sclerosis of the brain or spinal cord, leading to paralytic dementia and tabes dorsalis respectively. These classes of cases depend on the way in which the brain is attacked. The general prognosis might be summed up as follows:—

1. The longer the period of incubation the worse the prognosis.
2. The longer the cerebral symptoms have existed before vigorous antisyphilitic treatment is begun the worse the prognosis.
3. Cases that manifest general symptoms such as headache, vertigo, and epileptiform, convulsions are generally more favorable than those with focal symptoms.
4. The worst prognosis is in those presenting such general nervous affections as tabes and general paralysis.

The essayist then discussed fully the treatment of intracranial syphilis.

Some Considerations in the Management of Pregnancy.—Dr. E. E. Harvey introduced this subject. The essayist holds that pregnancy is an affliction to many women owing to the fact that during that period in which a mighty revolution is being effected in their mental and physical being, viz., that of adolescence, they are forced in our schools to undue mental activity, physical inactivity, to breathe vitiated air, sedentary habits, and excessive stimulation of the nervous system.

In the healthy woman the assimilative powers are increased, the muscular and nervous tissues of the uterus keep pace in their increased growth; but in the other class the muscular tissue does not develop, while the nervous tissues of the uterus becomes hypersensitive.

The essayist then described his treatment of the abdominal pains of pregnancy. Bromides, hydrastis, tampons of belladonna and glycerine were useful. Any inflammatory condition of the cervix must

be attended to. For the restlessness, backache, tired feeling, insomnia, mental depression, the patient's mental and domestic life needed to be inquired into. Patient should be encouraged to lead an out-door life, to take exercise, to wear loose and light clothing. The emunctories should be kept acting freely. Cool bathing was grateful. Diet should be attended to. For insomnia sulfonal acted well.

Hydrotherapy of the Skin in Early Phthisis. Dr. Playter's paper throws doubt on the theory that tubercle bacillus is the cause of consumption. It is well known that these bacilli not infrequently exist in the body, for years, alive and yet harmless. There are well authenticated cases of consumption with all the characteristic symptoms, in the sputa of which no bacilli could ever be discovered; and on the other hand cases of apparently quite healthy persons in which the sputa persistently contained the bacilli. Dr. Playter has made a special close study of this disease for more than a third of a century, and from personal experience in his own person, when threatened with the disease, as a student, and in a large number of cases in practice since, and from collective investigations—opinions and experiences of other physicians—which he has made, and although he recognized the germ theory at first, he found too many insurmountable obstacles in it, and is now convinced that the disease is an auto-infection, a self-poisoning, a self-generated, septic condition of the blood and tissues, caused by imperfect breathing, or some form of defective respiration, as from a neglected "cold," dust, etc., and hence want of sufficient *antiseptic* oxygen in the body. The bovines most prone to tuberculosis are the Jerseys, which have the smallest chests, from long breeding for milk, with little or no active exercise. Caged animals, and not those fresh from the fields, become tuberculous after experimental inoculations. Fresh out-door air too, in abundance, is the great remedy prescribed and urged by every physician. On this theory the doctor contends, with our present knowledge of self-infections in many diseased conditions, mental and physical, every morbid feature and peculiarity of consumption, may be reasonably accounted for. The bacillus, nearly always present, is *post hoc*, and possibly originally benign, designed to feed on and neutralize the self-generated poison in the body. If there be virtue in the anti-tubercle serums of Pauquin and Koch (the solutions of bacilli) this rather sustains this view. The bacillus may be rendered virulent, possibly pathogenic, by its poisoned environment in the body of the diseased; as the well-known bacillus, the bacillus coli communis, naturally in the human body, is known to become highly virulent in certain conditions of the intestines, or in outside focal matter.

The Treatment of Gastro-Intestinal Catarrh in Infants was the title of a paper by H. D. Livingstone, of Rockwood.

Pneumococcus Infection, by Dr. C. B. Anderson.

Hyperchlorhydria, by Dr. H. J. Hamilton. The writer in this paper refers the name to that class of cases in which there is an increase of hydrochloric acid and ferments of the gastric juice, excluding organic lesions such as gastric ulcer, which are often accompanied by this increased acidity. Though observed a half century ago, Reichmann, in 1882, was the first to investigate the condition of our modern methods.

Clinically, three classes of cases are recognized, those in which the hydrochloric is increased only during digestion; those in which the increase occurs in attacks, and those which, in addition to being marked by an increase in hydrochloric, are accompanied by hypersecretion both during digestion and fasting, and by dilatation of the stomach.

Cases in which the proportion of hydrochloric is more than 2.5 parts per 1000, are considered pathological. The causation, symptoms and diagnosis of the three classes of cases were given in detail, and typical cases of the second and third varieties reported. Special attention is given to treatment. The points to be observed are:

1. Removal of all causes which stimulate gastric secretion.
2. Neutralization of the excess of hydrochloric by the administration of alkalis in sufficient doses during the process of digestion.
3. Adoption of a diet of an albuminoid character.
4. Treatment of the gastro-intestinal atony and resulting phenomena. The treatment of cases of dilatation by lavage, spraying the mucous membrane of the stomach with nitrate of silver, 1 or 2 parts per 1000, and electricity, were dealt with.

Intra-Laryngeal Mycosis.—Dr. Price-Brown, of Toronto, read a paper on a case of intra-laryngeal mycosis. This condition, usually found in the faucial region, is caused by a cryptogam, the leptothrix mycosis. There are usually no subjective symptoms, except in cases where the growth is considerable, when there may be some dysphagia and slight cough. Occasionally the larynx is involved. To eradicate the plant is somewhat difficult. Various astringent and caustic applications are recommended, but Dr. Brown finds the galvano-cautery gives the best results. The doctor reported a case. The patient was a young man aged nineteen, who suffered greatly from cough. There was a good deal of expectoration. Began to lose his voice. Appetite poor. Several white spots could be seen in the larynx surrounded by

hyperæmic areas. Streptococci, but no bacilli, were found in the sputum. After ineffectual treatment by lactic acid, silver nitrate, the galvano-cautery was tried with good result. Creasote and cod liver oil were administered with inhalations twice daily, of menthol and creasote.

Some Notes on Some of the Peculiar Phases of Appendicitis, by J. F. W. Ross. Following is a brief resumé of the paper :

We are no nearer a conclusion as to the cause of appendicitis than we were eight or ten years ago. It is yet unknown. The "foreign-body" theory is probably partly correct. It is of common occurrence among children, and the aged are not exempt from it. The disease may remain latent for some time and several symptoms show themselves suddenly. The amount of pain varies in different cases. The discovery of McBurney's point is of much clinical value. Examination through the rectum should be remembered. A man may have an abscess near the cæcum and experience little inconvenience beside a tired and chilly feeling, unless the pus burst into the general peritoneal cavity. The pus may burrow into pockets. Accompanying the disease of the appendix there may be a phlebitis. In one form the veins of the mesentery are inflamed, and violent rigors ensue. Dr. Ross does not advise operation in the acute stage of the disease if invasion of the peritoneal cavity has taken place with collapse. He has operated in such cases, but with little success. In some cases he thinks it wiser to make a simple incision through the abdominal parities, and keep the wound open by iodoform gauze. In cases where localized abscess has formed he keeps his incision well out towards the bone, and reaches the pus accumulation from behind. He has never yet lost a patient suffering from the recurrent form of the disease when he has operated between the attacks. He operates for repair of damage subsequent to the disease if there is (1) a fatal fistula ; (2) an unhealed sinus ; (3) prolapse of the bowels through an unhealed ulcer ; (4) a hernial protrusion of the abdominal contents. The paper contains references to many unique cases.

Cystic Tumors of the Ovary Complicating Pregnancy and the Puerperal State, was the title of a paper by Dr. H. Meek, of London.

CASE 1. Was the history of a patient seen in Mr. Lawson Tait's Hospital in Birmingham, where a suppurating dermoid cyst had interfered with labor, and in about three months removed. Patient died in thirty-six hours.

CASE 2. The pregnancy and labor had been normal for the first child, but eight months previous to operation second pregnancy had been attended with difficulty, and the attending physician had

aspirated a fluctuating mass which retarded the descent of the head. Recovery was very slow; patient able to get up after a time; she had to go to bed again. At the time of operating a large mass with very little fluctuation was felt behind the uterus. This was opened and cleared of pus, faecal in character, and of light-colored hairs. It was curretted and thoroughly cleansed; swabbed with iodine, and drained. Under this treatment the cavity gradually contracted and the patient improved nicely.

CASE 3. Was that of an unmarried woman, who presented a double tumor, one in the right side, which appeared to be ovarian, and the two month pregnant uterus in the left. Operation revealed this to be the case, and the tumor was removed through the abdomen without interrupting the pregnancy.

Contrast is made between the cases not seen until labor occurred and where seen early in pregnancy. The cause of the trouble removed and allowed an eventful recovery. Every pregnant woman should be carefully examined, so as to be certain no unfavorable condition was present which would interfere with labor.

After luncheon at the Royal Canadian Yacht Club and an excursion on the lake, the Association assembled at the Toronto General Hospital for a clinic.

Dr. J. E. Graham showed an interesting case of Hodgkin's disease.

Dr. I. H. Cameron showed a case which he had operated on for abscess on the lung.

Dr. L. Tesky showed a boy upon whom he had operated for, 1st, abscess of the liver; 2nd, inguinal hernia; 3rd, phimosis.

Dr. G. A. Peters showed a case of suppuration of the knee-joint upon which he had operated.

Dr. A. McPhedran showed a case of abscess of the lung which had been drained.

Dr. A. Primrose showed a case of skin-grafting after the Thiersch method.

Dr. Chas. O'Reilly showed a number of ingenious and cheap appliances made and used in the Institution.

Dr. Allan Baines showed a case of transposition of the heart.

The report of the Committee on nominations was then received and adopted. It was as follows: Dr. Wm. Britton, of Toronto, President; Dr. Sanson, of Windsor, 1st Vice-President; Dr. H. P. Wright, of Ottawa, 2nd Vice-President; Dr. John Wishart, of London, 3rd Vice-President; Dr. J. Mitchell, of Enniskillen, 4th Vice-President; Dr. J. N. E. Brown, of Toronto, General Secretary; Dr. E. H. Stafford, Assistant Secretary, and Dr. G. H. Carveth, of Toronto, Treasurer.

The newly-elected President said he appreciated highly the honor conferred upon him. The end and aim of the Association was that it might grow until it embraced the medical profession of the whole country. This could only be done by each member of the Association doing his best to bring one or more new members into its ranks.

QUACK MEDICINES.

Dr. Barrack presented the report of the Committee on Legislation. While noting with pleasure the advance made in legislation in Ontario in regard to the health of the public, they begged to impress on the Association the advisability of bringing to the attention of the Government two matters: (1) The appointment of a committee to supervise, in some way, the various quack and other advertisements in the public press, appealing to and deluding the sick and afflicted; (2) In rural districts to have one medical health officer for the county instead of one for each municipality. The report was adopted after some discussion.

VICTORIAN ORDER OF NURSES.

One of the members drew attention to the proposal to found an order to be called the Victorian Order of Nurses. He thought the scheme crude and impracticable, and one that would do untold harm to the Canadian public. The result of half-trained nurses—and he contended they would be only half-trained—going into the sparsely settled districts to look after the sick would be an increase in the death-rate. The high death-rate in England was, according to the best authorities, due in no small degree to the large number of midwives in that country. The matter was one which ought to be seriously considered by the Association, all the members of which had the health of the public in view. He moved. "That in the opinion of the Ontario Medical Association the proposal to found a Victorian Order of Nurses is an unnecessary and impracticable scheme."

OBJECTIONABLE FEATURES.

The seconder of the motion said that while he had the utmost respect for many of the schemes and works which Her Excellency the Countess of Aberdeen was engaged in, he did not agree with this movement. The pamphlet issued from the office of the Governor-General at Ottawa in regard to the order contained some objectionable features. One of these was a statement in effect that Canada needed more Dr. MacLures, men who were not in the profession for the sake of the fees alone. That sort of attack on the profession was

certainly irritating. The medical men of Canada never refused to do all in their power for sufferers, even when they knew that their patients were too poor to pay fees. Continuing, he dealt with some of the objects of the order as stated in the pamphlet. One of these was to attend the sick poor of the city in their homes, the same work exactly, said the doctor, that was being carried on so successfully by the Nursing at Home Mission of Toronto, and like organizations in other cities.

A rural doctor said that in twenty-five years' experience as a country practitioner, he had never met a case in which a doctor had refused to attend a patient, no matter how poor the latter might be.

A Toronto medical man said that since the organization several changes had been made in its constitution, the most important of which was that the nurses should pass a specified examination by a committee of medical men.

STRONG DISAPPROVAL.

Others thought that the resolution should state the reasons on which the Association based its objections to the scheme.

The President therefore appointed a small committee to draft such a resolution.

The resolution brought in and adopted, was as follows: "After careful consideration of the scheme for the founding of a Victorian Order of Nurses, so far as its details have been made public, the Ontario Medical Association desires to express its full appreciation of the kindly motives that have prompted the movement, but feels that it would be neglecting a serious public duty if it failed to express its most unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an order be established."

The meeting then adjourned,

J. N. E. B.

Editorials.

University Medical Faculty.

THIS department of the University's work has undergone another quinquennial reorganization. It would seem from the plan of a five-year overhauling that this faculty is subjected to, that it acquires dead wood very rapidly, or requires new wood very frequently to keep it up to the standard. By the recent reorganization it would appear as if it stood in need of repair rather than the lopping off of dead branches. We understand that the present appointments are "during pleasure," and that another reorganization will be unnecessary. The faculty has been strengthened by additions to the staff. The department of gynæcology will be improved by the addition of Dr. J. F. W. Ross, who has been appointed an associate professor, and will have charge of operative gynæcology.

The section of medicine is increased by the addition of Drs. G. Boyd and R. J. Dwyer. As these gentlemen are comparatively recent graduates, we may reasonably presume that they are up to date in their views, and will cast much lustre on this important branch of medical education.

In the department of surgery, which was notably weak last session, some very important additions have been made to the staff. Drs. L. M. Sweetnam and H. A. Bruce, F.R.C.S., Eng., were recommended by the committee of the Senate, but a special appeal was made by Dr. I. H. Cameron for still further assistance, and Drs. B. Spencer and A. Primrose were considered the most likely to supply what was thought to be lacking.

The above four, with Dr. G. A. Peters and Mr. Cameron, who were formerly on the surgical staff, should make the faculty strong to cope with its rivals.

The subject of therapeutics and materia medica, which was *professed* by an eye specialist, has been strengthened by the appointment of Mr. Heebner, of the College of Pharmacy, as associate professor.

Drs. W. B. Thistle and H. T. Machell have been added also on the section of diseases of children, which has been given a place for the first time on the announcement. Dr. Machell is the Council representative for West Toronto. The legal question may come up as to his right to sit in the Council.

A known feature of the medical department of the University's

work, however, is that in spite of all these organizations, and reorganizations and disorganizations, the numbers of students are decreasing. By the report of 1892 certain numbers were assumed as a fair basis of calculation. Already the numbers are much below what was expected. Is this the fault of the staff, or the fault of the intending student who does not know a good thing when he sees it?

It may be said in closing that some of the more selfishly ambitious younger members of the faculty, in their desire to create positions for themselves, caused much ill-feeling five years ago. Judging by what we see and hear this ill-feeling is by no means dying out; and many of the old friends of the University and the Toronto School of Medicine regard the present state of affairs as riding for a fall. Some express the belief that good feeling will again prevail in the faculty. We certainly hope so, but are afraid that the feeling of antagonism existing between individual members is too deeply seated, and of too personal a nature, to render such a result possible.

The Victorian Order of Nurses.

THE REVIEW had the courage to declare against this scheme when it was first placed before the public. It was condemned as impracticable and Utopian. We are glad to notice that the Ontario Medical Association, in a strong resolution, condemned the movement. There are plenty of ways of honoring our noble Queen besides establishing a new order of nurses. Just as well raise a large fund to educate a Victorian order of doctors, or druggists, or ministers who would be supposed to work for nothing, or ridiculously small pay among the poor. The MEDICAL REVIEW is still of the opinion that the new order of nurses, even if started, would soon die out, and would tend to throw discredit on the many other successful Jubilee undertakings.

Lodge Practice.

THIS question has again been raised by the references to it in Dr. John Coventry's presidential address at the Ontario Medical Association. Though the worthy doctor said some very hard things about the evils of lodge practice, he was certainly not one whit too hard. Where in all the world can you find such a lot of fools as doctors are in this very matter? There is not a single argument that can be

adduced in support of lodge practice that will stand a moment's inspection. On the other hand, it is easy to show that the very worst of results are constantly arising from the lodge system. Those who take lodges are doing the profession a great wrong. In time they are going to reap the evil effects themselves. All the while the worst methods of electioneering, competition, cut rates, lowering medical dignity, etc., are rampant. Why not simply give it up?

The Ontario Medical Association.

NOTWITHSTANDING the strong counter-attraction, the coming British Medical Association, there was an average turn-out at our Provincial Association which met last month in Toronto. Dr. Jno. Coventry, of Windsor, made a splendid chief executive officer; and he was ably supported by the various other officers of the Association. The committee on papers had too long an array of good papers; there being lack of time for discussion. The members of the committee on Arrangements worked well to see that every detail of the entertainment was arranged for. A successful meeting is always assured when these two committees perform their duties as did those under Drs. Britton and Machell.

Dr. Britton, the president elect, in response to the toast at the banquet, expressed his ardent wish that the sympathies of the whole profession should be enlisted in the Ontario Medical Association. We are sure that the large staff of men who have been appointed to assist the President for the coming year will actively cooperate with him in order to bring about this much-to-be-desired end.

THE HIDDEN DANGERS OF CYCLING.—Dr. A. Shadwell, London, England, in *Medical Age* for April 10th, calls attention to the dangers of cycling. Among these is heart trouble, which may come on very suddenly and in a severe form though the speed of the wheel may not have been great. Again, cycling has the effect of completely using up some people. It is often said they overtaxed their strength; yet it does not appear that they rode very far or hard. The most marked evil from cycling is the nervousness sometimes caused by it. The face puts on an expression which the writer calls the bicycle face. The many forms of breakdown from years of bicycling cannot be accounted for by any theory of over exertion. They seem to point to a cerebral and not to a muscular origin. They are not associated with other severe forms of exercise, as foot-ball, rowing, running, etc.

At the meeting of the Bruce and Grey Medical Association, held at Chesley on May 12th, 1897, the following resolution was unanimously carried: Moved by Dr. Cooke, Chesley; seconded by Dr. Cameron, Owen Sound, "We, the Medical Association of Bruce and Grey, view with alarm the largely increased expenditure of the College of Physicians and Surgeons, and considering the heavy debt incurred in college building and depreciation in rentals and values in Toronto, would earnestly recommend rigid economy. We consider the indemnity to members of the Council excessive, and would advise its reduction to one-half its present amount, and that the other controllable expenses be reduced at least twenty-five per cent. And further, we regret the useless bickerings of members of the Council, not only retarding business, but bringing odium on themselves and the profession generally. We also deprecate the publishing of personal criticisms of each other by members of the Council. Further, that a copy of this resolution be sent to the Registrar and medical journals of the Province, and to our representative."

Walkerton.

M. STALKER, Secretary.

Personals.

DR. GRIFFIN, of Hamilton, has been appointed to the Medical Council in the place of Dr. Rosebrugh, deceased.

DR. CHAMBERLAIN, of Morrisburg, has removed to Mine Centre.

DR. SLOAN has been appointed Surgeon to the Central Prison, *vice* Dr. W. T. Aikins, deceased.

DR. CHAS. R. DICKSON has removed from Bloor Street to 343 Sherbourne Street.

DRS. G. STERLING RYERSON, George A. Bingham and J. T. Duncan, of this city are at present in London, England.

THE resident house surgeons at the General Hospital for the coming year, selected from the recent graduates, are as follows: From Toronto University Medical School—Drs. R. Nicholl, J. H. Mullen, G. Royce and W. F. Maybury; as alternates, Drs. J. A. Cummings and G. F. Campbell. From Trinity Medical College—Drs. J. S. McEachern, F. A. Scott, R. W. Large and R. W. Perry; as alternates, Drs. J. A. Butler and C. H. Callander. The selection is made with a view to the high standing and general qualifications of the men. Their terms of office expire June 30th, 1898. Dr. Graham and Dr. Foster have also been appointed to the staff of the Sick Children's Hospital.

Correspondence.

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

Medical Council—Dr. Sangster.

Dr. Williams's purely technical relations to honesty and truthfulness in public debate—Self-convicted of dishonesty of purpose and untruthfulness of statement—Is a tricky and unscrupulous debater—Setting up men of straw to knock them down—His futile attempts to whitewash the Executive Committee—The latter an illegally constituted and, practically, an irresponsible triarchy—The plausible doctor's artless admissions as to the qualifications deemed necessary on the part of those considered eligible for admission to the President's Chair or the Executive Committee—Fallacies, plausibilities and misrepresentations—Dr. Williams still obfuscated us to "who is who and what is what"—Vital interests of general profession not safe in hands of the schools and a few medical sectaries—Futility of trying to call the Executive Committee to account in the presence of the "Ruling Alliance of Sixteen"—Attempt as vain as it is costly—Prefer to carry my appeal unto Caesar—Public opinion in the profession may grow only slowly, but it does grow, and when developed its results are sure—The "Machine," the Council's bed of Procrustes—stretching or lopping off members to happy-family mould and standard dimensions—Daring averment—Do "Regulations provide for Fall examinations?"—Council usage—Citing various members and especial Dr. Williams as witnesses with regard thereto—The doctor's zeal in the service of the schools impels him to "eat crow"—He is "keel-hauled" by the Council on two successive occasions for making the averment set forth in his June letter—Why the project of holding a Fall examination has never been mooted in the present Council—When convicted of deliberate falsehood and misrepresentation Dr. Williams invariably resorts to the school-boy's retort "You're Another"—Unmanly use of means CALCULATED to win confidence—His influence in the Council except in the Inner Circle, a thing of the past—How and why he has lost it—The only coin with which honorable and intelligent men pay for the spurious and crafty vapourings of polemical knavery.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the June REVIEW, Dr. Williams attempts the hopeless task of exonerating the Executive Committee from the charge of usurping Council functions, and of recklessly wasting Council funds, and of insolently withholding information asked for by members of the Council. His letter, from start to finish, is just such a tissue of artful misrepresentations and deliberate misstatements as your readers have,

no doubt, by this time learned to expect whenever the plausible doctor opens his mouth to speak or takes up his pen to write on Council affairs. I do not propose to follow it in detail, as, after the unhappy exposure I have been forced to make of his utter freedom from the restraints that govern honorable men in public debate, *that* would be purely a work of supererogation. Dr. Williams stands before the profession to-day as a tricky and unscrupulous controversialist—*self-convicted* of dishonesty of purpose and untruthfulness of statement in his Council relations. If, therefore, his studied averments, his subtle creations, his artful insinuations, his labored sophistries, or his high class plausibilities thereupon, still carry a particle of weight with them, it can only be among members of the Inner Circle in whose behalf he speaks and writes, or among the few *good-natured* or *torpid* souls who either have not cared to look into these things, or whose judgment is clouded by the charity that believeth no evil. While, however, only cursorily reviewing the letter as a whole, I am tempted to deal with some one paragraph of it more fully, for the especial edification of those members of the College, if any such there still remain, who have not even yet learned how liberally the salt of discretion must be used with every statement that either flows from the nib of his pen, or falls from the tip of his tongue while dealing with Council affairs. And allow me, sir, to premise that, while I must select a single paragraph for this purpose, the production contains no paragraph that could not be used with almost an equal effect.

The distinguished representative of No. 2 opens his letter with one of those men of straw which he is much in the habit of setting up in order that he may valiantly knock them down. I have never said or implied, as he avers, that the "statute law" declares that the Executive Committee shall consist of five members, or that its irresponsibility is due to any defect in the "statute law," and, consequently, your correspondent's long and turgid peachment thereupon is simply balderdash. I did say that the Council By-law assigns five members to that Committee, just as it assigns seven or nine or eleven members to each of its other Standing Committees, and that the Council has no more right to depart from the requirements of its own By-law with regard to that Committee by electing thereon two gentlemen who already, by By-law, *ex-officio* belong to it, than it has a right to elect these same gentlemen on any or every other standing committee to which they are *ex-officio* attached. I pointed to the existence, in the Council, of an immoral and a traitorous combination created expressly, it would appear, for the purpose of defrauding the profession of the control of the Council, which it was thought to have

secured by the Medical Act of 1893, and I very properly claimed that an Executive Committee appointed *practically* by this "Ruling Alliance" and exclusively out of its own membership was, and is, beyond the reach of either the medical electorate or the body of its representatives in the Council, and that, therefore, it is "*practically* an irresponsible triarchy." I now repeat this allegation with all the emphasis and confident assurance of its correctness that I am capable of expressing through the medium of printer's ink, and I should indeed be surprised if your crafty correspondent's finely spun sophistries and artful misrepresentations should deceive any one concerned save only them whose material interests, or alliances, or sympathies are antagonistic to, or, at least, not coincident with those of the profession at large, and who are thus naturally open to such deception. Moreover, in this last letter, the too-zealous doctor adds to the many fatal admissions he has already made with regard to the Inner Circle and its internal economy, by conceding, in effect, all that I have ever charged concerning the qualifications it demands of those whom it selects for membership in the Executive Committee or for elevation (?) to the President or Vice-President's chair. Calling it "the Council"—though covertly alluding to the "Solid Phalanx," which meets in secret, to the exclusion of the independents and the opposition, and "talks over the officers and other business" of the approaching session, so that "the members may decide on their course," etc.—he asks "What will they (it) demand of those who receive their (its) votes. *Their (its) man must be proved by time and association.* These gentlemen of the opposition may become members of the Executive Committee and may fill the presidential chair, *but they must first do something to earn the confidence of*"—Whom? Dr. Williams says "their professional brethren," but as their election to membership in the Council, not by a petty school corporation or by a baker's dozen of medical faddists, but with sweeping majorities by large constituencies of their fellow practitioners on the very issues now being raised, is proof positive that they earned and now possess "the confidence of their professional brethren." Hence, the only rational way in which the writer can close the sentence quoted is by using one of the phrases, "Inner Circle," Solid Phalanx, or "Ruling Alliance of Sixteen." And, so, his statement—divested of all *double entendre* and superfluous verbiage—simply amounts to an admission that no territorial representative can win access to these positions until he has gained the confidence and approval of the "Combination" by showing himself to be sufficiently ductile to be acceptable, and by giving evidence that he is free from all inconvenient sense of super-loyalty to his constituents.

Would Dr. Williams argue that the vital interests of the Established Church in England would be safe in the hands of the dissenting organizations? Even his temerity would scarcely impel him to take a position so obviously absurd. And yet in a communication intended to reach the medical electorate—so meanly does he esteem the intelligence of those whom he ventures to address, that he dares to contend that the vital interests of the general profession are safe in the hands of the schools and of a few medical sectaries which have scarcely a single concern in common with the great body of ordinary medical practitioners. He admits that both the President of the Council and the Executive Committee have power to jeopardize the vital interests of the profession. Is it then reasonable that the electorate or its loyal representatives in the Council shall tamely consent to see these positions systematically handed over to school men and homœopaths? The crafty doctor pretends that he does not know that every member of the Council is such, not in his capacity as a medical man, but by election or by appointment, and that he takes his seat in the Council chamber, not as a member of the profession, but as a representative or nominee sent thither to guard and maintain one or other of the three divergent and antagonistic interests which are there supposed to struggle for supremacy. His childish pretence that homœopaths owe, or profess to owe, allegiance to the medical electorate, and that outside their theory of dosage, they have no interests at variance with those of the general practitioner, if it be intended to be taken seriously, is on a par with very much of the baby-talk Dr. Williams is in the habit of prattling in the Council chamber, and which sensible men, who do not belong to the machine, there dismiss with a smile of derision and the expressive Turkish expletive, “*вош!*” True, Dr. Thorburn, to whom he alludes by name, is appointed (not elected) by his colleagues of the Toronto School of Medicine. But he is sent to the Council as the representative of a close corporation, which, if it be still in existence, which is questionable, has not a single interest in common with the profession; and, in the Council, he is the exponent of the views and the guardian of the privileges and prerogatives, not of his fellow practitioners, but of the educational bodies of which he is one of the appointees. And he does his duty in this respect with a zeal and an intelligence and a fidelity that do him great credit, and at the same time shame the recreancy of all trimmers and traitors, who, being sent to the Council to look after the vital concerns of the profession, instead of loyally doing their *devoir* in that behalf, have, for the paltry lust of office or the empty desire to stand well with their official

associates, sold themselves body and breeches to interests hostile to those which they were elected to serve.

I need not remind you, sir, how public sentiment would be outraged were the Government, or any of its members, to gravely propound the theory that because the Opposition and the Patron members of the House make it part of their business to find and report irregularities, and evidences of corruption in the management of public affairs, they are, on that account, to be regarded as ineligible for election to any standing committee of the legislature. Fancy, then, the obtuseness, or otherwise the hardihood, of the man who, in this land of responsible government and free representative institutions, addressing himself, through you, to an auditory confessedly as intelligent and discerning as is the medical electorate of Ontario, while claiming that there exists in the Medical Council no proper government, yet presumes to argue that because members of the Opposition venture to criticise and even to emphatically condemn the wastefulness and faithlessness and misgovernment of the "Machine" which runs the Council, that, *ergo*, they must be held as ineligible for election to the Executive Committee or any other standing committee of the Council! Is not this, in effect, telling the electorate that it has no right to send to the Council men who are dissatisfied with the existing order of things, or who are suspected of having aspirations towards the reform of existing abuses, and manhood enough to struggle for the realization of these? In one of my earlier letters I expressed my belief that, not unfrequently, newly elected members have gone to that Council, hoping to be the apostles of better things, and burning to evolve, therein, order out of chaos. But they found themselves there confronted by an organized and unscrupulous alliance or ruling majority, and, though they may have valiantly fought for a time against being laid upon the Council's Procrustean bed, to be stretched or curtailed to the standard Council dimensions and "happy family" mould, they were sooner or later frozen into acquiescence, and made to become almost as servile to a corrupt alliance as is Dr. Williams himself. How completely, in his enumeration of "the qualifications necessary to secure election to this committee" your indiscreet correspondent supplies the key to the mystery of past subserviency and misrule, and confirms the surmises I then ventured to make!

I care not to follow Dr. Williams' puerilities with regard to my not arraigning the Executive Committee before the Council with regard to each of the many more serious delinquencies complained of. Two years ago I did explicitly charge that committee before the Council with having insolently and defiantly refused to allow the Registrar to

supply me—not with formal returns, as your correspondent deliberately alleges—but with simple and informal information, which I sought for in the interests of the profession, which was well within the scope of that official's duty to furnish, which would not have involved an extra expenditure of five cents, and which was asked for courteously and in good faith. I was then taught the futility of asking the "Inner Circle" to censure or suffer to be censured a committee of its own creation, and composed exclusively of members of the "Combination," for adopting any line of action conceived in the interests of the "Ruling Alliance of Sixteen," howsoever detrimental it might be to the profession I am anxious to serve. To, as the event has uniformly proved, an expensive and futile attempt to secure redress at the hands of the Council, while it is controlled by the "machine" it contains, I prefer, and, in future, I shall act on that preference, to carry my appeal unto Cæsar. I shall, in every case, fully and honestly and unreservedly take the profession into my confidence—lay my arraignments and my evidence before it, and confidently await the result. Public opinion may be a plant of slow growth, but it grows. The profession may show a deplorable amount of *vis inertiae* and may move but tardily towards independence, yet it does so move. Presently—as soon as the electorate becomes fully informed of how the Council is run, it will rise to the duty of asserting and protecting itself, and the evils now complained of will then be no more.

Dr. Williams describes as incorrect my statement, that "in 1881 there were six members on the committee, yet that year it cost the Council nothing." It would, as a rule, require, I trust, something more than his mere *ipse dixit* to that effect to convince your readers that such is the case. The Treasurer's Financial Returns show that in 1881-82 the committee cost nothing, and Dr. Moore, last session, reading from the Minutes of Council (to which, not being in the inner circle, I have no access), said, "I see that in 1881 we had six on the Executive Committee, and that in 1882 it was cut down to three (*vide* last year's announcement, p. 103). It was on this statement, and the Treasurer's Financial Returns, that I made my averment. Dr. Williams and Dr. Moore are at variance as to whether the Committee was cut down from six to three in 1881 or in 1882. I prefer, as will most persons, to believe the latter, as Dr. Williams is liable to burn his fingers whenever he touches figures relating to Council affairs.

He gives a tabulated statement of the constitution and cost of this committee for each year. This table may or may not be correct; I cannot say, as I have no access to the Minutes of Council prior to

the year 1887, and, when I asked for a far less elaborate sheet of information, the Registrar was instructed to refuse it. If I were sure this tabulated statement emanated from Dr. Williams alone, I should reject it as worthless, inasmuch as he stands self-convicted of manipulating figures to suit his purpose. This is one of the most cherished means of his "*calculated* to win confidence," and; although he may have been recently taught *as by fire*, caution in its use, he still, I fear, on occasion resorts to it. If, however, we may assume that the table was furnished by the Registrar, it is doubtless correct, and I thank Dr. Williams for its insertion, since it completely proves the correctness of my contention, that the only proper way to curtail the cost of that committee is to discourage it from holding formal meetings at all by cutting off all allowance for attendance thereat. The table shows that on some occasions the committee when consisting of ten or thirteen members cost nothing, while on others, when composed of only three members, it cost as much as \$306.70.

He avers that, the larger the committee, the more prone it was to assume the functions of the Council, and that one year it went "to the length of changing the date of the examination!" This latter was not a very serious delinquency as the date of the examination, *i.e.*, the established spring examination, has never yet been legally fixed by By-law, as the Act directs, by the Council itself. And all such comparatively trivial usurpations of Council functions by the larger committee sink into insignificance, in view of the insolent and defiant and demoralizing and costly acts of usurpation of Council functions of which I have shown that this smaller committee of three has been guilty, and the force of my exposure of which, Dr. Williams is now vainly trying to break by his usual tissue of pretty nothings, and artful plausibilities, and daring misrepresentations, and unscrupulous resort to means "*calculated* to win confidence."

To show the writer's utter want of scruple as to the truthfulness of his statements I promised to more fully examine a single one of his contentions. My aim is *at any cost* to break, if possible, the force of my exposure of the misdeeds of the Executive Committee. His method of trying to compass it is strictly and peculiarly Williamsesque. Among the several paragraphs written to that end, there is, perhaps, but little to choose, although, as a specimen brick of the whole structure, I select the one denying my charge that the Executive Committee has, for the past two years, insolently and defiantly usurped the Council's prerogative of ordering a fall examination. That his treatment of the case is heroic, goes without saying. He shows, in fact, a disregard of consequences, so reckless that it would make his auditory catch its breath if exhibited by a performer less practised than he

is in perilous feats of high tumbling on the polemic trapeze. He boldly avers that the "*regulations of Council provide for fall examinations!*"

Now, what are the facts of the case? In the session of 1889-90 the Council adopted a report of its Committee of Education, recommending two examinations each year. This was prior to the employment of an official stenographer, and, consequently, there is in existence, no report of the Council's proceedings, showing in what sense and with what limitations this recommendation was by it endorsed. That it was accepted, however, only on the distinct understanding that it was to apply merely to the then current year we have abundant evidence. We have on record, to that effect, not only the subsequent annual action of the Council, as a whole, which action, Dr. Williams assures you, "speaks louder than words;" but we have both the individual action and words of such men as Drs. Bergin, Henry, Miller, Day, Bray, Britton, Thorburn, Harris, Geikie and, last, but not least, and more especially and most emphatically, of Dr. Williams himself, as quoted below. In every year since its reinstatement, if held at all, the fall examination was authorized by a direct motion in Council to that effect, and a formal vote thereupon. As the Council proceedings are not indexed, and the labor of search is considerable, I beg to refer your readers, who desire to verify this statement, to the locality in each Annual Announcement where they may find this matter discussed and voted on, viz., Announcement for 1891-92, p. 211; that for 1892-93, pp. 183, 184; that for 1893-94, pp. 140-142, and that for 1894-95, pp. 22, 23. And yet, at every one of these meetings in which the Council thus formally decided to hold for that specific year a fall examination, the Registrar was authorized to make the necessary clerical changes in the Annual Announcement of which the plausible doctor prates so prettily, and which authorization had no more to do with the ordering of a fall examination than with the ordering of the new roof required by Micawber Castle.

In the Announcement for 1892-93, p. 169, in the report of the debate on the matter of a fall examination, your readers will find Dr. Williams is reported as saying, "We know that there is at least about one-half of this Council of the opinion that one examination a year is enough. We have received this year the assent of at least all the Education Committee that *this year* it is better to have the two examinations; those of us who are in favor of having two examinations always, should not hesitate to accept that step, and when the next year comes, *let the next year stand upon its merits*, but we had better accept the step now that it is in our favor, and *have the two examinations for this year.*"

Yet, when the next year came, a new exigency presented itself, and on behalf of the schools, this faithful and unscrupulous henchman, found and embraced a further opportunity of winning applause by an exhibition of skill in the perilous art of polemic high tumbling. In opposing, on the ground of economy, Dr. Geikie's motion in favor of a fall examination, Dr. Bergin confronted the schools with the serious danger of losing that esteemed privilege. It was on this occasion that your versatile correspondent, "eating crow" in the shape of all he had advanced the year before, first put forth his present ridiculous claim that the "*Regulations provide for fall examinations.*" He was, however, on that occasion promptly, and very properly, "keel-hauled" by the Council for his purile contention. It pooh-poohed his suggestion and again decided, *by formal vote*, to hold a fall examination (in the autumn of 1893). The following year, 1894-95, when the subject again came up for discussion, Dr. Williams' zeal in the service of the schools, impelled him to once more trot out his silly suggestion, with the result that he was once more snubbed by the Council, which again decided that such an examination could only be held on the Council's authorization to that effect repeated from year to year.

Dr. Williams tells us that at least half the members of the old Council were opposed to fall examinations, and it is well understood that a majority of the newly elected members hold strong views as to the impolicy of continuing these useless and very costly sentimental whims. Hence, quite probably by Dr. Williams' advice, and with his concurrence, the question of continuing them was not mooted in the Council in its sessions of the two last years. Still both these years fall examinations were held, with an annual \$700 loss to the College finances. On whose authority were they held? Clearly not on that of the Council. It lies, therefore, between the Registrar and the Executive Committee. The former is known to be opposed to these examinations on several grounds, especially that of their cost, and it is not conceivable that he would assume the responsibility of holding them without distinct instructions to that effect from the President or the Committee. Where the onus really rests is a matter to be investigated at the approaching session. In the entire Minutes of Council Proceedings there is not to be found a by-law, or a resolution, or a regulation establishing fall examinations, and Dr. Williams was well aware of this fact while he was penning his statement to the contrary.

When, as in this case, Dr. Williams is *convicted* of deliberate untruthfulness and misrepresentation, he seems to think the school-boy's retort, "You're another," fills the whole bill of requirements, and may be taken as a receipt in full. He appears not even yet to

realize the fact that his unsupported assertions, and artful perversions and cowardly inuendoes are, except as illustrations of his methods, utterly without value. Having established, not by my averments merely, but by actual proof, the purely technical relations of Dr. Williams to truthfulness of statement and honesty of purpose in Council affairs, I cannot afford to dismiss, with the contempt it deserves, his wholly unsupported assertions and insinuations touching my own veracity. Unlike the plausible representative of No. 2, I have no brief to defend a traitorous alliance, no past official tergiversation to cover up, no representative disloyalty to conceal, and no Council extravagance or misgovernment to palliate or deny. If I had, I hope there is manhood enough in me to impel me to throw up the sponge rather than resort to such means as my honorable friend regards as not unworthy of use in his efforts at retaliation. As it is, I have, certainly with no selfish or unworthy motive, and at the cost of much personal unpleasantness and unmerited abuse, devoted myself to the betterment of the present government and future prospects of the profession to which I belong, and whose highest interests I am only anxious to faithfully serve. Working to that end, I once more declare that I write nothing which I do not honestly believe to be true, and that I try to speak of persons and things strictly as I find them. Dr. Williams may thank himself for the exposures I have had to make, but, outside his associates of the Inner Circle, his influence in the Council is very properly, and, in the interests of the profession, very happily, a thing of the past. Members outside the Ruling Alliance of Sixteen, must feel that they can no longer rely on his honesty of purpose or his truthfulness of statement, and can scarcely afford to stand before their constituents as willing to be misled by his specious nothings and artful plausibilities. The constitution of this Executive Committee will again this session come up for review, and an attempt will again be made to secure thereon the profession's rightful and necessary representation. It may be taken for granted that the eight school-men, the five homœopaths and Dr. Williams, and, possibly, his two elected associates of the Inner Circle, will all vote against this simple act of justice to the medical electorate, because with them the matter is one not of conviction but of combination. For this, there is no remedy until an outraged electorate shall have meted out justice, at the elections, to the three territorial derelicts concerned. But surely the profession may confidently expect, that every member, free from all entanglement with that alliance, shall hereafter accept Dr. Williams' Council salvoes of blank cartridges and shots from the *suggestio falsi*, and *suppressio veri* chambers of his dialectic revolver,

with the indifference and contempt which are the only coin with which honest and intelligent men pay for the spurious and crafty vaporings of polemic knavery.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, June 24th, 1897.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—That part of Dr. Sangster's June letter dealing with the debate in the Medical Council, must be passed over for the present. At a later date we may review his conclusions. With your permission let me now glance at the part specially devoted to myself.

No doubt, Mr Editor, you will congratulate the doctor on his improved style. In his June letter he does not once resort to what he was pleased to call "the school-boy trick of making faces and calling names." True, it has been at the expense of his "raciness" (?), yet his friends will submit to this sacrifice, if it results in such a striking improvement in his diction.

He must be congratulated, too, on his marked ability in escaping from an awkward position. He had given us many exhibitions in this direction through his series of letters; but, with the instincts of a natural teacher, he acts upon the necessity of frequent repetitions, if the lessons are to be thoroughly impressed. You will remember with what boldness he asserted a caucus of sixteen was summoned each year antecedently to the Council meeting, who there and then settled the personnel of the Council affairs, etc. Yet, when he found himself cornered, he sought escape by a series of half truths. Later, he makes the assertion that I read a paper before the Ontario Medical Association, when President of the Council, which was published; and that some rude outer barbarian at once tore my figures to ratters in the public press. When his attention is called to the fact that no such paper was read, nor yet published, he looks for some other half truth by which, with a little bluster, he hopes to escape. This course may serve with the unthinking. He should remember, however, he is writing for a medical journal, to be read by intelligent medical men. Such chaff will scarcely catch birds of this kind; yet his squirms are made with cleverness. He puts the whole blame on the Association. They announced it in their list of papers to be read, and "the averment may or may not be true that it was not read." He gravely

tells us, however, that "he himself called attention, in the public press, to the gross misstatements it involved." And he meets the fact that it was not published by the statement that "a synopsis of his (my) paper *or remarks* was given the press and published." He does not condescend to tell us by whom the synopsis was furnished, nor in what paper it was published.

We had learned the doctor has a very remarkable memory, in that it retains vividly facts and incidents that never occurred (for instance the details of the statement the President furnished the Government—a statement never furnished); and when referring to his avowal as to the reading and publishing of this paper before the Association, we conjectured it must be a feat of the same great memory, that there could not be two such in one country. The doctor makes good our surmise. He says, "he himself, in the public press, called attention to the misstatements in the paper"—the paper *that had as yet no existence*. This, however, does not do the doctor's great ability full justice; he can accomplish still greater feats. He tells us that the President of the Council was to give an address twelve days later, and intimates that if the President made "*some remarks*" at the Association, of course he had memorized this address and "*said it* before the Association." Now we did know of his great memory, and we knew of his great ability to see what we had in our hands when he was miles away; but even then, we did not give him credit for being able to read the President's thoughts and criticise them twelve days before they had taken form in words. A wonderfully clever man this representative of No. 12.

After exploiting himself so ingeniously in the display of his exceptional talents, and when he thinks, and hopes, he has so mystified his readers that they will lose sight of his unique truthfulness, he returns to the President's address of five years since. Here he throws himself. What with exclamations and italics he makes out a dreadful case. He declares that I "do not *now* attempt to deny that before the Association" I "manipulated the treasurers's statement," as if one is called upon to deny every vile slander uttered scurrilously in the Billingsgate spirit. He reinforces us there are figures absent that ought to be present. How could that occur only from a desire to falsify the record? And that dreadful man, who made this omission, "must clearly understand that his evidence on Council matters is ruled out of Court, and is . . . in future, worth less than the ink with which it is written." Mr. Editor, the doctor has had his say, and his re-say, on this matter. We invite those who are sufficiently interested to read the original, with his criticisms, and judge whether

or not such exclamations and exaggeration of paltry trivialities, are such as would carry conviction to the mind of any candid reader. We do not fear their honest judgment.

Your correspondent suggests, that I may need the aid of friends to raise a "blush." That he should expect this after his wrongful language is not surprising. A sensitive man usually colors at unjust accusations. In this case, however, I *will not* "blush," nor will I trouble my friends to do so for me. I, as well as your readers, know the accuser.

There are men who "blush" from conscious wrong-doing. Most men, when convicted of attempting to deceive with half truths and with making and distorting facts, would indicate some remaining sensibility with a blush. Though your correspondent occupies this position nothing of the kind will be expected from him. Neither his enemies nor his friends believe that at any period, for more than two decades, was he capable of such evidence of sensibility, no matter how great the moral obliquity, nor how forcibly brought home to him.

He intimates that "when a man is caught in a quagmire," and wishes to save himself from sinking deeper and deeper into the ooze, all authorities agree that the best method is to "*keep quiet*," in the hope that his friends may come to his rescue. The doctor finds himself in this unfortunate position, but is ashamed to take the advice of the authorities. He hints to his friends, but they allow it to go unheeded. He has, then, no hope but to flounder on and on, and rust that time and chance may bring some means of escape. True, when he commenced his letter-writing he hoped to rehabilitate himself with the public and the profession, and had he been more discreet his position might have been improved; but with his calling names, his brag and bluster, he still remains the same John H. Sangster.

Mr. Editor, if I understood your announcement of some months since, the meeting of the Medical Council is to terminate the personal encounter between its members, in so far as your journal is concerned. That, while correspondence, in brief form, touching Council matters, will always be welcomed, it must be confined to the Council's business or policy, and must be courteously expressed. Your readers, if not your writers, will commend your decision. Personalities, no matter how vigorously written, neither please nor edify. To the writers they are a subject for regret. To many a man, however, a time comes when it would be poltroonery not to meet on his own ground and deal with the veriest swaggering bully. This is my excuse for so far trespassing on your generosity. I hope to have no further cause.

Nevertheless, I lay no claim to the meekness of a Moses, and if for some reason one correspondent is permitted to luxuriate in personal warfare, no doubt with your usual equity you will permit his opponent to indulge in the same delectable pastime, at least to the extent of defending himself.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, June 26th, 1897.

Decoying Young Men Into the Profession.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR —I was at a loss some time ago to comprehend the meaning of a little dodger, which some one was kind enough to send me, bearing at its head the name of one of our medical schools ; but thanks to the REVIEW and to some of its correspondents I have since learned that this unique production was intended to do duty in decoying young men into the profession, as copies had been placed upon the desks of students writing on their final at the last examination of the medical school named at the head of the dodger.

What a bright idea ! Oh, shades of Hodder, how thou must blush if thou could'st but witness the business push of some of your old associates !

When one considers the many traps to draw young men into the profession of medicine—which long ago has been filled to overflowing—is it to be wondered at that every now and then some one in its ranks is tempted into risking his freedom, and in many instances even his life and that of his patients, in order to make ends meet and to keep the wolf from the door ? In view of this, is it not about time the profession should rise in its might and petition the Legislature to snuff out any medical school, or institution, which permits any of its staff to induce young men to abandon other honorable pursuits to enter the profession of medicine to starve ? The duty of every member of the profession should be to put a check to this without delay. The Defence Association has a number of active and influential men in its ranks, who, if they go about it and act with determination, the Lord help any government that would venture to turn a deaf ear to their prayer. Other methods, too, might be worked to advantage. Let members of the profession adopt the boycott system.

Scarcely a member of the profession who has not an opportunity every year of putting one or more good fat fees in the way of the professors of our colleges. Let the medical men in future take care

to select as consultants only those who are known not to countenance questionable methods of advancing their personal interests. Care, too, is required on the part of the profession in electing representatives to the Medical Council. Those under the glamor and influence of the school representatives and their henchmen who embrace every opportunity to uphold and support an extravagant, a tyrannical and irresponsible clique in the Council, should be left severely at home.

No man should be sent to Council who is noted as an economizer of truth, or as a schemer, or who manifests a willingness to maul those who criticize his conduct. Untruthfulness and artifice, together with fisticuff tyranny, are very poor weapons with which to effect a conquest, and never yet were known to make people either submissive or loyal. Indeed, many of the ablest and wisest heads in the profession, in Toronto and throughout the Province, and even members of the Ontario Legislature, freely admit that the Medical Act is very much endangered by the high-handed proceedings of the clique and its supporters in the Council. Personally, I am of the opinion that nothing short of reconstruction of the Council will restore peace and save the Medical Act.

Should the present clique in the Council have full swing for another term, and the erasive power which the Council professes to possess be put in force, there can be little doubt that the loss of the Ontario Medical Act is not unlikely to follow. This would be a calamity both to the profession and to the public. It would, therefore, be for the general good if the school representation were wiped out and the Council made elective, and thereafter special care taken against schemers and office seekers securing a seat at the Board.

The duty of the profession now and henceforth should be unremitting vigilance in Council matters. Every member should keep himself well posted in medical politics, and not in the spirit of mere day laborers, be content to grub along earning such fees as fall in their way, oblivious of the fact that under the manœuverings of the schemers in the Council, aided by their allies, the day is rapidly approaching when the profession shall have drifted into that condition that there will be but few or no fees to earn in a professional or legitimate way. It is important, therefore, that every constituency not already represented by a reliable man should be urged to a spirit of enquiry and investigation, and thus stimulated to a sense of duty and self-protection.

Of the eight constituencies contested last election the defence candidates carried six, and there is no reason, in the next elections, why the places held by the *plausible*, the *scheming*, the *fisticuff*

and the doubtful element in the present Council should not be taken by others more worthy and in closer touch with the best interests of the profession.

Yours truly,

Oshawa, June 11th, 1897.

W. COBURN.

Selections.

The New Tuberculin.

IN spite of the fiasco of 1890, Koch's is still a name to conjure with in the study of tuberculosis, and the announcement that he has again published to the world a remedy for this disease cannot fail to arouse eager expectancy among physicians, and to kindle the hopes of the new generation of consumptives which has followed upon that which the tuberculin of seven years ago could not save.

The article descriptive of this new tuberculin appears in the *Deutsche medicinesche Wochenschrift* of April 1, 1897, but any sinister significance which this date might have is removed by the fact that the article itself is dated November 14, 1896, its publication having been delayed, possibly by reason of the author's absence in South Africa. . . . He then comes to a description of the new tuberculin, which is prepared through a mechanical destruction of the bacilli. The great difficulty has been to destroy the protecting layer of sebatic acids, but this was finally accomplished by triturating dried cultures in an agate mortar with an agate pestle, adding distilled water, and separating in a powerful centrifugal machine. In this way he obtained a whitish opalescent fluid, free from bacilli, and a slimy sediment containing the debris of the bacilli and some undestroyed specimens. This sediment was again dried, worked about in a mortar, mixed with water, and separated in a centrifugal machine, the process being repeated until every vestige of the bacilli had disappeared, and nothing remained but a series of clear fluids. The first of these fluids differed from all those subsequently obtained, the latter, however, being identical with each other. The first of these fluids he called tuberculin O, or "T. O.;" the second tuberculin R, or "T. R.;" Treated with glycerine, T. O. is found to contain the substances soluble in this fluid, and is similar therefore to the old tuberculin. It also acts like tuberculin, causing a reaction but not conferring immunity. When glycerine is added in quantity to T. R.,

a cloudiness is produced, showing that this contains substances insoluble in glycerine. It is this fluid, the "T. R.," which Koch believes is the remedy for tuberculosis.

The remedy is given in the same way as tuberculin, beginning with a very minute dose, and increasing gradually until the maximum is reached. The fluid contains eight milligrammes of the active principle in one cubic centimetre, and is diluted with salt solution in order to obtain a small enough dose. The initial dose is one-five-hundredth milligramme, but if a reaction follows the dose it must still be further reduced. The injections are made every second day, and the dose is gradually increased during a period of two or three weeks to twenty milligrammes. If any elevation of temperature occurs, it must be allowed to subside before another injection is given.

The preparation of T. R. requires the exercise of many precautions. In the first place, not every culture of tubercle bacilli is fit for the preparation of an efficacious T. R. Koch's experiments, which he will describe at some future time, have shown him that all tubercle bacilli are not so uniformly virulent as is generally supposed. Cultures which have been growing through many generations in the laboratory will, as a rule, be found to have lost their virulence in great measure, but for the preparation of T. R. only virulent cultures are to be employed. The drying of the culture must be done in a vacuum exsiccator, and all chemical contamination in the process of manufacture must be avoided, for T. R. is very unstable. The cultures and the completed preparation must also be kept away from the light. Complete separation of T. O. and T. R. is obtained only when the completely clear T. O. has taken up at least fifty per cent. of the solid substances, and it is very necessary that the two should be completely separated, for if T. R. contains any T. O. an undesirable reaction will follow the injection. Naturally the preparation of this new tuberculin, with its trituration of perfectly dry cultures of exceedingly virulent tubercle bacilli, is in the highest degree dangerous to the operator, and Koch says that he felt always as though he were dealing with high explosives. The preparation of large quantities should, he thinks, be undertaken only in establishments where the danger could be reduced to a minimum by the use of suitable mechanical appliances. The fluids can be preserved by the addition of about twenty per cent. of glycerine, which is not enough to cause a precipitation of the T. R.

As to the results of T. R. injections in guinea-pigs and in man, Koch speaks with confidence. He has tried it in lupus and in pulmonary tuberculosis, and the results have been such as to cause

him the greatest satisfaction. It is useless, he says, to give the remedy with any hope of success to patients who are in the last stages, with but a few months to live, or to those in whom a secondary infection, especially a streptococcal, exists, and in whom the symptoms of sepsis have pushed those of tuberculosis into the background. Furthermore, patients with a temperature of over 38° C. (100.4° F.) are only exceptionally influenced for good by the specific treatment of tuberculosis. In suitable cases, however, an improvement is invariably obtained. He says that he uses the term "improvement" advisedly, although according to the ordinary usage he would be justified in speaking of the patients as cured. He is unwilling, however, to regard any as actually cured until after the expiration of a certain period without any relapse. There were no unpleasant general symptoms observed, and there was no reaction whatever when the dosage was properly graduated. In the case of pulmonary tuberculosis, the only effect of T. R. was a slight increase in the rales, but this symptom soon disappeared, the sputum rapidly diminished in amount and its formation ceased, and the temperature curve declined.

It is possible, Koch says, that some other method of administration may be found more efficacious, or possibly the desired end may be reached better, and more speedily, by some combination of T. R. with T. O. or by a serum preparation obtained by means of T. O. or T. R., experiments with which are now being conducted. But he maintains with entire confidence that any further improvement in the preparation itself is not to be looked for. This preparation is made from fresh and highly virulent cultures, which were alive immediately before the trituration process, and the bacilli are brought into a soluble state without the employment of any chemical means. Nothing better than this can be done, and anything that can be accomplished with cultures of the tubercle bacillus can be accomplished with T. R. and T. O.

Whether the confident assurance of this distinguished investigator will be justified by the results of a general application of his new preparations must be left for the future to decide. At present we can only say, in the words of our Berlin correspondent: "Hoffen wir, dass einem zweiten Tuberculin-Rausch nicht ein zweiter Katzenjammer folgt."—*Medical Record*, April 24.

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