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THE CANADA LANCET.

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CRITICISM AND NEWS.

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Original Communications.

REPORT OF THREE CASES OF MALFORMATION OF THE FEMALE ORGANS OF GENERATION, WITH REMARKS.*

BY A. VANDERVEER, M.D.,

Professor of Didactic, Clinical and Abdominal Surgery,
Albany Medical College, Albany, N. Y.

Mr. President and Gentlemen of the Ontario Medical Association,—Surgical diseases of women at the present time are so well understood, such clear and practical advances have been made within the past few years in the treatment of all lesions that pertain to the female sex, that, in presenting the following cases I know I am not offering any particularly new or striking problem for the seekers into all that comes under the realm of gynecology, yet I believe they are worthy of presentation, and to go on record as a bit of additional knowledge on the subject of gynecological practice.

CASE I.—February 2nd, 1891, I was requested by Dr. Hun to see in consultation, Miss —, aged 17 years, who gave the following history: Presented the appearance of a well-developed, healthy girl, face showing a very pronounced case of acne. She had for two years given symptoms of menstruation at each monthly period, but had never menstruated. She had been examined by Dr. Lusk, of New York, who very kindly wrote me afterwards as to his diagnosis, that of possible presence of the ovaries, with much doubt as to the development of the uterus. On examination I found the breasts well developed for a girl of that age; the external labia and orifice of the urethra absolutely normal; development of the hair about the mons normal. There was a slight discharge from a small orifice connected with the

inner portion of the right external labia, partially from above, on pressure causing a pus-like substance to exude. She was given an anæsthetic, and on making a thorough bi-manual examination, with one finger in the rectum, the other hand pressing over the hypogastric and inguinal regions, I could feel some trace of an ovary on the left side, yet was unable to make out the neck or body of the uterus. Did not pass a finger into the bladder, passed in a sound, and could feel it through the tissues, per rectum, but it did not afford much assistance in the diagnosis. After further consultation with Dr. Lusk, it was thought best to attempt an operation for possible finding of the cervix by formation of a vagina. With the assistance of Drs. Townsend and Hun, patient being thoroughly anæsthetized, I began an external incision by means of the flat point of the thermocautery, starting just below the meatus and extending back in the median line to within about an inch of the anus. Having penetrated to nearly the distance of an inch, I then dissected carefully with a scalpel and serrated scissors, and opened up a vaginal passage three and one-half inches in length. I then found by introducing finger in rectum, and with sound in bladder, that my incision was getting dangerously close to both the rectum and bladder, and felt it unwise to go farther. By the most earnest efforts I failed to detect any development of the uterus. An earnest effort was now made to keep this artificial vagina open by means of bougies and the wearing of a stem pessary, but it was found very difficult to do so. At the present time it is almost entirely closed. I may say that this has been the experience of many other operators. During past eight months patient has suffered every month from all the symptoms of menstruation, much pain through abdomen, much dizziness of head, and, at times, an almost complete loss of consciousness. Her case has been fully explained to her and her parents, and she has expressed a strong desire for relief. I have recommended to the family an abdominal incision, and removal of whatever could be found of the uterine appendages, believing it would be wise to bring about an early menopause, thus saving her the suffering that comes each month, evidently an attempt on the part of nature to establish menstruation. This information was conveyed to Dr. Lusk, their family physician,

* Read before the Ontario Medical Association, June, '92.

who endorsed it fully and emphatically, and which met the approval of her family. I presume the operation would have been done by this time but for the patient having contracted an eruptive fever which has confined her to the house for the past six weeks. That such an operation is pre-eminently proper in this case, is my firm conviction.

CASE II.—Miss H. A. M., aged twenty-seven, native of U. S., housekeeper by occupation. Admitted to Albany Hospital October 1st, 1891, with the following history:—Mother had suffered for many years with chronic diarrhœa; father well. Patient has had all the diseases of childhood, but has never menstruated. Since about thirteen years of age has had irregular intervals of pain in abdomen, back and head, with tympanitis, also sympathetic trouble with stomach, all of which would last for a period of three or four days; would suffer from intense headache, face and head becoming much congested during these periods. Looked upon them as her "unwell" symptoms, but never had any discharge from vagina or elsewhere. No vicarious menstruation ever observed. Suffered at times from irritation of the bladder, whenever exposed to sudden changes of heat or cold. In the beginning of 1889 she had a severe attack of cystitis, accompanied with very frequent and scanty micturition. The first week in November, 1890, after prolonged suffering, an abscess formed in the left side of the pelvis and inguinal region, which opened and discharged of itself. Soon after another abscess formed in the median line, just above the pubes, which gave her much pain for the period of two weeks, but then discharged and both sinuses healed apparently well. At present patient suffers much from pain in back and head, and a full, bloated feeling of the bowels, particularly at night. Upon careful physical examination she presents a perfect development, as regards chest; the mammary glands are fully developed, and she has in every way the appearance of a perfect woman. External and internal labia perfectly formed; normal appearance of hair on mons; all the organs of generation are well developed and the vagina of normal length, but on careful examination no trace of the cervix can be made out, nor by the use of speculum can any point of depression be observed that would indicate an opening into neck of the uterus. Careful bi-manual examination, anter-

iorly and posteriorly, through the rectum, failed to discover any evidence of the uterus whatever, but she had, what I believed to be, a normal ovary on the right side. Her condition was fully explained to her and the danger of an abscess forming and breaking into the peritoneal cavity was presented with its dangers, which the patient says, she being an intelligent woman, she has always considered. She then stated that she had come to the hospital for an operation, more particularly, if possible, to bring about her change of life, and to relieve her of the possibility of any function of the ovaries being performed. She was very anxious to get rid of the symptoms which presented each month and which gave her so much distress. An abdominal section was suggested, to which she readily consented, and, after proper preparation, the operation was performed October 8th, 1891. On reaching the pelvic cavity only the very slightest trace of the uterus could be discovered. There was a well developed ovary on the right side with a short, contracted Fallopian tube, but scarcely any development of a true, broad ligament, the ovary itself undergoing cystic degeneration. This was carefully removed, and on examination of its surface afterwards there was seen the remains of a recently ruptured Graffian follicle. On the left side were found a number of adhesions, but no ovary or tube discovered, though vigorous efforts were made in that direction. Patient recovered very well from the use of the anæsthetic, but suffered severely from nausea and vomiting for three days, then gradually made an excellent recovery. Wound completely closed without any complications whatever, and she was able to sit up on the fourteenth day. Returned to her home in Vermont on sixteenth day after operation. Six months after this, patient was in very much better health than she had ever been.

CASE III.—Miss Maggie M., aged nineteen. I was requested to see her by Dr. W. H. Bailey, Feb. 5th, 1892, following history being presented by the patient and her mother:—Parents healthy; began at the age of fifteen to have well-marked symptoms of menstruation about every month, but has never had any menstrual discharge. Has suffered very much at times from abdominal pain, and on two occasions had what was believed to be inflammation of the bowels. Two years ago when living in the interior part of the State she was told

her true condition and advised to visit me for operation. However, did not avail herself of that advice, and continued under treatment of three or four physicians, who saw her at different periods, and the last one who treated her, six months previous to Dr. Bailey being called in, pronounced her case one of pregnancy. For the past month she has suffered almost constantly from abdominal pain and has lost in flesh. When Dr. Bailey was called, the day previous to my seeing her, with him in consultation, he made a careful examination and diagnosed imperforate hymen. On examination I found her with an abdomen equal to that of a woman at the seventh month of pregnancy, somewhat tender on pressure, of a uniform enlargement, and scarcely giving a sense of fluctuation. On examination of the external organs of generation everything appeared normal, with the exception that the hymen was imperforate, and a fluctuating mass could be felt through it.

Her case was explained to herself and family, and an operation urged, but permission was not granted until two days afterwards. Then I made a free incision in the central portion of the hymen, having previously introduced a trocar and allowed about a quart of dark, molasses-like fluid to exude, then I opened and about the same quantity of fluid was allowed to discharge, when the tumor in abdomen disappeared; parts were thoroughly washed and cleansed with a solution of 1-2000 bi-chloride, which was kept up daily in the after treatment by Dr. Bailey. She made an uninterrupted recovery, menstruated in March and April, and presents now the appearance of normal health; has regained her flesh and color and presents a marked improvement in her condition.

When we consider the fearful mortality that has attended cases like the last, as spoken of in our early text-books, it would seem proper that a careful consideration of the method of treatment should be gone over, and perhaps one of the most valuable recent additions to our knowledge of this subject, is a paper published by Dr. Krug of New York, giving a report of a similar case, and what he suggests as the best method of treatment. In these suggestions I quite agree, that the patient should be fully placed under the influence of an anæsthetic, take out a portion of the hymen, make a thoroughly free opening, then cleanse out the entire uterine cavity, washing out thoroughly with

an antiseptic fluid; pack with iodoform gauze, repeating this as may be necessary until the uterus is thoroughly contracted and everything put in normal condition. This is a method I would certainly follow out in another similar case. The mortality has been greatly caused by the septic condition that comes from making too small an opening, and then not washing out carefully afterwards with antiseptic solution, allowing pus to form, and causing sepsis to occur by the dilated tubes carrying this condition directly into the peritoneal cavity.

I have presented these cases, not because of any especial credit due for treatment, or suggestions as regards line of treatment, but because they are somewhat rare, and, in our present advanced methods of the treatment of gynæcological cases, while little is to be offered new, yet when now and then a thought can be suggested it seems proper we should gather up whatever comes in the way of practical experience and present it for the careful consideration of our brethren.

ABSTRACT OF PAPER ON CHLOROFORM INHALATION.*

BY DR. H. A. M'CALLUM, LONDON, ONT.

The paper dealt fully with the causes of blood pressure, "Asphyxia," "Shock," and "Syncope." The heart was shown to control blood pressure directly and indirectly in the normal state. It was also shown that the heart had important relations in asphyxia. The speed with which this latter condition could be induced, or the success at resuscitation depended largely on the integrity of the circulatory apparatus.

The report of the second Hyderabad Commission was criticised on the two following points (1) That chloroform in ordinary inhalation did not depress the heart; (2) That this drug did not possess any danger to patients with "fatty heart." With regard to the first point, the experiments of Drs. Shore and Gaskell (*British Medical Journal*, Nov. 21st, 1891), were cited to show beyond doubt that the constant lowering of blood pressure under chloroform was due to the drug depressing the heart. It seemed probable that this was effected

*Read before the Ont. Medical Association, June, '92.

by the depressor nerve (being brought into action by the heart) acting on the vaso-constrictor centre in the medulla. By inhibiting this centre the blood pressure was lowered to suit the cardiac strength. As these experiments left no doubt about this depressing action on the heart, a claim was made that such action of the drug was always a source of danger, and given a patient with an idiosyncrasy, a fatal result would follow chloroform administration.

With regard to the danger of chloroform to patients with fatty hearts, the paper pointed out that the commission drew their conclusions from "Phosphorous Hearts," a degeneration that apparently does not correspond with that slow change from multiple causes found in man. It was further agreed against the commission's results that their report was based on deaths which, with few exceptions, occurred in profound narcosis. For the purpose of discussion, the dangers occurring in chloroform administration were classed as those belonging to (1) excitement, (2) anæsthesia, (3) profound narcosis, (4) recovery. The dangers of the first stage were syncope, asphyxia, shock. On account of the unstable condition of the nerve centres in this stage, syncope was common, and should be treated by lowering the head, artificial respiration and hypodermic injections of digitalin. Asphyxia might be from laryngeal or nasal obstruction, and is to be treated by opening the mouth and turning the patient on the side. Spasm of respiratory muscles was not regarded as a possible cause of asphyxia.

In the stage of anæsthesia the danger consists in the risk of running into the next stage, that of profound narcosis. Rarely the second stage of comparative safety is almost absent; no sooner do some patients enter it, than they begin showing alarming symptoms. In the stage of profound narcosis one runs a great risk of paralysing the centres presiding over respiration and circulation. Care should be exercised to keep the patient out of this stage. The centre most frequently to give way is that of respiration. The treatment here is hypodermic injections of strychnia in full doses, and artificial respiration. In the stage of recovery, on account of the heart being dilated as pointed out by Prof. McWilliams (*British Medical Journal*, Oct. 11, 18, 25th, 1890) syncope is most dangerous. The head should be lowered, hypodermic

injections of digitalin and strychnia, along with artificial respirations.

Shock should be treated by morphia and heat. Alcohol is dangerous to patients recovering from chloroform or ether.

The author of the paper urged the advantage of digitalis before giving the anæsthetic; (it abolished much of the "after sickness" of the drug); and the necessity of keeping the hypodermic syringe with a solution of strychnia ready. Vagus inhibition it was claimed could never permanently arrest the heart. The advantages of watching the respiration and face were strongly urged. The autopsy reports of two patients who died of chloroform were given. One of these died 36 hours after anæsthesia. The other (in the practice of Dr. Fulton, St. Thomas), died during the stage of recovery from the anæsthetic.

Reports of Societies.

THE ONTARIO MEDICAL ASSOCIATION.

The 12th annual meeting of the Ontario Medical Association was called to order at 10 o'clock a.m., on Wednesday, June 1st, 1892. The President, Dr. R. A. Reeve, Toronto, in the chair.

Dr. A. H. Wright, Toronto, opened the discussion in Obstetrics by a paper entitled "The Third Stage of Labor." Dr. H. S. Griffin, Hamilton, regretted that the lateness of his train prevented his hearing the first part of the paper. He also felt a certain regret that he was unable to oppose, for purposes of discussion, those points which he had listened to. Haste in removing the placenta was usually disastrous if practised in any other manner than the method proposed by Crede. The expectant plan should to a certain extent be always associated with Crede's method. Expulsion of the placenta from the uterus was a definite procedure, and, as a rule should not be hastened, while the expulsion from the vagina was indefinite and should generally be assisted. The best means, he said, was by firm pressure with the hand upon the fundus, directed almost directly backwards. The placenta should then be rolled several times, the membranes twisted into a rope and gently coaxed out. The parturient canal was practically aseptic, unless sepsis was introduced from without. In-

trauterine douches were to be deprecated unless the time should come that symptoms of sepsis presented themselves, when they should immediately and thoroughly be made use of. In conclusion Dr. Griffin stated that perfect cleanliness and coaptation of the external parts formed the total local treatment called for after the delivery of the placenta.

The report of the committee on Necrology being the next order of business was called for. It was read by Dr. J. D. Macdonald, Hamilton, Chairman, and is as follows:—The committee begs to report the death of the following members of the Association which have occurred since its last meeting. Dr. George Tye, of Chatham; Dr. Alex. T. Carson, of Toronto; Dr. Thomas A. Keating, of Guelph; Dr. Hugh Robertson, of Toronto; Dr. Jas. Ross, of Toronto. All these were men of mark, both in this Association and in the communities in which they severally moved.

Dr. Tye has been a familiar figure to us ever since the Association was formed. He has always been one whose assistance in its discussions was looked for, and much valued. His observation was known to be acute, and his conclusions were therefore greatly trusted. His unassuming demeanor drew to him the attachment of his associates, and his quiet energy secured their respect. Of all our members, he seemed to be one of whom we had least cause to expect that he would scarcely have become the subject of such a notice as the present. Dr. Tye died of phthisis on the 23rd of July, 1891.

Dr. Alex. Tertius Carson was the son of an Irish physician, who seems to have highly appreciated the value of a classical training as a foundation on which to build professional character. There were many such among the older physicians, remembered by some of us, and there would be many still, but that practical science has greatly displaced the classics as subjects of professional study. Dr. Carson, of Toronto, has been said to have been a man whose culture and professional skill gave him a high place in the esteem of his many friends in the city, and secured to him as a physician their great confidence. His death took place on the 31st of August, 1891, at Heidelberg, Dr. Carson having gone to Europe in the endeavor to obtain improvement in his health.

Dr. Thomas A. Keating died suddenly in his

office, whither he had not long entered, on the evening of the 15th of March. He seems to have sat down at his desk. He was found dead and somewhat injured by fire, due apparently to the upsetting of his lamp, when, death coming, the body had fallen from the chair and come in contact with the burning oil. Dr. Keating had practiced many years in Guelph and obtained a high reputation; his professional skill giving him the confidence of the community, not only of the city wherein he dwelt, but also of the surrounding country for a great distance. Dr. Keating had been the subject of heart disease for some time.

The death of Dr. Hugh Robertson, from diphtheria, has in it an especial element of interest and of sadness, inasmuch as he contracted his illness from his child while in attendance upon it, as it was suffering from that disease. It is an instance of a valuable life lost from a preventable cause. Our deceased friend would possibly been a little displeased had the thought been suggested of sending his little one away from his own care in its sickness; but a disease so contagious and so deadly seems to require that our parental instinct of sympathy with our children in their danger and distress should yield to the necessity of separating the infected from the healthy, and of sending the little subject of disease away from our families, and from ourselves, for a time. An opportunity here offers for this Association to declare itself on the subject of isolation in infectious diseases, and most of all in diphtheria, one of the most common of them, and one of the most deadly, and to direct attention to the benefits of isolation hospitals. Those serve to save the healthy from infection. They have appliances always at hand and favorable conditions for their employment. Time, in them, is saved, and life more surely preserved; many a case of diphtheria being quickly brought under control, which in the home as quickly becomes unmanageable. Dr. Robertson's death took place on the 24th of March, 1892.

Dr. James Ross, of Toronto, has been well-known for many years as an industrious and successful practitioner, devoting himself chiefly to the obstetric branch of the profession. He was as self-forgetful as he was untiring in his work during the forty years in which he practiced in this city as a physician, and performed important public duties as a citizen. Whether as a physician or as a citi-

zen, he rendered faithful service, and his fellow-citizens, no less than his professional brethren and friends, have cause to acknowledge his usefulness, and regret his loss. Dr. Ross was attacked early in the year by epidemic catarrh, from which he had not perfectly recovered, when he contracted pneumonia, to which he succumbed after five days' illness, dying on the 2nd of April, 1892.

The adoption of the report being moved and seconded it was carried.

The discussion of Dr. Wright's paper continued. Dr. Preston, of Newboro, remarked that he differed from Dr. Griffin with regard to the time allowed to elapse before the removal of the placenta from the vagina after its expulsion from the uterus. He (Dr. Preston) thought it should be removed at once and not be allowed to remain plugging up the vagina.

Dr. Arnott, of London, was followed by Dr. Geikie, of Toronto, who emphasized the desirability of neither being in too great a hurry to remove the placenta after delivery, on the one hand, nor allowing it to remain too long in the vagina, on the other. Allowing it to remain too long, as well as removing it too speedily, tend to postpartum hæmorrhage. The application of the broad bandage around the abdomen, with compresses over the contracted womb Dr. Geikie held to be of great value—and as soon as this has been done, Dr. Geikie holds it to be of great value in preventing post partum hæmorrhage, to remove all clots from the vagina and os uteri.

Dr. Cotton, of Lambton Mills, was followed by Dr. Moore, of Brockville, who said:—"I am in favor of antiseptic douches, no matter whether we have a rise of temperature or not, always beginning on the second day, not later than the third. I do not remove the placenta immediately, but rather wait, carefully keeping fairly firm pressure over the uterus until I find the placenta coming away. If I find an adherent placenta I remove it, using all the antiseptic precautions. I think that douches should be used both before and after the labor. The parturient canal should be rendered aseptic and kept so. All clots should be removed from the vagina and a firm bandage applied. No traction should be made on the cord. The douche should be given gently, not forcibly. I use bichloride of mercury, one to four thousand, and never had any rise of temperature to amount to anything, and no blood poisoning. Never use carbolic acid."

Dr. Lapthorne Smith, of Montreal, said that he thought this a very important subject, and it was one that had caused him a great deal of anxiety. He was in favor of allowing nature a little time to enable the uterus to expel the placenta. He used Crede's method but did not approve of pulling hard upon the cord, but he always gave a dram of the best fluid extract of ergot. He used

douches of hot water in every case because it made the woman comfortable. He never used bichloride because he had seen cases of poisoning from its use.

Dr. J. D. Macdonald, of Hamilton, said:—"I do not venture to instruct where so many experts have spoken, but I wish to say that the old ways of managing this stage were not so different from those at present recommended. We did not know of the value of antiseptics until lately, but we always knew the virtue of soap and water, and I believe that if we do not ourselves introduce impurities on our fingers or on our instruments, there is little fear of the passages becoming septic. The placenta may be gently drawn upon as soon as the child is separated and handed to the nurse, but a touch will be sufficient to let the physician know whether it is separated or not. If it is not, let it alone for half an hour, generally by that time it is in the vagina. Avoid force, and do not introduce the hand unless there is urgent need. The poor woman has had enough without that experience. I never had the experience of Dr. L. Smith of leaving the placenta for hours; I do not think I have had more fatality than other men."

Dr. A. H. Wright in closing the discussion said, "I am quite in accord with Dr. Geikie in urging the necessity for the avoidance of undue haste, and also agree with him in thinking that the ordinary obstetric binder adds to the comfort and safety of the patient, but I believe that a pad in the majority of cases is worse than useless, because as ordinarily used, it generally becomes dislodged, and that simply displaces the uterus. While I agree with much that Dr. Lapthorne Smith has told us, I desire to express a very positive opinion that it is never safe to leave a patient before the expulsion of the placenta. We know from the observations of Schroeder and others, that the placenta, in the great majority of cases, is expelled from the cavity of the uterus within 15 to 20 minutes. It may lie in the vagina for a long time if we do not assist expulsion, but I consider it absolutely necessary under such circumstances to watch the patient carefully whether we adopt the Crede or the expectant plan of treatment. I object to the use of ergot before the termination, or at least before the placenta has left the cavity of the uterus; have seen it produce tetanic spasm of uterus which causes severe pain to the patient but no expulsive efforts. I was much interested in the remarks of Doctors Griffin and Moore with reference to asepsis, antiseptics and douches. Our ideal method would probably be as nearly aseptic as possible; but, in actual practice I think it well to have antiseptics for external use, especially for the hands and instruments. The use of such antiseptic agent as bichloride of mercury for douches is attended by grave dangers.

I have very strong objections to what may be called fussy antiseptic methods, such as those advocated by Thomas and others some years ago. I object also to the routine use of douches after labor. They disturb that physiological rest which is so necessary for the repair of such wounds as those of the cervix. They frequently cause much pain; they become a possible vehicle for the introduction of septic matters. This discussion has perhaps taken a wider scope than the paper included, but I think it has not been any less interesting on that account."

At 1 o'clock many of the members availed themselves of the invitation by the Hospital Trust to inspect the Victoria Hospital for Sick Children. The Association re-assembled in general session at 2 o'clock, the President in the chair. The minutes of the morning session read and approved. Dr. R. A. Reeve, President, read his address, at the conclusion of which the discussion in Medicine was opened by Dr. A. S. Fraser, of Sarnia, with a paper on the "Diagnosis of Diphtheria." He was followed Dr. W. Britton, of Toronto, on the treatment, and Dr. Harrison, of Selkirk, on the etiology. As Dr. Wright, of Ottawa, was absent, the discussion here closed. The papers will appear in a subsequent issue of the CANADA LANCET.

Dr. H. O. Marcy, of Boston, President of the American Medical Association, was invited to the platform and introduced to the Association by the President, meeting with a hearty reception.

Dr. J. A. Williams, of Ingersoll, President of the Ontario Medical Council, addressed the Association in an able manner upon "Recent Medical Legislation and its Effects." On the motion of Dr. Powell, of Ottawa, seconded by Dr. McFarlane, Toronto, he was allowed to complete his remarks, which he did in about an hour. At the conclusion Dr. A. A. McDonald, Toronto, seconded by Dr. A. B. Welford, Woodstock, moved that a cordial vote of thanks be accorded Dr. J. A. Williams for his clear, able and eloquent address, and that we, the members of the Ontario Medical Association, cordially endorse the sentiments he expressed, and heartily support the action of the Ontario Medical Council. Carried unanimously. (See Report of College of Physicians of Ontario in this issue.)

MEDICAL SECTION.

It was moved and seconded that Dr. Arnott, of London, take the chair, and that Dr. Clouse, of Toronto, be appointed Secretary. This was adopted.

A paper on "Puerperal Eclampsia" was read by Dr. Raikes, of Midland. In the discussion which followed, Dr. Rice, of Woodstock, said,—"I have had two cases in eight years. The first case occurred at five months. Had two convulsions before I saw her. I at once gave chloroform and bled, taking away twelve ounces of blood. No convulsions occurred after that. I produced an

abortion. The woman recovered completely. Second case. Woman aged forty; first child. I was called at ninth month. Convulsions ensued. I gave morphia, chloroform, castor oil, and pilocarpine. Patient never regained consciousness. If the patient be full bled I would bleed and give morphia sufficient to keep patient quiet."

Dr. Arnott, of London said, "There are two principal causes for puerperal eclampsia—albuminuria and nervous irritation. This sufficiently indicates the treatment. As soon as albumen is discovered in the urine of a pregnant woman, diaphoresis should be induced as rapidly as possible, and for this purpose I would very much prefer the steam bath. At the same time the bowels should be moved freely by some such agent as pulv. jalapæ co. In the cases which depend upon nervous irritation a hypodermic injection of morphia, chloroform, etc., should be used. If this simple line of treatment be adopted, a very large proportion of cases will recover and many of the children be saved."

Dr. J. Olmstead, of Hamilton, read a paper on "Brain Injuries" which was discussed by Dr. J. E. Graham, of Toronto, who said that Dr. Olmstead deserved the thanks of the meeting for the clear and lucid description of his case, and that we quite agreed with him in the diagnosis he had made. He spoke of the benefit obtained by the administration of iodide of potassium in large doses in tumors not syphilitic. This beneficial effect, however, was not permanent. Sooner or later the unfavorable symptoms returned. He spoke of a case which he had under observation seven or eight years, in whom he had at first suspected tumor of the cerebellum. That suspicion had, however, disappeared until a few weeks ago the patient returned with even more decided brain symptoms. He had observed three or four cases of cerebellar tumors which were verified by post mortem examinations. In one the symptoms were very similar to those of the patient now before us. He requested Dr. Olmstead to state his views with regard to the presence of optic neuritis in tumor of the cerebellum.

Dr. Olmstead replied and closed the discussion.

The chair was here taken by Dr. McDonald, of Hamilton.

Owing to the absence of Dr. Greig, Toronto, through illness, his paper on "Disinfection after Infectious Diseases," was not read.

Dr. J. Duncan, Toronto, then read a paper on "Whooping Cough, treated by one of the Newer Methods." This paper was discussed by Dr. J. D. McDonald, Hamilton.

SURGICAL SECTION.

This Section met in the Examiner's Room. Dr. T. K. Holmes, of Chatham, and Dr. Primrose, of Toronto, were respectively appointed Chairman

and Secretary of the Section. Dr. A. B. Atherton, Toronto, read a paper on "Suturing of External Popliteal Nerve," and presented the patient.

Dr. B. E. McKenzie, Toronto, who had assisted Dr. Atherton at the operation, said that he had not seen the patient for some time, and now noticed considerable improvement in the circulation. He also stated that there was great difficulty in recognizing the ends of the divided nerve during operation, but that so far the result of this case was eminently satisfactory.

Dr. Powell, of Ottawa, congratulated Dr. Atherton on the result so far, and said that he thought further improvement might now be made before further contracture takes place.

Dr. Whiteman, of Shakespeare, said, that judging from similar cases and results, he would keep up continual rubbing and passive movement rather than forcible bending which has been advised.

Dr. Holmes, of Chatham, said, "When we consider the importance of the functions of the joint to the nutrition of the limb, we would conclude that massage is of little use in a long standing case of ankylosis.

Dr. Atherton in reply stated that it would be dangerous to try forcible means because of the risk of interfering with the union of the nerve which was in the first instance bound down in cicatricial tissue. He would rather favor massage and passive motion in the meantime.

Dr. MacCallum, of London, then read his paper on "Chloroform Inhalation." It was discussed by Dr. Moore, who reported cases of non-narcosis and inability to produce it. Voluntary stoppage of breathing occurred, and artificial respiration was resorted to. This condition continued for two minutes; finally the administration of chloroform was stopped, and the patient after half an hour began to breathe naturally.

Dr. MacCallum replied "Inject morphia in cases of spasmodic respiration." In Edinburgh they push the drug.

Dr. Mullin, of Hamilton, asked why the tongue be not drawn forward. He thought the tongue should be drawn forward somewhat forcibly, as it excited respiration. He again thought that the tongue should be kept all the time well forward. He referred to a case of drinking patient who was taking chloroform quickly. Patient suddenly became pale, pulseless, and respiration ceased. Result death. In the case referred to by Dr. Moore, he would, by pushing the ribs forcibly, cause the patient to breathe.

The Association met in general session at 8.30 p.m. The minutes of the afternoon session were read and confirmed. Dr. R. B. Nevitt opened the discussion in Surgery, taking for his subject "The Present Status of Antiseptics in Surgery." He

was followed by Dr. T. K. Holmes, Chatham, who devoted his remarks to the sterilization of the field of operation, the hands of the surgeon and his assistants, and of the instruments and dressings that come in contact with the wound. He pointed out the advantage of steam as a sterilizing agent, and showed how by means of Arnold's Steam Sterilizer it can be utilized to the best advantage. He also pointed out the best method at present known of disinfecting the hands by the use of permanganate of potash and oxalic acid, after they have been thoroughly cleansed with soap and water. Recent experiments have proved the inefficiency of carbolic acid and mercuric chloride to destroy pathogenic germs on the hands when applied of a strength compatible with their integrity, so that their use for this purpose must be abandoned, and the plan here recommended adopted in preference to all others.

Dr. H. A. Powell, of Toronto, said that the time for discussion of the principles of antiseptic surgery had now passed. That army that had once opposed them had capitulated, and only a few stragglers continued the fight. As Lowell puts it, "The multitude now makes virtue of the faith it once denied." Going to the other extreme, the use and misuse of antiseptics had become a fad, and it must be admitted, in some instances, a successful system of quackery. Advances are to be expected chiefly in improved technique, in discarding and eliminating what is useless or worse than useless, and making it easy for the essentials to be carried out. We have now many good antiseptic methods. As in other affairs of life the good, since we are likely to be content with it, is the enemy of the best, which we should seek to attain. While we should be ready to utilize the investigations of others, as Lister did those of Pasteur, we should not forget the apostolic injunction individually, to prove all things, and hold fast that which is true. Many were content to follow the modified maxim, "If you want a thing to be well done you should pay a man who knows how to do it." Every one of us should at least know how to prepare the requisites for aseptic and antiseptic surgery, by the methods which our most recent chemical and bacteriological investigations warrant us in regarding with confidence. The speaker had for the last five years been charged with the duty of demonstrating these matters to medical students, and desired to make mention of certain procedures which he considered the best at present known. First in regard to hand and wound-area cleansing, both mechanical and chemical, he advised that in accordance with Schimmelbusch's suggestion, nail-brushes, which as found in ordinary use, swarm with pathogenic bacteria, should be boiled for five minutes in a one per cent. solution of carbonate of soda, and kept in a one to one thousand bichloride solution. Such brushes

used freely with green soap, got the skin into excellent condition for the chemical sterilization by solutions made with the tablets which we all now carry, or with the most perfect method worked out by Dr. Howard Kelly, of Johns Hopkins University. This was the staining of the hands to a mahogany color with the solution of permanganate of potassium followed by the use of a hot saturated solution of oxalic acid. In sterilizing instruments, carbolic solutions are no longer required, and the damage they do to the hands of the operator can be avoided. When Davidson, in 1888, showed that boiling for five minutes under pressure, that is in a closed vessel, would absolutely sterilize instruments if they were properly constructed, we all began to test the method, and soon had samples of rusted and ruined instruments on hand. Then came the happy suggestion of Schimmelbusch, that a one per cent. solution of carbonate of soda would prevent rusting, and on this we now rely. For the last two or three years the speaker had with great saving of time and labor, used the Arnold sterilizer in the preparation of dressings and the sterilization of instruments. Saturating a piece of gauze with a one to ten solution of glycerine and water was equally efficient with the soda carb. in the prevention of rusting. A good many Ontario physicians had obtained the sterilizer from the United States, at a cost of from six to ten dollars, while they could be bought in Toronto, where the patent was owned, for half that outlay. In the preparation of silk, Dr. Powell had long used Czerny's method, by boiling in carbolic acid solution, but he had now abandoned it, and instead, he prepared it by fractional sterilization as suggested by Halstead. The silk on glass spools is simply placed in strong glass tubes loosely plugged with cotton, and steamed for half an hour on each of two days in the sterilizer, and no easier or better plan could be desired. As regards catgut, Dr. Powell had been most thoroughly content with that prepared by first scrubbing with green soap, then soaking in ether sulph., then for twenty-four hours in a one to one thousand watery solution of bichloride, and using it out of absolute alcohol. He never used large catgut, but by this plan the small sizes seemed to preserve their strength and aseptic condition indefinitely.

Time did not obtain for making reference to the irrigation, drainage, closure and the dressing of wounds, as material ample for a winter course could hardly be compressed into a ten minute talk.

Dr. G. A. Peters addressed the Association at some length on the bacteria commonly met with.

Dr. R. B. Nevitt closed the discussion.

Dr. R. B. Smith, Seaforth, seconded by Dr. A. A. McDonald, Toronto, moved a resolution of the members of the Ontario Medical Association approving of the organization recently formed of

the medical officers of the Militia of Canada, and commending the Association to the favorable notice of the Minister of Militia.

The resolution was adopted.

The Association was then addressed by Dr. H. O. Marcy of Boston, President of the American Medical Association, on the "Anatomy and Surgical Treatment of Henria," an address which was illustrated by black-board sketches.

The election of the Committee on Nominations was then proceeded with, there being 184 members registered at the time the vote was taken. The Committee was to consist of 12 members. The President appointed Dr. W. P. Caven and Dr. Scadding, Toronto, scrutineers.

Dr. Spencer, of Toronto, then gave a very interesting lantern demonstration of the newer bacteria.

It being 11 o'clock, the report of the Committee on Ethics was postponed till the following afternoon.

The Association then adjourned.

THURSDAY.

The Medical Section was called to order at 9.45 a.m., Dr. A. Groves, of Fergus, in the chair. A symposium upon the pneumonias of children was introduced by a paper by Dr. W. H. Henderson of Kingston, on the "Diagnosis of Pneumonic Consolidation from Pleural Effusion," which was read by Dr. Wishart in the absence of the writer. This was followed by a paper upon "Diagnosis of Eobar from Lobular Pneumonia, and of Pneumonia from Bronchitis" by Dr. H. J. Machell, Toronto.

While awaiting the arrival of Dr. Shaw of Hamilton, a paper on "Prognosis in Pneumonias Generally" was read by Dr. Wishart in behalf of Dr. A. Baines, Toronto. Dr. Groves then vacated the chair which was taken by Dr. Arnott of London. The discussion was opened by Dr. Powell of Ottawa who said,—"I have long been of opinion that in the routine practice of chest disorders of children, insufficient care is taken in the physical examination of the chest for the purposes of diagnosis and too much is taken for granted. After listening to Dr. Machell's very able paper going so deeply into the minutiae of the diagnosis, I am still more confirmed in that opinion because I believe that not one man in ten takes the time or trouble to go into the minutiae of diagnosis, I am still more confirmed in that opinion because I believe that not one man in ten takes the time or trouble to go into the minutiae of diagnosis as laid down by Dr. Machell in his paper. I speak now of ordinary everyday work, and not of cases seen in consultation, or ones of special interest or importance. Speaking broadly, we may regard the sudden onset of a chest inflammation in a healthy strong child to be lobar pneumonia, whereas the gradual onset of lung complication during the

course of, or following one of the exanthens ought always to put us on the look out for a lobular pneumonia. If, besides the sudden illness we have short, sharp cough, rapid breathing, flushed cheeks, brilliant eyes and that to my mind is of great value,—the facial expression of distress—and all accompanied by a sudden rise of temperature, we very fairly diagnose a pneumonia, though physical examination of the chest ought to establish the fact and should never be omitted. I consider the cardinal signs of pneumonia, often wanting, and rarely all present in children; indeed the rule is, some of them are always absent, and those that are present are usually irregular. The rigor cannot be depended upon; it is rarely present but in very children its place is often taken by a convulsion which in their case may be taken as the analogue of the rigor in the adult. The pain in the side is often irregular; in a recent case under my care the pain throughout the illness was referred to the umbilicus. Finally, I consider it is not always possible often and impossible to diagnose absolutely between lobular pneumonia and capillary bronchitis.

Dr. Saunders, of Kingston, said:—"I would add to Dr. Powell's remarks as to the substitution of convulsions in children for the partial rigor in pneumonia, that sudden and otherwise unaccountable vomiting is more frequent than even convulsions; either may replace the rigor, but vomiting probably the most frequently. With reference to the diagnosis between pneumonic consolidation and pleuritic effusion, I would lay stress in the former on the presence of bronchial breathing which is absent in effusion without consolidation; also on the transmission of the cardiac impulse felt by the fingers placed on the intercostal space of the affected side; this is not felt when the thorax is filled with a consolidated lung, but is readily perceived if the thoracic space is occupied by fluid. I would also notice the importance of delirium as a diagnostic symptom in inflammation of apex of lung in which it is almost invariably present, but not so frequent in inflammation of other parts."

Dr. Shaw, of Hamilton, was here called on to read his paper on "The Diagnosis of Lobular Pneumonia, Acute and Chronic, from Tuberculosis," and was followed by Dr. J. J. Brown, of Owen Sound, by a paper on the "Treatment of Pneumonia," and by Dr. H. S. Clarke, of Lucan, with a paper on "Acute Suppurative Pleurisy." The discussion upon all the papers was then resumed. Dr. Oldwright, of Toronto, said:—"Regarding pneumonia, I will say nothing further than that I have found great benefit in several cases at a critical period from antipyretic doses of quinine. I have heard no reference to this this morning. I have been much interested in the remarks of Dr. Shaw, regarding the spread of

phthisis. Whilst the most sceptical regarding the culpability of germs must now admit theoretically the contagiousness of pulmonary tuberculosis, we do not practically act upon the knowledge as we do regarding diphtheria or smallpox. We see patients spitting on floors and in handkerchiefs; the dried sputa being allowed to disseminate in the air. In Philadelphia, owing to the efforts of Dr. Dixon, notices were posted in the street cars, forbidding persons spitting on the floors of them. Greater care should be taken to see that consumptives use a spit cup, and that the sputa be sterilized. Boards of Health should look after houses which have been inhabited by tuberculous patients, and see that they are thoroughly disinfected. Any person sceptical on the point I would refer to the diagram of Whittaker in Sajou's Annual of Medical Science, two or three years ago, showing at a glance the localization of phthisis, and the repeated occurrence of cases in houses occupied by successive families. In connection with Dr. Clarke's paper on empyema, I would again refer to the mode of treatment by the daily washing out of the pleural cavity commencing as soon as pus is diagnosed on the syphon principle, by means of a rubber tube left in the wall of the chest. The advantage of this method is that the pleural cavity remains a closed cavity, the bellows action of the thoracic walls is not destroyed, and the expansion of the lungs during the period of recovery is encouraged. I can cite cases in which patients treated by this method have been examined years afterward by other practitioners, and no difference could be detected in the action of the lungs on either side. There was no danger of the tube slipping into the cavity, as in Dr. Clarke's cases; and the slipping out could be easily remedied by replacing the tube by one of a larger size, if it should get too loose in the opening. Flocculent obstruction blocking the tube would be removed by moving the carbolyzed fluid to and fro in the syphon-tube. Any flakes of lymph remaining in the cavity, becoming too large to pass through the tube would do no harm."

Dr. H. A. MacCallum, of London, said:—"Oedema of side calls at once for surgical interference. It does not matter whether this is a pathognomonic sign of pus in the pleura or not. If it is, it calls for immediate surgical interference. If not, the pressure enough to produce stases of the lymph blood in skin points to stases of these in lung tissue, and there is an absolute demand for surgical interference. I do not believe in a possibility of pus in pleural cavity without germs. These may be either pneumococcus, streptococcus, staphylococcus, bacillus coli commune or bacillus tuberculosis."

Dr. Mitchell, of Enniskillen, said:—"I am now treating two cases of suppurative pleurisy. One has been ill for nine weeks. Case began with

pneumonia. Case was aspirated in three weeks and two pints of pus withdrawn. A tube was inserted and cavity was washed out by syphon method. The second, which was a case of pleurisy from the first, has been ill four weeks. Was aspirated in fourteen days from time he took chill and seven and a half pints of pus withdrawn. As large flocculi were afterwards found in cavity a free incision was made and case was treated by open method. The cases are both improving at present, but the outlook is not good on account of family history. I believe in any case no matter how treated air will be admitted into the side, therefore I prefer treating by the open method with antiseptic dressings."

Doctors Powell, of Ottawa, and Arnott, of London, also made some remarks, and the discussion was closed by Dr. Machell, of Toronto, who in reply instanced the three hundred cases recorded by Holt in which it was shown that delirium *per se* was not typical of pneumonia confined to the apex. Respecting the incision in suppurative pleurisy, Dr. Machell said that this should be free. In regard to the drainage tube, he said that he usually took a piece one inch long out of one side of an ordinary drainage tube, doubled it on itself and so obtained a double drainage tube, which was secured from slipping in by an ordinary safety pin in the end of either tube. He seldom or never, unless indicated, washed out the chest cavity, but usually applied a good large pad of absorbent gauze; over this, tarred jute or carbolized tow, over these a layer of rubber dam, and over all absorbent cotton and a binder. The rubber acted as a valve, allowing the secretions to pass out under it but not allowing the air to pass in.

Dr. H. J. Saunders, of Kingston, then read a paper on "Herpes," in the discussion of which Dr. Powell, of Ottawa, said:—"I rise for discussion because I consider it the least compliment that can be paid to a reader of a paper to allow his paper to go by default. It is quite new to me to hear any attempt made to draw a similarity between Zoster, exanthemata and the excepting in so far as the vesicles may resemble the vesicular stage of the eruption of variola. As to the pathology, it is generally admitted to be the result of an interference with the trophic nerves that pass into the roots of the spinal nerves from the spinal ganglia of the sympathetic. As a treatment, while many cases are notoriously rebellious, I have found the greatest benefit accrue from good doses of quinine—say three or four grains t.i.d. locally. I have found nothing better than olive oil, and I regard its value as due to the protective influence in guarding the eruption from air and probably water too, which are both known to be obnoxious to eczematous eruptions."

During the section meeting the general secretary announced the names of the gentlemen who

had been elected upon the Nomination Committee. They were as follows:—Dr. Holmes, Chatham, chairman. Dr. J. E. Graham, Toronto; Dr. McPhedran, Toronto; Dr. Powell, Toronto; Dr. G. A. Peters, Toronto; Dr. Moore, Brockville; Dr. McKay, Ingersoll; Dr. J. L. Davison, Toronto; Dr. I. H. Cameron, Toronto; Dr. McFarlane, Toronto; Dr. B. Smith, Seaforth; Dr. J. H. Burns, Toronto.

The committee was called to meet in the north reading room at eleven o'clock.

SURGICAL SECTION.

The Surgical Section was called to order at 9.45, Dr. Holmes, of Chatham, in the chair. The papers on "Operation for Club Foot," by Dr. A. B. Wellford, Woodstock, and "Dressing the Wound after Supra Pubic Cystotomy," by Dr. Groves, of Fergus, were taken as read.

Adjourned discussion on Chloroform Inhalation.

Dr. Charles Trow speaking on chloroform inhalation, said: "The hint thrown out as to cocaine being used to do away with nasal stenosis due to swelling of the mucous membrane is a good one. We throat specialists find the difficulty with cases who can not breathe through the nose, especially those having adenoids; as soon as the mouth is closed the breathing stops. In some of these cases we have to hold the mouth open and pull the tongue forward. If in spasm a clot enter the larynx, we should be ready for a tracheotomy or an intubation. Strychnine hypodermically might act well as a heart stimulant. It is very necessary to feel the pulse frequently. In many of the German hospitals they make one of the students hold the pulse during the whole operation. Prof. Billroth's anæsthetic is largely composed of alcohol, and the patients were as much drunk as anæsthetized. We should not give up artificial respiration too soon in cases that have stopped breathing, as many cases have recovered after they seemed to be hopeless for half an hour or more."

Dr. Arnott, of London, said: "The position taken by Dr. MacCallum, that alcohol has an action analogous to chloroform, and that therefore alcohol should not be administered after chloroform, as it would be continuing the action of an anæsthetic, is a most serious statement. If this be true, then we have been acting on wrong lines, and must have done immense harm by this course, not only after chloroform but in medicine as well. A year ago I read a paper advocating the view that alcohol is not a stimulant in any dose, unless indirectly by its action in allaying nervous irritation and relieving pain. Last July Prof. Wilkes, of Guy's Hospital, opened a discussion on the subject, before the British Medical Association. During the course of his remarks he incidentally said, 'Some antiquated physicians still retain the idea that alcohol is a stimulant.' In the discussion

which followed, the statement was not challenged. Prof. Whitla, also, in his book recently published on *Materia Medica and Therapeutics*, says that we will never understand the action of alcohol as long as we look upon it as a stimulant."

"With regard to which occurs first, asphyxia or heart failure, we must understand that asphyxia may occur while the patient is apparently breathing, but is really doing so insufficiently. All indications, therefore, of imperfect breathing, should receive our careful and intelligent attention. This condition may go on for a length of time, until we suddenly have blanching from heart failure. The *post mortem* reveals a dilated heart, clot in right heart, and blood very dark. Clinically we meet with two conditions, either lividity or blanching. Either one or both of them may occur early or late. When they occur early, the probability is that the cardiac and respiratory centres lying so close together have been paralyzed simultaneously. When they occur late, I incline to the opinion that asphyxia occurs first, assisting or causing the drowning of the enfeebled heart. Practically, we should, in all cases, secure the confidence of our patients, as cases often die from fright. This occurs, when no anæsthetic has been administered, at the first cut of the knife. We should carefully examine the blood pressure of every case, as this will often induce us to examine the urine microscopically, when we will often either discern disease of the kidneys or indications warning us of degenerations of the heart and other organs. Further, I believe that a slow or incomplete anæsthesia is always dangerous. A prolonged administration saturates the system with a large quantity of the drug, which, in case of accident, takes a long time to eliminate. Incomplete anæsthesia increases all the dangers of reflex irritation.

Dr. John Odlun, of Woodstock, asked: "Would you invert the patient in all cases of suspended respiration? Do all patients who appear to cease breathing do so by the influence of the anæsthetic or do some do so by force of will?"

Dr. MacCallum, of London, in reply said:—"I do not object to pulling the tongue forward except when vomiting. The exciting effect of forcibly pulling the tongue forward can be as readily obtained by pinching the skin in exciting respiration. Spasms are not always voluntary. There seems to be in the medulla a "spasm centre," which becomes excited and may lead to general convulsions. Push your chloroform here as in eclampsia in a midwifery case. I would, as a law, advise inverting patients, in the accidents of chloroform. One cannot tell always, whether your asphyxia is primary or secondary, being due to a failure of circulation. Clinically they may look alike, and as a precaution all cases of asphyxia should be inverted along with artificial respiration, as well as injections of strychnia. I agree

with Dr. Arnott, in thinking the beneficial action of alcohol is usually obtained by reason of its narcotic effect only in a narcotic dose, but disagree with him in thinking alcohol never a stimulant. Chloroform stimulates in the early stage, the nerve centres, so may alcohol, but I will not suggest that either one is ever a heart stimulant. It is safer to administer chloroform in labor than elsewhere; because, 1st, there is a physical hypertrophy of the heart. 2nd, the full uterus presses on the abdominal vessels and partially prevents syncope. Watching the pulse constantly is useless; taking it occasionally does no harm, though the face is a better guide. If the abdomen contain a tumor be careful about inverting your patient for fear of this tumor pressing on the diaphragm and partly inducing asphyxia."

Dr. Ryerson's paper on "Otitic Cerebral Abscess" was passed over on account of the absence of the writer.

A paper by Dr. G. L. McKelcan, of Hamilton, on "Angina Ludovici" was then taken as read.

The symposium on hip-joint disease was opened by Dr. Gibson, Belleville, with a paper on its "Early Diagnosis." He was followed by Dr. G. A. Bingham, of Toronto, on "Expectant Treatment"; Dr. A. Primrose, of Toronto, on the "Operative Treatment"; and Dr. McKay, Ingersoll, on "Mechanical Treatment before and after."

Dr. Groves was here called on to read his paper on "Supra Pubic Cystotomy."

Dr. B. E. McKenzie, Toronto, followed with a paper on the "Prevention of Unnecessary Deformity in Hip-joint Disease."

The discussion of the whole question was opened by Dr. Bingham, of Toronto, who said: "Traction is a prime factor in fixation of a joint. There is no objection to a patient going about with a fixation splint as soon as possible after operation."

Dr. Primrose, of Toronto, said: "Dr. McKenzie in his remarks referred to a case which had been submitted to the operation of excision, and was now probably dying of pyæmia. I operated on the patient referred to, and wish to state that the case was one of advanced hip-disease with the development of a large abscess when first brought under treatment. The condition urgently demanded surgical interference by operation, and an attempt was made by excising the joint to remove the disease and to secure free drainage. The disease was acetabular. The child's chances were undoubtedly improved by the operation, and the surgical interference is in no way responsible for his present condition. I hold that it is unfair to cite such cases as throwing discredit on operative procedure in hip-joint disease. The question really at issue is concerning the advisability of treating early hip disease by operation or by fixation apparatus. The case referred to by Dr. McKenzie proves nothing as far as the question under discus-

sion goes. The child did badly—very badly, and one is not surprised that it is so. It is surely legitimate surgery to open an abscess when the patient is suffering acutely, and having let out the pus it is surely imperative for us to remove the cause of the supuration if possible; if the cause lie in a diseased bone of an articulation, by all means remove it.

Dr. Dupuis said: "I have been practising all methods of cure for thirty years, the last eighteen years in the Kingston Hospital, and I see and hear nothing new to-day. I prefer a Thomas' splint for fixation of parts; traction on the limb by adhesive straps above the knee; elevation of the foot of the bed rather than perineal bands; constitutional treatment and operation for the removal of dead bone when this is present. This includes the whole treatment, both past and present."

Dr. B. E. McKenzie, of Toronto, replied as follows: "I would call attention to the figures given by Dr. Bingham, showing that about thirty-five per cent. operated on, and recently reported by Dr. Poole, have proved fatal, whereas Howard Marsh claims that by the expectant plan of treatment there is a mortality of less than ten per cent. One of the cases shown here to-day, is a girl who was referred to me by Dr. A. H. Wright, the case having gone on to supuration, and having discharged pus for some months. Treatment was carried out by means of the American traction splint, for a little more than one year. Nearly two years have now passed since the removal of the splint, and now there is no lameness or shortening, and the limb is but very little smaller than the other. Such a result cannot be obtained after operation. The most successful case is yet a maimed case after operation, and in nearly all of them there is much shortening and lameness. Dr. Primrose admitted that half the cases required the use of a stick to aid them in walking after operation and recovery. The statement made that Dr. Bingham's case was allowed to be up too soon, was based upon his remark, that the boy was 'trotting around the ward' in three weeks after excision. Since Dr. Bingham explains that he was protected by the use of a Thomas' hip splint, the objection to his being up in that short time is withdrawn."

"It is admitted by some of Parker's followers that up to the present time operative treatment has not given as good results as conservative treatment. I hold that when a joint is known to contain pus this should be removed and the wound treated antiseptically; extreme devotion to non-operative methods is as far from correct measures of treatment as are the methods of those who operate early in every case. Had this plan been adopted in the case above referred to, the girl could not have made the perfect recovery which she has done. When due attention is given to the number of re-

lapses that occur after operation, it will be seen that the gain in point of time saved is not so great as would appear. I would cite two cases operated on within the last fifteen months. One had the wound heal up without the appearance of any pus and was discharged from the hospital in good condition, but returned a short time ago having an abscess. The other, though having no sinus at the time of admission, was doing badly since the operation."

During the session a similar announcement was made regarding the Committee on Nominations as was made in the Medical Section. The section adjourned at twelve o'clock noon.

At 12.30 the Association assembled at Webb's Restaurant, 66 Yonge St., where they partook of a luncheon tendered them by the members of the profession residents of the City of Toronto.

At three o'clock p.m., the Association resumed in general session. The report of the Committee on Ethics was read by Dr. G. R. McDonagh, Toronto, as follows:—"Your Committee on Ethics beg leave to report as follows: Your Committee have been notified by the General Secretary that a large number of the members of this Association have been violating Article 3 of Section 1 of Article 2 of the Code of Ethics of this Association, by advertising their specialties in the public newspapers and journals. Your Committee do not feel like deciding this question, and respectfully refer the matter to the Association for their consideration and decision. We would respectfully ask the Association to define more clearly what they consider unprofessional advertising."

This was seconded by Dr. Moorhouse, London, who said that the Association must allow its members some liberty in the matter of advertising, or else the line must be drawn tightly for everyone. So far as he could see, there was nothing objectionable in a card in any paper containing only the address, name, and office hours. In case of a physician practising a specialty purely and simply, he should also be allowed a plain card mentioning his specialty, but it was not for a general practitioner to insert a card drawing attention to some specialty over and above his general work. The practitioners should also be allowed to advertise in medical journals, as these could not be termed public journals. Dr. Johnson, Toronto, wished to prevent a discussion and save the time of the Association. Dr. Mullin, of Hamilton, rose to a point of order and drew the attention of the chair to the fact that there was no motion before the Association. Dr. A. J. Johnson, of Toronto, moved that the rules of the Association with regard to the advertising of specialties be adhered to; seconded by Dr. Burnham, Toronto. Dr. Mullin, of Hamilton, moved an amendment, that the report be referred back to the Committee to make a recommendation respect-

ing advertising by members of the Association; seconded by Dr. Oldright.

Dr. G. R. McDonagh, Chairman of the Committee, said that the Committee had information before them to the effect that over 130 members of the Association were violating this section of the Code of Ethics, and that he thought it was a perfectly natural thing for the Committee to seek instruction how to proceed from the Association. It was neither from cowardice nor from any want of backbone, as had been insinuated by some of the previous speakers, that his Committee had reported in the above terms. The question being put, the amendment was carried by 25 to 18.

The President then read a letter from Dr. J. Workman, Toronto, first president of the Association, congratulating the Association upon its twelfth annual meeting, and regretting his inability to be present. This letter was very heartily received by the Association, and Dr. Oldright, of Toronto, seconded by Dr. Bowlby, of Berlin, moved that the Secretary be requested to convey to Dr. Workman the congratulations of this Association on his recently having celebrated the eighty-seventh anniversary of his birthday.—Carried.

A discussion in Hay Fever was opened by Dr. Welford, of Woodstock. Dr. R. Shawe Tyrell, of Toronto, then spoke on "A Predisposing Cause." Dr. G. R. McDonagh, of Toronto, followed, and the discussion was closed by Dr. Welford.

The report of the Committee on Nominations was read by Dr. G. A. Peters, of Toronto. It was as follows:—"The Committee on Nominations beg to report as follows: President, Dr. Hillary, Aurora; 1st Vice-President, Dr. L. Brock, Guelph; 2nd Vice-President, Dr. Preston, Newboro'; 3rd Vice-President, Dr. McKay, M.P.P., Ingersoll; 4th Vice-President, Dr. A. R. Harvey, Orillia. General Secretary, Dr. D. J. Gibb Wishart, Toronto; Assistant Secretary, Dr. I. Olmstead, Hamilton; Treasurer, Dr. Barrick, Toronto.

It was unanimously agreed that this Committee recommend that in future the General Secretary do not hold office for more than five years.

Added to the Committee on Credentials—Dr. A. J. Johnson, Toronto; Dr. Henry, Orangeville. To the Committee on Public Health—Dr. B. Spencer, Toronto; D. H. J. Hamilton, Woodhill; Dr. A. T. Rice, Woodstock. To the Committee on Legislation—Dr. Britton, Toronto; Dr. McMahon, M.P.P., Dundas. To the Committee on Publication—Dr. Charles Sheard, Toronto; Dr. A. H. Wright, Toronto. To the Committee on By-Laws—Dr. J. Bascom, Uxbridge; Dr. Hodge, London; Dr. Price-Brown, Toronto. To the Committee on Ethics—Dr. Williams, Ingersoll; Dr. R. A. Reeve, Toronto. Next place of meeting, Toronto. All of which is respectfully submitted.

Dr. Peters, seconded by Dr. Powell, Toronto, moved the reception of this report.—Carried.

The Association then divided into sections.

MEDICAL SECTION.

Dr. J. E. Graham, of Toronto, was called to the chair at 4 30 p.m.

Dr. W. J. Wilson, Richmond Hill, read a paper on "Diphtheria," in the discussion of which Dr. Harrison, of Selkirk, said: "We owe a debt of gratitude to Dr. Wilson for bringing forward the facts he has given us. It shows that the poison of diphtheria may be carried by a person who has been exposed to the disease without having had it himself. With regard to disinfection—I think it is not yet settled what will surely kill the germ of diphtheria. Prudden says he subjected linen or cotton cloth in a bell-glass for twenty-four hours and found some of the bacteria still living, and could culture in suitable media colonies of them from the tissue. With regard to the cause of diphtheria, an interesting question is: Whether a case of diphtheria must be caused by a bacterium developed in a previous case? Sporadic cases, where there has been no known communication with a previous case, goes against this view; and though in the older sections of the country there might have been—as is said—cases of the disease, perhaps years before, in the same house, the germs of which have lain latent, in the newer parts of the country where the history of every house is known, as in my own neighbourhood, this cannot have been the case. Yet I have known many cases where the house was new, the place recently cleared, the occupants entirely isolated, and yet there have been marked attacks of diphtheria. If the idea of Prudden that a single bacterium may cause in one case abscess, in another erysipelas, and in a third diphtheria is correct, it might throw a light on this question."

Dr. C. A. Hodgetts, Toronto, spoke of a case occurring in the Nipissing District—where, some two years after diphtheria had been in the family of a settler, an old rug had been used to staunch the flowing of blood in a cut foot. A diphtheria membrane developed and one or two deaths occurred in the family from laryngeal diphtheria.

Dr. Wilson replied briefly.

It was decided that Dr. C. K. Clarke's paper on "Lethargy," which should have been read at the morning session be now taken as read.

Dr. N. A. Powell, of Toronto, exhibited a case of Landry's paralysis, and read a paper thereon. The discussion was opened by Dr. Moyers, of Toronto, who said: "This case is very interesting from its comparison to multiple neuritis in which a purely motor form is quite possible, as is seen in those cases formerly described as anterior poliomyelitis of the adult, but which are now generally acknowledged to be an affection of the peripheral nerves, and it is only by the exhibition of cases such as this, and the study of its pathology that

a distinction will finally be made between peripheral and spinal affections, since the careful examination of peripheral nerves has recently shown that several diseases of the spinal cord, in which no definite lesions are found post mortem, are really cases of peripheral neuritis."

Dr. McPhedran said that this case was a very typical one, the only symptom absent being disturbance of respiration; this was peculiar in view of the fact that both speech and deglutition were involved. There was much difference of opinion as to what cases should be included in Landry's paralysis. In most of the late reported cases the nerves as well as the spinal cord were the seat of lesion, and it would seem wiser to include all such so long as they showed decidedly the symptoms of acute ascending paralysis. In a case reported by Klebs last year there was found thrombosis of the anterior central artery of the cord and of its branches to the anterior gray horns, the nerves being all healthy; in some others there was disease of the anterior roots of the nerves or of the nerves themselves; in many, micro-organisms being found in connection therewith. In the present case, in view of the absence of wasting and disturbance of sensation, and the normal reflexes with unchanged electrical reaction, there is little doubt that the spinal cord is the seat of the lesion. For the same reason the multipolar cells of the anterior cornua must have escaped; the only part the affection of which would account for the symptoms would apparently be the terminal plexus in which the fibres from the brain terminate in the gray matter of the cord."

Dr. J. E. Graham related the history of two cases which had occurred in his practice during the last few months, both cases of myelitis which closely resembled that given by Dr. Powell. "In the first case the course of the disease was almost identical with two exceptions. 1st. The electrical reaction to the galvanic current was abnormal in quality, and electro-irritability to the Faradic current was lost in the most of the muscles affected. The temperature was raised for the first two or three weeks of the attack. The patient is now recovering. In the second case death occurred after four days' illness through involvement of the medulla. Post mortem examination revealed intense engorgement of the vessels of the anterior horn of the gray matter throughout the whole length of the cord, but much greater in the cervical and lumbar regions. Extravasation and inflammatory softening existed in the same situation. These changes produced a decidedly pink color which could be at once appreciated by the naked eye. From a study of these cases compared with those of Landry's paralysis, I am of the opinion that in the latter disease the lesion was in the same region, but of a somewhat different character."

The discussion was closed by Dr Powell.

Dr. C. H. Burnham, Toronto, read a paper entitled "A Case of Rheumatic Affection of the Eyes, Treated by Pilocarpine." Dr. A. C. Meyers, Toronto, followed with a paper on "Syringo Myelia." Dr. J. E. Graham in discussion of this paper said,—"I have noticed in the cases I have seen that the hands present an abnormally large appearance. This is principally owing to the atrophy of the muscles of the arm and fore arm. I would ask Dr. Meyers if he has observed this in his cases? In a case of central myelitis recently under my observation, there was an absence of the power to distinguish between heat and cold over parts where the tactile sensation was fairly good. The posterior portion of the cord was found to have been more affected than the anterior."

Dr. Meyers made no reply.

Dr. Jas. Thorburn, of Toronto, read a paper on "Some Points in Life Assurance." The discussion was opened by Dr. Mullin, of Hamilton, who thanked the writer for the paper, and spoke of the importance of some of his conclusions.

Dr. J. E. Graham, of Toronto, was of the opinion that in many of the cases of so-called functional albuminuria the precipitated was not really albumin. Reagents were often used which precipitated other compounds—peptone, for instance. The only reliable test which was always at hand was heat and nitric acid.

It being six o'clock the section adjourned.

SURGICAL SECTION.

Dr. Temple, of Toronto, took the chair in the absence of Dr. Holmes. Dr. Meek, of London, opened with a paper on "Ventral Hernia," and Dr. Dupuis, of Kingston, followed with one on "Operation for the Radical Cure of Hernia." The discussion on this was opened by Dr. H. O. Marcy, of Boston, who said:

"I owe my thanks to Dr. Dupuis for his valuable contribution upon one of the most interesting subjects that surgery ever presents for discussion. I am especially interested in his remarks upon the use of the caribou tendon suture, and with the permission of the section, I will confine myself to the subject of the animal suture, which is so very important in its application to the cure of hernia. As a student of Mr. Lister, I became deeply interested in the use of catgut as a ligature, and unsuspectingly used it for years as a trustworthy material for sutures. Sepses which may have resulted, I attributed to other causes. Engaged in a long series of bacteriological investigations, I took occasion to test specimens of catgut, the thicker varieties of which, although for a long time immersed in carbolic oil were shown to be septic, and bacterial cultures were made from them. A careful study of the material in its preparation for musical purposes showed that such

general conditions were exceedingly probable, and at the same time explained the reason why catgut was oftentimes so troublesome in its application, because of its pulpy swelling, and when knotted was so untrustworthy on account of the ease with which it loosened. About fifteen years ago I sought for material better as a substitute for the catgut ligature and suture. Knowing that from time immemorial the Indians had sewed their skins with animal thread, I applied to this source for information. In the tepees of the Sioux of the far North-West, the squaws instructed me as to the sources and preparation of their suture material, which was generally taken from the broad fascia of the shoulders of the Buffalo, but sometimes from the long tendons of the leg of the moose and caribou. This was carefully sun-dried immediately upon removal from the animal, and kept dry until required for use.

"In 1882, Dr. Simmens, of Charleston, S. C., sent me beautiful specimens of tendons with long, fine parallel fibres, taken from the tail of the fox squirrel, but these were too short and fine for general use. I at once instituted a careful investigation of the caudal appendages of various animals, in a considerable measure with ludicrous and disappointing results. Reasoning from analogy that the kangaroo should furnish a distribution of tendons not unlike those found in the squirrel, I interested an Australian friend to investigate the subject and send me specimens. These proved far more satisfactory than the tendons of any other animal, and, indeed, furnish the ideal material for ligatures and sutures. The different varieties of animals called by the general name kangaroo, the opossum of the Southern States, the squirrel and the common rat, so far as known are the only animals which have this remarkable distribution of parallel tendons running to the extremity of the tail. They are each attached to a separate fasciculus of muscle, and in anatomical construction are independent. Twenty-five or thirty parallel tendons are found in each animal, and they vary in size and length proportionate to the animal's development. Many are sufficiently fine for the most delicate surgical use, while others are quite too large for any purpose, but are generally capable of subdivision, although rarely as satisfactory as the undivided tendon, which is uniformly even and round. They vary in length from eighteen to thirty inches. For years I had very great difficulty in obtaining a supply of tendons sufficient for my own use, but a few publications in the popular press in Australia and through the mercantile houses engaged in the collection of kangaroo skins, I have established the collecting of the tendons in a regular way. At first they were very expensive, I having paid sixty dollars a hundred in Australia for the tendons as collected by the hunters. They are now, however, furnished

in a quantity ample for general use and can be supplied properly prepared at a cost of about the sum of ten dollars per hundred, not much in excess of the cost of catgut. The histological structure of the connective tissue sheath of the intestine from which catgut is made is interesting. The fibres are generally obliquely disposed, interlacing with each other so as to admit of easy extension and contraction in order to accommodate the bowel in its ever varying degree of contents. That this connective sheath may be separated from the other coats of the intestine it must be macerated for days, until it becomes a seething mass of putrefaction. This, in our own country, is saved by the butchers, and furnishes the sausage skin of trade. In Italy, where the best catgut for musical purposes is prepared, it is made from the intestine of the sheep. A cork armed with short knives is drawn through the sheath, subdividing it to produce the requisite size for musical purposes. The cement substance which binds together the connective tissue cells is by this method, necessarily softened, and it becomes everywhere invaded with bacterial infection which may escape destruction in the subsequent methods of preparation for surgical purposes. It is only with the greatest care in keeping catgut perfectly dry that it serves its purpose for musical uses. However, for surgical application it must ever be considered as a wet, softened material. When in this condition it is yielding, soft, and comparatively weak, and the comparison is not far-fetched between the spinning of silk into fine thread, weaving it into a delicate fabric, cutting it into diagonal strips, and twisting it in order to manufacture a cord, instead of keeping its fibres parallel. In the tendon, the strongest tissue in the animal economy, the fibres are constantly maintained parallel, and when properly preserved and prepared are aseptic and trustworthy. The knot is firm and unyielding as in silk, aseptically applied it is unirritating and is slowly absorbed to be replaced by new connective tissue cells. Silk, wormgut, is unchanged in the tissue and as wire remains as a foreign body, or must be removed. Silk is encapsuled and not absorbed, and even when aseptically applied frequently becomes an irritant, and when buried in the tissue is often eliminated months after as a foreign body. As the profession come to understand the advantages from the use, in the daily widening field, of buried sutures, the value of tendon for this purpose will be appreciated, and I hazard a little in predicting that the day is not far distant when the surgeon will feel the necessity of providing himself with a supply of trustworthy suture material.

Dr. Marcy exhibited to the section specimens in considerable variety of the tendons of the kangaroo.

Dr. Meek replied briefly. Dr. Dupuis also pressed the use of the kangaroo tendon.

Dr. J. F. W. Ross, of Toronto, read a paper

entitled "Hysterectomy with and without a Pedicle, A Critical Review from Clinical Histories." Dr. Laphorne Smith, Montreal, opened the discussion by referring to the mistake frequently made in ascribing the formation of adhesions to electricity. Dr. Smith cited a case which he considered proved that electricity was not the cause of adhesions. One drawback in the operation without a pedicle was that adhesions were likely to form, and adhesion of the bowels was a very serious matter.

Dr. Atherton, of Toronto, said: "I think we ought to vary our treatment to a certain extent. When the tumor is not overly large and has not probably on that account formed a good pedicle, in such cases total extirpation may be necessary. In large tumor with well formed pedicle the old method of operation by extra-peritoneal method is still the best. I think electricity is of value, but I am not a complete convert to the method. We must not discard any form of treatment too summarily."

Dr. Temple, of Toronto, considered the subject of hysterectomy of great importance. "There is a danger," said he, "of hysterectomy becoming fashionable, though probably it will not be so popular in the future. A considerable number of cases of fibroid of the uterus can be treated successfully short of hysterectomy. I have seen four cases of mania after hysterectomy. We should consider each case carefully and the removal of the appendages should first be tried. Cases very hæmorrhagic might call for hysterectomy. The intra-peritoneal pedicle is preferable to the extra-peritoneal."

Dr. Ross, in reply, said: "I do not think that one or two cases will prove the statement made concerning the non-injurious effects of electricity. I believe that certain cases of fibroids are best left absolutely alone—though perhaps a little ergot may be administered."

Papers on "Post Nasal Adenoids" by Dr. J. H. Thorburn, Toronto, and on "Ocular Paralysis from Basal Lesions, with report of Cases," by Dr. D. J. Gibb Wishart, Toronto, were, on motion, taken as read.

The section then adjourned.

Owing to the hall of the Education Department being required for other purposes the evening session was held in the large hall of the School of Pharmacy, Gerrard St. The session opened at 8.15. The minutes of the sections and of the afternoon general session were read and confirmed.

As the election of officers was now in order, it was moved by Dr. McKinnon, of Guelph, seconded by Dr. McFarlane, Toronto, that the report of the Committee on Nominations be adopted, and that the gentlemen therein named be the officers and members of committees for the ensuing year.

Dr. Wishart, seconded by Dr. A. J. Johnson,

moved that the President elect be authorized to appoint four delegates to the meeting of the Canada Medical Association, to be held in Ottawa in September next. Carried.

Dr. Oldright, Toronto, exhibited a patient who had suffered from fracture of the body of the scapula, and made some remarks thereon. Dr. Harrison, of Selkirk, had seen a similar case many years ago where the injury had resulted from the striking of the back upon the dashboard of a carriage when being thrown out.

The Secretary presented his annual report, and moved its adoption, seconded by Dr. McFarlane.

Dr. Mitchell, of Enniskillen, opened the discussion in Therapeutics, taking up the therapeutics of constipation. He was followed by Dr. McKinnon, of Guelph.

Dr. Acheson, of Toronto, read a paper dealing with "New Remedies." Dr. Mullin, of Hamilton, was asked to speak upon "Old Remedies" but did not respond. Dr. L. Smith, of Montreal, made a few remarks, and the discussion was closed.

The report of the Committee on Legislation was read by Dr. Harrison of Selkirk, who moved its adoption, seconded by Dr. J. F. W. Ross, Toronto. The report was as follows:

"Your Committee find that several Bills amending the Act, or affecting the profession, were brought before the House at its last session. One to repeal the clauses of the Medical Act giving the Council the power to tax the profession for its support; giving the Registrar the power to remove the names of defaulters from the Register a year after having been notified of such default; and to amend other clauses of said Act, so as to nearly double the territorial representatives, and to make the term of their office three instead of five years.

"Another Bill to amend Section 48 of the Medical Act, so that the application of plasters to 'draw out cancers' or to heal sores shall not be practising medicine or surgery in the meaning of the Act. And a third Bill to make it more difficult or impossible for the medical schools to obtain the unclaimed bodies of those dying in charitable institutions.

"These Bills so far have failed to become law, and your Committee cannot help feeling that they were unwise and uncalled for. Your Committee feel that it is unwise to repeal or amend the Medical Act until its working has been fairly tried. They feel it is not in the interest of the profession to appeal too often to the Legislature; and that so long as we are represented in the Council by members of our own choice, and whom we can remove when they cease to represent our views, it would be fitter to bring pressure to bear on them, than to call in the aid of the Legislature. That whatever may be the faults and defects of the Medical Act, it has conferred a great boon

upon the profession. We see the profession in the States looking upon our position with envy, and in some of them attempts are being made, in a very tame manner, to copy our system. There is scarcely a respectable medical man in the States who would not gladly accept our Act, if its expenses to him were double those that we pay.

"And your Committee cannot help feeling that our too often applying to the Legislature is lowering to the profession and endangering to the Act, but feel, at the same time, that the Council should be in touch with the profession, and should, as far as may be, reflect its opinions. And we feel that it is unfortunate when any of the general members of the profession have an opportunity to think they have a grievance against the Council, and would therefore suggest that before asking the Legislature for any important change in the Act, or making any important change in the curriculum, or their procedure toward the general profession, the Council should ascertain the opinions of the profession with regard to such changes. This might be done through the local societies—where such exist—by means of circulars issued by their secretary, or by each territorial representative ascertaining the views of his constituents.

"We make these suggestions with a great deal of diffidence, and mainly in order to bring them before the Association. And we hope they will be fully discussed, as we cannot conceal from ourselves that the question is a very important one, and that perhaps upon our action the future welfare of the profession may largely depend.

"We feel that to relieve those who apply caustics to cancers from the penalties of the Act, would be in the highest degree unwise. It is notorious, that in numberless instances, great and unnecessary suffering is daily caused by the application of these caustics to harmless growths, and that in numerous instances death is the result of the application of escharotics by persons ignorant of the first principles of medicine and surgery. The other Bill if passed, would have greatly reduced the already scanty supply of anatomical material at our medical schools, and would have a tendency to drive our students to countries where the people were more enlightened and subjects easier to be obtained. Dissection cannot harm the subject. It can only be the effect upon living friends; who then so proper for a subject as he who leaves no friends? We think the public mind needs education with regard to this subject, and that the press and the profession might and should do a great deal toward it. The ordinary layman thinks the medical mind differently constituted from ordinary humanity, and that the anatomist dissects a subject for mere amusement. That, as the old French pathologist has said, to answer the question in the Rubric, 'What is the chief end of man?' by 'To furnish pathological

specimens.' So the anatomist thinks his chief end is to furnish work for his scalpel. All of which is respectfully submitted."

The report was adopted.

The report of the Committee on By-laws was not presented, on account of the absence of the chairman, Dr. W. H. Henderson, Kingston.

The Committee on Publication not having allocated the papers, could not report.

Dr. E. J. Barrick read the report of the treasurer and presented the accounts and so on for the year.

Balance from 1890-91	\$249 92
Fees for 11th Annual Meeting	348 00
Interest	8 00
Total	641 92
Expenditure	453 76
leaving a balance of	188 16

The report of the Committee on Audit was appended; Dr. Strathy having audited the accounts and vouchers and found them correct.

Dr. Barrick moved for the adoption of these reports. This was seconded by Dr. McPhedran Carried.

The report of the Committee on Public Health was read by the Chairman, Dr. P. H. Bryce, Toronto, who moved its adoption. This was seconded by Dr. W. A. Ross, Barrie. The report was as follows:

"To the President and Members of the Ontario Medical Association. Gentlemen,—Your Committee would report that since the last meeting of the Association the Province has been fortunate in not being visited with any outbreak of small-pox, and that contagious diseases other than diphtheria have not caused any serious mortality in Ontario.

Regarding the latter, your committee would express its regret that in spite of its efforts made by physicians and boards of health generally, many outbreaks have been reported from every part of the Province, and that some of these have been of an extended and fatal character. While the cause of the disease is generally understood, it is not so well known to the public or appreciated by the profession that the disease under ordinary conditions is of an intensely contagious and infectious character. This being the case your Committee would urge upon the members of the Association, and through them the public the necessity of making known to the proper authorities by every means in their power the locations where individual cases exist, so that the authorities may not only warn the public to shun contagion where exposure is unnecessary, but in cases where local isolation, through poverty or other cause is impossible, the local health authorities may remove such to houses or hospitals where isolation may be properly carried out.

Especially would your committee direct atten-

tion to the danger of the spread of this fatal and prevalent disease through the medium of schools, public and private, Sunday and charity schools. Much attention has been given to sanitary matters by municipalities during the past year in the matter of public water supplies and systems of sewage. Everywhere the necessity of a pure water supply is making itself apparent in outbursts of typhoid fever, and the importance of controlling both public and private supplies is being daily understood by the public.

That an immense impetus has been given to public health work by the establishment of permanent boards of health is fully appreciated by your committee; but it also very fully recognized that by the great advances made in physical and medical science, but notably in biology and chemistry, has the present improved status of public health, legislation and executive control of disease being made possible. All of which is respectfully submitted."

The report was adopted.

Moved by Dr. Mullin, seconded by Dr. Wright, that the past presidents of the Association form an Advisory Committee for the coming year. Carried.

Moved by Dr. H. A. Powell, Toronto, seconded by Dr. McKinnon, Guelph, that this Association in recognition of the usefulness to the profession in this Province of the collection of books and other medical literature already made by the Ontario Literary Association, hereby made a grant of one hundred dollars toward the purchasing fund of the Literary Association. Dr. Powell spoke at some length of the value of this library to the profession. The resolution was adopted.

Dr. Oldright, of Toronto, seconded by Dr. Mullin, of Hamilton, moved that the thanks of the Ontario Medical Association be hereby tendered to the Honorable Minister of Education for thus extending to the Association the use of the hall of the Education Department, and to the authorities of the School of Pharmacy for the use of the lecture hall for the purposes of the evening meeting. Motion carried.

Dr. A. Davidson, seconded by Dr. W. H. B. Aikins, moved that it be resolved that the Ontario Medical Association present a request to the Ontario Medical Council that the transactions of the Council be presented in fuller form than hitherto to the medical profession throughout Ontario. Resolution carried.

Dr. Acheson, seconded by Dr. Lundy, Preston, moved that the usual honorarium be paid to the secretaries. Carried.

Moved by Dr. P. H. Bryce, seconded by Dr. Atherton that the President be requested to appoint a committee to act in connection with the Registrar General's Department with a view to making such suggestions as would serve to aid in improving the Registrar General's returns.

The General Secretary drew the attention of the Association to the wisdom of issuing a revised list of members, with their addresses, as over one hundred new members had been added to the Association since the last report was printed. Dr. Wishart, in conclusion, moved, seconded by Dr. Mullin, that the General Secretary be authorized to issue a revised list of membership of the Ontario Medical Association in pamphlet form. Dr. N. A. Powell thought that if such a list were to be published it would be wise to have a table also, showing the year in which the members had attended the meetings of the Association, as it was of great assistance to the Committee on Nominations.

Dr. Ross, Toronto, gave notice of a motion to the effect that at the next annual meeting, action be taken on a report by a committee appointed at this meeting to take into consideration the advisability of publishing the transactions of the Ontario Medical Association, and that any necessary changes in the Constitution for the accomplishment of this object be made without further notice of motion.

Moved by Dr. Ross, seconded by Dr. Wishart, that the committee be the Committee on Publication together with the present President, Dr. Reeve, Secretary, Dr. Wishart, Treasurer, Dr. Barrick, Chairman of the Committee on Papers, Dr. McPhedran, Past President, Dr. J. A. Temple, Dr. N. A. Powell, Curator of the Medical Library and the mover.

Dr. Ross thought that in view of this motion there would be no necessity for publishing such a list as Dr. Wishart mentioned. Dr. Mullin, of Hamilton, seconded Dr. Wishart's motion. The Secretary stated that such a list would cost very little and would be of practical use being greatly needed at the present time. Dr. Wishart's motion was carried. Dr. Ross' motion was carried.

Dr. McPhedran gave notice of motion to repeal by-law, Article III, section E.

Dr. Ross moved that the paper of Dr. Vanderveer, of Albany, on "Three Cases of Malformation of Sexual Organs," be taken as read. Carried.

The President having vacated the chair it was taken by Dr. Mullin, of Hamilton and the following resolution was moved by Dr. Williams, of Ingersoll, "That the thanks of this Association are due, and are hereby tendered to the retiring President, Dr. R. A. Reeve, for the able manner in which he has conducted and expedited the business of the Association for the year." This was seconded by Dr. Mitchell, of Enniskillen. Carried.

Dr. Reeve expressed his thanks to the Association and moved, seconded by Dr. McPhedran, that the Minister of Customs be respectfully requested to change the interpretation or wording of the Act, so that any medical or surgical apparatus or

appliance be admitted at the same rate as surgical instruments now were. Dr. N. A. Powell said that this rating would hardly be made unless trusses, which were now subject to a special rating, be omitted from the scope of the Resolution. The Resolution was adopted.

Dr. Mitchell, Enniskillen, seconded by Dr. McKinnon, Guelph, moved a resolution to the effect that the thanks of the visiting members were due, and were hereby tendered to the profession of the City of Toronto for their hospitality. Carried.

Dr. Reeve resumed the Chair, and regretted that owing to the absence of Dr. Hillary he could not introduce him to the Association, and declared the Association adjourned.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

ANNUAL MEETING OF THE MEDICAL COUNCIL.

Tuesday, 14th June, 1892, 2 p. m.

The chair was taken by Dr. J. A. Williams; the meeting called to order, and the roll of membership called by the Registrar, Dr. Pyne.

The president delivered his address as follows:

Gentlemen of the Council.—It is my pleasing duty to welcome you back to your labors for the ensuing year; and, with you, deeply regretting that one gentleman, a representative of the homœopathic branch of the profession, if I may so say, who was with us at our last meeting, will not be with us this year. His time of trouble and strife in the medical profession has been brought to a close. With his more intimate friends we join our sorrows that an illustrious career of usefulness should have so speedily ended. But while we must deplore the loss which we, the Council and the medical profession of Ontario have sustained, our members have not fallen off: we have now to welcome back to our Council, our old esteemed friend, Dr. Vernon, of Hamilton.

The year that is now drawing to its close has not been without considerable anxiety to the medical profession. The legislation which was secured in 1891, and which was believed to be in the interests of the public and the profession has been very largely misunderstood. Efforts have been made, not only to have that legislation repealed, but to have other changes made; some that would be of very great detriment to the usefulness of this Council, if not indeed entirely destroy it.

It is to be regretted that there should be any

members of the profession who would think for a moment that the College of Physicians and Surgeons of Ontario, a representative body of the profession, should have any interest to serve other than that of the public and the profession; but so long as we have representative institutions as we have in this country we must expect to come under the same influence as other representative bodies. If, for instance, we select in a community twelve of the best men we can find, and elect them as Municipal Councillors,—before the first year is up we find them strongly abused; and if they unfortunately continue in power three or four years they need not be surprised if they learn they are murderers or worse. Members of this Council must not hope to escape a like fate.

We find too, I think, that one reason why the Council is misunderstood is because of a want of intercommunication between the Council and the profession. As you are aware, it is not possible to get any considerable number of the medical men together for the purpose of their representatives addressing them on the questions likely to come before the Council. The public press can scarcely be expected to deal with these subjects to any great extent, because they cater to the entire public and can not be expected to give a great deal of space to questions interesting some two thousand or more medical men. We would be inclined to think that the medical press would be placed in a somewhat different position. We would think that their highest interests would be to afford such information as would be beneficial to the members of the profession; but while we as outsiders think so, the editors apparently do not look at that question in the sense that we do, for we find that the merest epitome of the Council's proceedings is left without that light on the proceedings of the Council which I think the profession are anxious to have and which I think they ought to receive.

Because of this want of intercommunication between the profession and the Council a misconception exists with the public as well as with the members of the profession as to the utility of the Council and of this College. It is not uncommon to hear from the public that it is a huge monopoly, got up for the benefit of the profession, and to the detriment of the public; and from the profession we not frequently hear that free trade in medicine is a desideratum. I need not say to you that this is a great mistake, not only so far as the public is concerned, but also the profession, for the public are the beneficiaries in the first place, and the medical men in a secondary sense receive more than compensation for all that they have been called upon to contribute towards the funds of the College of Physicians and Surgeons.

In order that we may understand to what extent the public and profession are interested in this matter it may be wise just hastily to review some

steps that have been taken that have led to this present status, and to mention some of the difficulties that we have had to overcome. To understand this fully we must look back to the status that the profession occupied before 1865, which is the date of the first Act with which the Council was connected, though not under this name. Previous to that time we practically had free trade in medicine though not in the letter of the law. We had three medical schools in Ontario. We had three licensing boards, including eclectics and homœopaths. Each one of these three had its own standard; each one vied with the other to see who could turn out the greatest number of students. Colleges in Quebec sent up not a few to the province, and the American schools of all shades, eclectics, homœopaths and regulars, as well as some European colleges, flooded upon us their superfluous graduates. The profession was thus more than crowded in the Province of Ontario with men of very varied shades of qualification. Each school established its own standard and each carried out its own curriculum, and the result was that we had a very varied class of physicians then practicing in the country.

When the 1865 Act was enacted it immediately made a wonderful stirring up among the men who were practising in the country; those with foreign degrees were found running to the schools; those who couldn't successfully get on in the schools went to the licensing board, and, in very many cases secured licenses, and went on with their practice. Those not so fortunate were compelled to enter into some of the schools to complete their medical education; the result of this was that the number of practitioners in the country was very materially decreased. We find that the Act was a compromise measure; it was the schools who were seeking for legislation and not the profession at large. The school men were jealous of each other; each one believing that the other was a greater culprit in the matter of turning out imperfectly qualified students than themselves, and each was anxious that legislation should be secured, that some check might be had upon the other schools.

First, we notice that under this Act the Council was established, different in name, but practically as it is to-day. In order that each school might be willing to enter into this arrangement, it became necessary that they should be allowed a representative on that Council. Then that Council was given power to decide as to the standard of matriculation, and also the standard of the medical curriculum, though they were not allowed at that time to conduct examinations. They simply fixed the standard; each individual school went on and conducted its own examination after its own fashion. I may just call your attention to the fact right here that the British Medical

Act has only reached this stage up to the present. The Legislature in Great Britain refused to take the right away of granting degrees from the schools. I find also in this compromise Act the establishment of a system of registration, on condition that they had representation in the college; so we find in the 4th clause that each school and university should be represented in the college, a system that has not been changed.

In looking over that 1865 Act, we find there were some very striking features. One of the questions that arose in the 1891 Act had for its object the keeping of a correct register, and it was provided that if a letter is sent to an individual, and no answer is received within six months, the assumption is that he is either dead, or has ceased to practice, or has left the country, or did not wish to practice, and his name was dropped from the register. Under the 1865 Act he could not be restored to his position on the register without the sanction of the Medical Council. Under the 1891 Act he could be restored as of right whenever he wished, upon paying up the fees and announcing his intention of practising. Under clause 36 of the 1865 Act a provision was made which prevented the rights of the homeopaths and eclectics being infringed upon in any direction; they were secured their rights under the Statute at that time; no change was made in that direction that would affect them in any way whatever.

After this Act had been in operation from 1865 to 1868, another attempt was made to secure legislation: and now I think I may say that the attempt was made at the instance of the Medical Council, and not of the school men; it was felt that the plan of allowing each school to examine its own students, even though the college fixed the standard, did not prevent a great many imperfectly qualified men going into the profession. There was the further desire that the licensing boards of the eclectic and homœopathic branches should be brought under a general provision, and that the same standard should be adopted for all. Again another compromise was made. The desire was now that there should be one examining body, and in order to get all these different persons to consent to the one examining body, a further provision was granted to them, not only that they should have the right to representation on the Council, but that they should have one member on the Examining Board. That is why you find, continued in the Acts up to the present, that the colleges have a representative in the Council, and that they have the right to an examiner on the Examining Board.

In this 1868 Act power was obtained to hold matriculation examinations; it was also obtained to hold the Council examinations, and immediately after that they commenced conducting their examinations. They had no provision in the 1868

Act to hold chattel property or real estate, and they were compelled to hire a hall, here and there, wherever they could, for the purpose of conducting the examinations. The hall in Toronto University was hired for a time, I believe, and some others, but I am not prepared to say which; perhaps some of the older members can speak as to that. But they didn't prove satisfactory; when you recollect that the students from three different medical schools in Ontario, as well as students from Quebec, and other places all had to club together in one hall; it required a larger hall than was provided at that time by any university. Indeed, there was so much discontent at one time occasioned by this that we heard it said there was preparation made to use some disagreeable materials upon the Board of Examiners. But the fault was not theirs; the fault was in the insufficient accommodation which was provided at that time.

This continued from 1868 to 1874. In 1874 we have the Council approaching the Legislature again. They showed the Act as it existed was scarcely practicable in that we were not allowed to own a hall in which we could have proper provision for examining students, or in which we could have better appliances, and they sought to get increased legislation in this direction.

But when they got the promise of this they then pointed out to the Legislature that they hadn't sufficient funds to conduct the examinations in a satisfactory manner; and they asked that they should have a Government grant, because this was a public work in the public interest, and that therefore a public grant should be given to them. The reply they got from the Government was: "We admit that the public are benefiting very greatly, and that what you say is largely true; but the members of the profession are themselves receiving a benefit, and before we ask the public for a grant the members themselves should contribute something towards these funds."

Upon this basis a clause was introduced giving the Council power to impose a fee of not less than \$1.00 nor more than \$2.00 per year. For the first year the \$1.00 was made compulsory, but for each subsequent year it was within the power of the Council to say what the fee should be, but not less than \$1.00 nor more than \$2.00 in any case.

Now, after 1874, if we look at the financial statement we will find that a very great change has taken place. Previous to that we find in the financial statements in the six years from 1868 to 1874 that the receipts were not quite equal to the annual expenditure, that the Treasurer was receiving no compensation for his services, and it is said that the members of the Council themselves worked for almost nothing at all,—I have heard it said in fact that at one time

they received nothing; as a matter of fact the Council was not able to pay for what it honestly and legitimately should pay.

After 1874 there was an influx of funds, because I presume of these clauses that made each member of the profession liable for one dollar at least in each year. From that forward we find that the examinations were more satisfactory,—that the Council had now a large amount of funds at their command, and were enabled to make provision so that they could have a hall of their own, and have the necessary appliances for conducting more thorough and more complete examinations. In, I think, the year 1878, or about there, they purchased a building on the corner where we now stand, and this for a time was utilized for college purposes.

The next Act was the Act of 1887. The Act of 1887 has just two or three prominent features; the first leading feature is that there is a change made in the representation in the Council; this change was to allow a representative to come from Regiopolis College and Ottawa College; this came about not at the instance of the Council, but rather in spite of the Council. The Council believed that the colleges already had all the representation they should have in the Council, but the Legislature thought otherwise, and introduced these additional names as representatives. I mention this particularly to show that when you go to the Legislature to secure any measure for the medical profession, you are not exactly certain what you are going to bring away. You may get what you want, but you may also come away with additions that you didn't desire. It is therefore of the utmost importance that when you approach the Legislature you should do so as a united profession, to get what you consider ought to be obtained, that there should be the most perfect harmony on the points in question.

Another change was, a limitation was put to the period in which a medical man might be prosecuted for malpractice. Previous to that time, I believe, the only limit was something like six years; and in some cases a medical man had been brought up and tried years after the witnesses were all dead or gone. This clause was secured for the purpose of freeing the profession from an injustice of that kind.

The third feature of that Act was to give the profession a right to say who should continue to remain members of it; hitherto you couldn't strike a man from the lists unless for some very serious crime. This Act of 1887 allowed the Council or a committee of themselves, to try members of their own profession as to what was unprofessional conduct, to hear the evidence in the case, both for and against, and if in their judgment they decided that the person was unworthy to practice medicine they had a right to order his name to be erased

from the register. The effect of this 1887 Act in short, was to give the medical profession entire control of themselves; it made the profession self-governing; they now had a right to say who should practice medicine, and what the standard of matriculation should be; they had the right to hold the requisite property necessary for the proper conducting of examinations; they had the right to collect a small annual fee, and now they have the further right to say to what extent, conduct that was unprofessional should be allowed, and at what stage the members of the profession may declare that these should belong to the profession no longer.

The next that we come to was the Act of 1891. This is one that has given rise to some considerable misunderstanding among the members of the profession. If we look at the Act itself we find it has a number of features. Previous to this time you will remember that any person who was a matriculant in Arts in any university in Her Majesty's dominions had a right to be admitted as a matriculant in Medicine. It was felt by some, that this was opening the door too wide; that in some parts of Her Majesty's dominions there might be universities whose matriculation standard might be hardly high enough; the Legislature concurred in the view, with certain restrictions; and the Council were given power to say just what their standard was to be, anywhere up to a degree in Arts. It was finally arranged that the standard should be the junior leaving examination which is exacted in the Arts Department in our Province, with the science option, for the purposes of medicine. Now there has been a feeling abroad that the Council have not been willing to accept Arts matriculation in Her Majesty's dominions all over; it is felt by some that it is intended by the Council to set up a standard which might shut out some honest, industrious, young men, and leave the profession open to those only who were born with a silver spoon in their mouths. I need scarcely say to you, gentlemen, that the College of Physicians and Surgeons of Ontario are not likely to take any such step as this. Under the heading of Appeals, we find a change is made. After the 1887 Act an appeal might be made to a High Court Judge; a change was made, so that an appeal might be had to a division of the High Court. There are also a couple of other little changes with reference to the taking of evidence, and to the assessment of costs.

Now we come to the more important particular, section 9, sub section 22. This was placed upon the Act for the purpose of enabling the Registrar to keep a correct register of all medical practitioners in the Province. If you look over that register you will find that there are some where about 2,600 names on it, and the most careful examination that we have been able to make, shows

that we have only 2,148 practitioners in the Province; so you will see that there is a great defect in the register. That comes about because we have not the right to drop off names; we do not become aware of those who may have left the country, or may have ceased practising from one cause or another; and this clause was put in so that after a letter was sent to a man and he does not answer within six months, we may have the right to assume that he has either left the country, or has gone out of practice, and his name can be dropped from the register. It was not in the 1874 Act, but we find this provision in the Act of 1891; and it was put there, not as a means of punishing the members of the medical profession, but rather with a view to perfecting the register, so that we might know who they were who had a right to practice, and who had not; and it also had the object of establishing a closer communication between the profession and the Council.

Then we turn to the section that has given rise to the greatest amount of difficulty, this is section 41 A. This section has several striking features. The first is that a medical man is required to take out an annual certificate; he is required to pay his annual dues before the 31st December, in each year; according to the Statute of 1874, that fee was due on the 1st January, so he is given twelve months in which to pay the sum of not less than \$1, nor more than \$2, in the discretion of the Council. But even then, should he not pay, he is to receive two months' notice. At the end of that time, if he doesn't think it worth his while to remit the amount, the assumption is that he does not wish to practice any longer, and his name is struck from the register; the matter was thus left optional with himself, either to cease to practice and not pay, or to practice and pay; but he is prevented from taking advantage of the payments made by other members, and to profit at their expense.

Now the idea has been promulgated by some, that when a member is dropped from the list, he can't get back again without some considerable difficulty; that is not correct; under clause 6 of the Act, provision is made that whenever he wishes to re-assume his position on the register, all he requires to do it to pay up his fees, and be reinstated on the register; he does not require to come before the Council, and has not to ask any favor of any person whatever; simply that he should pay up his fees to the profession, that he may be restored to his proper position.

There have been some gross charges made against the Council because of this provision. It has been said that the Council imposed this fee. Gentlemen, you all know the Council did not impose this fee; it was imposed by the statute in 1874; and every member of the profession who entered it since that date either knew, or ought to have

known, that that was one of the obligations that he assumed when he entered this profession; he knew, or he ought to have known, that this dollar was due and payable, and he should have known that it was the duty of this Council to have collected this amount from every man alike. There have been a goodly number who have annually, or at least periodically, paid up their entire indebtedness to their profession; but there have been some who have taken all the advantages of the profession they can secure, and have not contributed their fair share towards the cost. The Council did not make a collection fully as they should have done from each member of the profession; and what must be our excuse for this? Well, gentlemen, the only excuse we can offer is this, that when we proceeded to collect the annual amounts, we found that the costs of collection very nearly ate up the whole sum that we tried to get. Let me read you some figures. In the medical year 1887-8, \$434 expended, collected \$630 in fees; in 1888-9, \$319 expended, collected \$376. Now, this is the excuse, and the only excuse the Council can offer why they did not compel every member of the profession to contribute his fair and honest share, as he should have done, in the interests of the profession, to the funds of the Council.

Now, the Council, finding this serious difficulty in their way, knowing that every member of the profession was alike responsible, and knowing that the Council had the right to calculate upon this income as part of their revenue with which to meet expenses, came to the conclusion that it was high time some steps should be taken by which the payments should be equalized, and that every man should bear his fair and equitable share of the expenses of the Council. To receive a dollar from one party and to use that money in the interests of the profession, to spend that money in the interests of the profession, was simply laying an unequal burden on the shoulders of our medical men. This clause was inserted in order that it might be impossible for any to enjoy the advantages of the profession and at the same time take advantage of these who pay. In connection with this same provision the Act was made retro-active. This is said to be an unprecedented thing. What does this retro-active feature mean? It simply means this,—that men who had been taking advantage of the profession for the last seventeen years shall now be compelled to come down and bear their fair share as well as others. It meant that members of the profession who have been taking advantage of their fellows shall not be allowed to plead the Statute of Limitations, but they shall come down and bear their fair share like the other members are expected to do.

Another feature that has been urged very strongly is that the taking out of the annual cer-

tificate is derogatory to the profession—that it is humiliating—that it is placing you on a par with the hack man who requires to take out an annual license. The profession are supposed to be so very sensitive in their make up that they couldn't be asked to contribute for what they are going to receive until a year after it was due; that these gentlemen who were so pachydermatous in their make up have now become so sensitive that they can now stand this provision. Gentlemen, we are no exception. The druggists have made a provision by which every man who keeps a drug store must pay his \$4 per annum for his license. He is allowed till the 1st day of May to pay it and if it is not then paid he loses his license. And there is the legal profession as well; we have never found that members of the legal profession were backward in crying out for what they considered their rights, and we have never found them backward in standing up for their liberty. The annual fees of the legal profession amount to about \$18 per year; and they are allowed to a certain day to pay it. This is paid in different accounts, but it aggregates about what I have said. If after that certain time the amount is not paid the barrister loses his gown.

Now, gentlemen, surely members of the medical profession are not so much more sensitive than those that I have mentioned, that they should object to being asked to contribute their fair share after being given twelve months in which to pay it, and then being given two months' notice further.

The annual certificate is objected to because they say, we had the right under our diplomas to practice for all time without a fee. Well, unfortunately, diplomas do not undertake to cover everything. Previous to 1865 we had each of the colleges granting diplomas. These diplomas didn't entitle to practice medicine; but they were received by the Government as proof that the person had the ability to practice medicine, and upon the strength of that the Government issued a license; and later on the different licensing bodies granted licenses on proof of the same nature. Under the old diplomas there was no right granted to practice medicine at all. Some have said that the diploma of the College of Physicians and Surgeons was a diploma for all time, and that it contains nothing about an annual fee; but if you will look at the exact wording of that diploma it simply sets forth that a certain gentleman has completed the curriculum, that he has passed the requisite examination, and that he has become a member of the College of Physicians and Surgeons of Ontario, and is thereby entitled to practice medicine, surgery and midwifery. This is simply an acknowledgement that he is a member of the College; if a member he must be registered; and if registered he has a right to practice medicine and midwifery. This of course makes him subject to

the provisions of the Act respecting registration ; and under that same Act he is required to pay an annual fee of not less than one, nor more than two dollars.

Dr. Ruttan.—Yes, and submit to the laws of the Council.

Dr. Williams.—Yes. Another very serious objection has been taken to the Council for the erection of this building: it has been set forth very largely that the profession at large has been made to pay for a great mass of brick and mortar in Toronto, in order that the city medical men should have a grand home at the expense of the medical profession. Now, if we look carefully into the matter, we will find that this is not true; we will find that the city practitioner receives no advantage from this building any more than the country practitioner. It has been said that the Council have established here a library for the exclusive benefit of the medical men of the City of Toronto. Let me tell you that the Council have not expended one solitary dollar on the library. While there is a library, the owners of it pay a rental for the space they occupy, just as any other person might be required to pay. It has been said that the Toronto Medical Association have rather a fine time,—that they were paying at one time \$100 a year, but that they now use our hall in the College of Physicians and Surgeons. The facts are these, the Library Association have sub-let to the Toronto Medical Association the right to meet in their library once a week, and hold their meetings; the Council has no responsibility in any sense whatever, neither do they contribute, neither do the Toronto medical men derive one single cent of benefit from this building, outside of what a country practitioner may derive.

The objection is taken to the building that it is too expensive; it has been said that we should have confined ourselves to an annual expenditure of not more than \$5,000; in fact, it was sought to have this done. Now, when you take into consideration the examinations that are held here, and that they must be held, and the vast number of students coming from four medical schools, and from Quebec and from outside places, you will understand that no small building would answer the purpose. It was soon found that we were obliged to have larger examination halls; as we were obliged to have conduct examinations, we were obliged to have a great many appliances that were not necessary years ago. If you will go through our store rooms you will find we have an immense number of microscopes, mannikins and skeletons; and we have a great many articles in *materia medica*.

Now, it is said we could rent a hall that would answer every purpose. Can we rent a hall that would be sufficiently large to hold examinations in and would also serve for the proper care of our appliances? We tried that before we had power

to own property, and it was emphatically not a success. Now, we rent certain portions of this building, portions that we do not need, and the result is that the total cost is very much lower than it otherwise would be. Now, we said at the Medical Association some days ago, that we had a net income from this building of upwards of \$500. On looking into this matter more critically, I find I was too high; the treasurer had omitted to take into consideration some expenses that should have been included, however, I will now give you some of the figures, which I think are correct as at present. We have a mortgage on the building for \$60,000, bearing interest at 5%; that costs us \$3,000 a year for interest. Insurance is about \$80, taxes \$652, man in charge of elevator \$260, water rates \$400, fuel \$500, gas \$150. Making a total expenditure on the building of \$5,142. Now we will count the receipts; the last year before we came to occupy this building, we paid for the rents of halls which we required to use for our purposes \$750, and I think we have a right to place to our credit first of all that sum; for while it does not come in we have prevented it going out by owning this building. Then we have rents amounting to \$4,090; or a total of \$4,840. Deducting that from \$5,142 it leaves \$302 required to be met annually from other sources. This represents all the burden that this building is at present. We have still a number of rooms that may be rented; when they are rented at the same rate that we are getting now for the other rooms, these will bring in about \$3,000 in addition to what we are already receiving. The City buildings are being put up in the immediate vicinity; and offices in this locality will be very easily rented, in fact will be at a premium, and I think we may safely count on this in a short time. The revenue will then be somewhere in the neighborhood of \$7,840; taking our present expenditure will leave us a margin of \$2,600 or so. I do not think that this is calculated unfairly; it is what reasonably may be expected; and this will not be burdensome to the profession. If the building had been erected, consisting only of the rooms required by the Council, it would have been more expensive than it is now, for we would have had to do without these rentals, and we are perfectly safe in having a sufficient income to meet the deficiency, besides paying interest and making a deposit in a sinking fund each year.

Gentlemen, there is just one other feature that I wish to bring to your attention; I pointed out in the early part of my remarks that an attempt has been made to secure the repeal of the legislation secured in 1891, and other amendments to the Medical Act as well; now, as I have already pointed out to you, notwithstanding that it has been difficult to hold the balance of power between the contending factions and the school men, we have still made progress up to our present

status, while practically the profession has been given self-governing power by the Legislature, but Acts were introduced, which had they been allowed to carry the self-governing power of the Council, would have very materially been interfered with. The first of these I find to be an Act to amend the Ontario Medical Act, in this form, section 45 is amended by adding as follows: "But the application of a plaster or plasters, with the object of healing or removing cancers or other growth, shall not be considered as practicing medicine or surgery within the meaning of this Act." Now, if the legislature may be induced by outside parties to amend the Medical Act, then the College of Physicians and Surgeons have no guarantee as to what their position will be from one year to the next. The only guarantee that the Council have, or rather, that the medical men can have, is to insist that legislation that is adopted shall emanate in some way from their representative body. If they are not satisfied to adopt that, then some other means must be devised to effect the same end; if they are not satisfied with the Council they must get some other Council, but the proposed legislation must be introduced by them. There must be compromises by individuals—there must be also compromises by the Council—compromises in different ways, but so long, gentlemen, as the legislation is in the right direction, moving forward in the interests of the profession, we shall be satisfied but we must endeavor to obtain legislation from our own representative body, and we must be prepared to resist shoulder to shoulder, any legislation introduced from any other source.

The next Bill that is introduced is to repeal section 27 of the Ontario Medical Act; it is introduced, not by the medical men, as in fact, neither was the other. It is therefore open to the same objections as the other. To repeal this section means to strike off the fee that was imposed in 1874, that every man that entered the profession knew that he was entitled to pay. The Council have the right in making up their estimates to calculate on this income from the profession; and now, when the Council have entered into certain obligations, calculating on this revenue, this Bill comes forward, not from the medical men, but from outsiders, to take away the fund upon which the Council have been relying to conduct the business of their profession. It is equally objectionable with the other, inasmuch as it does not emanate from the source from which it should emanate. Then we come to the next Bill. This unfortunately comes from a medical man; I say, unfortunately, because I hold the view that it is a great misfortune where we have medical men who should be the guardians of our interests in the House—I do think it a misfortune that they should have been swerved by some influence or other

from their plain duty—or from what we might reasonably expect we might look upon as their duty. It is very evidently the plain and manifest duty of the members of the profession to take the ground that the legislation affecting their interests must emanate from the representatives of the profession and from that source only.

Gentlemen, I would say that the college, as well as, indeed, every member of the profession is indebted to the nine men who gallantly stood by the members of the profession in the Legislature, and thereby had these Bills thrown out and prevented them passing into law.

I believe it is well for us to watch this matter very closely, and to take what steps we can to oppose all such bills as do not come from the proper and legitimate source, and prevent them becoming law. I am in a position to say that it was through the efforts of the medical men in the house that we were able to get these bills thrown out. I am led to believe that it is quite within the possibility there may be efforts made during the next year to introduce some new legislation to make changes which are not in the interests of the profession; we may not be able to secure all that we believe desirable; still so long as in the main we are able to set our minor differences aside we shall be furthering the best interests of the profession.

Gentlemen, I trust that the brief allusion to these important facts which I have been able to make in the course of these remarks will inspire us to greater enthusiasm, and will not be without their result in furthering the interests of the profession.

Dr. Geikie—I do not think, Mr. President, that I would be transgressing if I were to move that the thanks of this Council be and are hereby given to you for your past efforts, and for the address that you have just delivered. I do not know anybody who has taken so much trouble as Dr. Williams has; I do not know anyone who could do it better; he has had great difficulties to contend with; I have seen him sharply criticised; but the fact is anything he has done is not justly open to that sharp criticism. I think he is entitled at the hands of the whole profession to our warmest thanks; for I feel convinced that he has ever done what he conceived to be the best that could be done for the interests of the profession.

Dr. Rosebrugh seconds the motion, and calls upon the Vice-President, Dr. Fowler, to put the question to the meeting.

Dr. Fowler expresses the pleasure it gives him to put this motion, which is carried unanimously amid great applause.

Dr. Fowler—I beg, sir, in the name of this Council to tender to you their very hearty thanks for the efforts you have put forth on behalf of the

profession during the past year, and for the address you have delivered, and I trust that you may be long spared to contribute to the usefulness of this Council.

Dr. Williams—I thank you, gentlemen ; I have been a good deal anxious about this Council meeting ; while I was speaking I felt that it was very uphill work ; I do not know that it has ever been harder work for me to speak than it has been for me to-day. And I attribute it largely to the anxiety I have felt as to the outcome of this meeting ; furthermore, I have been in very poor health for sometime. But anything that I have ever done, I have done, not as a matter of duty, but because I regard it as my highest privilege to do anything I can and everything I can in the interests of the profession, not only as a member of the Council, but so long as I shall practice medicine. I have now to call upon you, gentlemen, for nominations for the office of President for this Council for the ensuing year.

Dr. Philip—I have much pleasure, Mr. President in proposing as president of the Medical Council the name of Dr. Fyfe Fowler, of Kingston. I need scarcely say a single word in nominating Dr. Fowler as President of this Council ; he has at all times taken a very great interest in the proceedings of this Council, and not only is he favorably known as a member of this Council, but he has been for a great many years at the head of a the great medical educational establishment in the east. He is known, too, to the profession in the west ; in the history of medicine for the last forty or fifty years Dr. Fowler has been very favorably known all over the Province. I am sure if we elect Dr. Fowler to the position of president of this Council that it will not only confer an honour upon him, but pleasure in nominating him.

Dr. Ruttan seconds the motion, and the chairman puts the question to the meeting, but remarks that under the rules the vote must be by ballot.

Dr. Bray moves, that Dr. Philip casts one ballot on behalf of the members of the Council. This is seconded and declared carried. The chairman announces that only one ballot has been cast, and that it is for Dr. Fowler as president ; and declares Dr. Fowler unanimously elected president for the ensuing year.

Dr. Philip escorts Dr. Fowler to the president's chair, and presents him to the retiring President, Dr. Williams.

Dr. Williams—I have very great pleasure in welcoming you to this position, and I can heartily congratulate you on your election.

Amid applause Dr. Fowler takes the President's chair and addresses the Council as follows :—Gentlemen of the Council, I return my very hearty thanks to you for placing me in this position ; I appreciate the honor very highly ; it is one to which more distinguished members of our profes-

sion might very well aspire. I feel, however, that I labor under some difficulty in following immediately my esteemed friend Dr. Williams in this office ; for undoubtedly to his tact, zeal, and energy is due the successful resistance which was made to the legislation inimical to the best interests of this Council and the profession at large. I shall, so far as in me lies, follow in his footsteps, and I trust that at the close of my term of office you will have no occasion to regret having placed me in this position.

Dr. Moore—Mr. President, I must congratulate you upon the position to which you have been elected, and I have very great pleasure in moving that Dr. Campbell, of London, be elected Vice-President for the coming year. You will all agree that I mention the name of one of our best known practitioners who has at all times, and upon all occasions, worked for the best interests of the profession and of the Council. He stands high in his profession ; he has been honored, not only at home but abroad ; and, sir, I am satisfied that when your term of office shall have expired you will be succeeded by a man in every way worthy of the position.

Dr. Bray—Dr. Campbell and I live quite close together and perhaps I know him better than the most of this Council. I feel it a pleasure as well as a duty to second the nomination of Dr. Campbell. He practices in a very important city in this province, and I may say truly, that although belonging to a different branch of the profession, if I may use the term, he is deserving of our very highest esteem.

In accordance with the rules Dr. Bray moves that Dr. Moore casts a ballot for the Council ; this is seconded and agreed to. Dr. Moore votes ; and the chairman announces the result of the election to be unanimously in favor of Dr. Campbell and announces him elected Vice-President.

Dr. Bergin moves, seconded by Dr. Logan, that the following be a committee to strike the Standing Committee for the ensuing year : Drs. Bray, Moore, Harris, Britton, Fenwick, Campbell, and Rogers, and the mover and seconder. The motion is put to the meeting and declared carried.

On motion of Dr. Bergin, the Council adjourned for thirty minutes to await the report of the Striking Committee.

On the Council resuming after adjournment, Dr. Bray presented the report of the Striking Committee, naming the various committees, as follows :

Registration—Drs. Rosebrugh, Johnson, Moore, Vernon and Orr.

Rules and Regulations—Drs. Day, Britton, Luton, Thorburn and Miller.

Finance—Drs. Philip, Williams, Fulton, Henderson and Ruttan.

Printing—Drs. Geikie, Johnson, Orr, Fenwick and Luton.

Education—Drs. Harris, Bergin, Williams, Bray, Johnson, Logan, Moore, Thorburn, and Rogers.

Property—Drs. Geikie, Britton, and Philip.

On motion, duly seconded, the chairman declares the report carried.

Dr. Moore gives notice that he will move at the next meeting that the word "July" in the third line of section, in the announcement be changed to "November."

Dr. Harris gives notice that he will introduce a by-law providing that examiners need not be in examination hall during examinations upon written papers.

Dr. Bray gives notice that he will move for the appointment of a committee to confer with the Medical Association, or with a committee of that Association, with a view to removing any grievances, if any there be.

Dr. Britton gives notice that he will move that a supplementary examination be held in Toronto on the second Tuesday in September, 1892, and that the notice be given in the usual way.

Dr. Bergin gives notice that he will move a resolution of regret at the death of the late Dr. Oliphant and of condolence with his family.

Dr. Johnson gives notice that he will move to bring in a by-law with the object of lessening the assessment for the next year.

Dr. Bergin gives notice that he will move to bring in a by-law allowing an appeal from the decision of the examiners to the Council.

The chairman calls for communications to be read, and the Registrar announces receipt of the following: From W. B. Nesbitt, referred to the Finance Committee; from W. D. Bergin, Niagara Falls, asking that the local police be instructed to enforce the Ontario Medical Act along the border. A resolution adopted by the Ontario Medical Association. A communication *re* elevator insurance, also one as to insurance on boilers, both referred to the Finance Committee. A communication from the Simcoe County Association, *re* fees; referred to Committee on Rules and Regulations. A communication from Arthur S. Teagart, asking to be exempt from the summer session; referred to Committee on Education. Communication from W. T. Bryson, W. J. Hunter, W. J. Brown, M.D., S. H. Fee, M.D., and H. H. Cook, Toronto, all referred to the Finance Committee.

Report from the Board of Examiners for the year 1892, referred to the Education Committee. A vote of thanks from the Ontario Medical Association for the use of certain rooms; referred to the Finance Committee. A petition from Hall & Kilmer asking for the registration as a qualified practitioner of Jacob Elinsky. A petition from Dr. Hague asking that Dr. Dewar be not

further prosecuted. A communication from The Grip Publishing Company asking to be allowed rooms in the attic of the building for which they propose to pay rent; referred to the Property Committee. A communication from Dr. F. M. Campbell; referred to Committee on Legislation. A communication from Dr. Chalot was at the suggestion of Dr. Bergin, referred to the Education Committee. The Registrar announced a number of appeals from the decision of the examiners, which were all referred to the Education Committee. A communication from R. D. Ewing asking to be allowed to come in under the four years' course of study; sent to the Education Committee. Petitions from J. W. White, and M. A. Shaw asking for the return of fees, were sent to the Finance Committee. A petition from various education institutions including Trinity Medical College, Western University, McGill College and Toronto University asking that the date of the next examinations be changed to April, '93. A communication containing the credentials of Dr. Vernon as a representative from the homeopathic branch in place of Dr. Oliphant, deceased.

Dr. Harris moves, seconded by Dr. Bray, that the Committee on Credentials be the same as last year. Carried.

The President—Are there any enquiries to be made, or any miscellaneous business?

Dr. Rosebrugh—Did you receive a communication from the solicitor about the code of ethics?

The Registrar—Yes. I did not present it, because I looked upon it as belonging to your committee. There is a communication from the solicitor; there was a committee appointed to deal with this matter last session, and they were to get this information. I thought it would come up in their report.

Dr. Rosebrugh.—The Council ordered the information from the solicitor; it was sent in, and is now the property of the Council. If you refer it to the Registration Committee they will deal with it.

The President—Very well then, we will do that.

Dr. Bray—I think that the Committee on Credentials should meet now. He explains that Dr. Vernon's position in the Council is not legally established until that committee has made its report, and the Committee on Credentials retire for a moment and examine Dr. Vernon's papers. Returning, Dr. Bray reports on behalf of the committee that Dr. Vernon, of Hamilton, has been duly elected to fill the place vacant by the lamented death of Dr. Oliphant. He moves the adoption of the report, which is seconded by Dr. Moore, and carried.

Dr. Campbell moves that the Council detective, Mr. Webb, now present his report. This is agreed to, and Mr. Webb reads his report. At its con-

clusion he expresses his willingness to give any further information not contained in the report.

Dr. Bray—I take exception to one remark in the report reflecting upon Mr. Bartlett's son in Windsor; I think it is unwise; if the Police Magistrate has any leanings against the Council it will be well not to further antagonize him.

Dr. Bray—I look upon the whole report of Mr. Webb's as not at all flattering to the Council, and if it is published as read it will certainly injure us.

The President—This report is not endorsed by the Council; we are not responsible for it; it is merely presented here.

On motion of Dr. Bray, the Council adjourns at 4.40 p.m., until 10 a.m., to-morrow morning (Wednesday, 15th June, 1892.)

(To be continued.)

Selected Articles.

IRREGULAR MANIFESTATIONS OF MALARIA.

From early times, clinical observers have been familiar with the fact that the malarial intoxication is manifested not only in the form of paroxysms of chills and fever, but also under that of various disturbances of the circulation, respiration, and digestion, possibly of nervous origin, and in motor and sensory disturbances of undoubtedly nervous character. An accurate knowledge of the subject, however, has by no means been widely diffused among the ranks of the profession, and prior to the discovery by Laveran and other observers of the characteristic hematozoa of malaria, the diagnosis of these cases has invariably been involved in more or less doubt and no little dispute. That "malaria is a cloak for ignorance" has long been a reproach made by the laity against physicians, and the statement undoubtedly contains an element of truth.

From many standpoints the lecture delivered by Professor Da Costa at the Pennsylvania Hospital, and reported in the *International Clinics* for October, 1891, is an important contribution to the subject of malarial paralysis. The diagnosis of the case there recorded was rendered absolutely indisputable, not only by reason of careful observation of the symptoms, and by the therapeutic test, but also by the discovery of characteristic parasites in the blood. Professor Da Costa lays great stress upon two facts of importance in diagnosis, namely, that there may be an intermittent paralysis which is not malarial, and secondly, that the manifestations of malarial paralysis are, in the majority of cases, far from being periodic. He distinguishes three forms: First, general paralysis or paraplegia, with irregular

symptoms; secondly, the form in which periodicity is striking, which is more commonly hemiplegia; thirdly, the rarest form, that in which organic disease is produced by the malarial intoxication, and in which periodicity and variability are not prominent, the case running much the course of ordinary paralysis when produced by its usual causes. The last-mentioned form, commonly due to a lesion such as meningitis or hemorrhage, shows itself most often in the shape of a hemiplegia. It is not, strictly speaking, a malarial palsy, although malarial fever has brought it about. It is rather palsy in malarial disease.

In the treatment of malarial palsies quinine must be given in large doses, for "the malady will go on unchecked by small doses—nay, it may develop while these, or even while what are generally considered as sufficient doses, are being employed."

In addition to the palsy of the extremities in the case reported by Da Costa, interesting ocular lesions were found, the details of which have been published in full, with charts, by Dr. Harlan, in the *Transactions of the American Ophthalmological Society*, vol. V, 1890. Headaches, impairment of memory, outbreaks of hallucinations and of maniacal delirium, characterized the progress of the disease. Notwithstanding all this, however, recovery was complete. "Eye symptoms, brain symptoms, all disorder seemed to melt away under the potency" of quinine, coincidentally with the disappearance of the micro-organisms from the blood.

Less striking but more common than cases of the nature of that described by Professor Da Costa, are malarial neuralgias, especially supra-orbital and infra-orbital. In these cases the manifestations are sometimes, but not invariably, periodic; and the pain, obstinately resistant to ordinary anodyne and nervine medication, rapidly disappears under the influence of quinine; but, as in the cases of palsy, the drug must be given in large doses: ten grains on going to bed, and from ten to fifteen grains upon rising in the morning, repeated for two or three days, have absolutely and permanently cured cases that have resisted not only ordinary treatment, but even long courses of what the elder Gross used to call "piddling doses" of quinine.—*Ed. in Med. News.*

For chronic rheumatism Whitla (*Med. News*) suggests:—

R.—Sodii iodidi . . . ʒ ij.
 Sodii bicarbonatis . . ʒ iv.
 Potassii bicarbonatis . ʒ j.
 Liquor. potassii arsenitis f ʒ iss.
 Decoct. sarsaparillæ comp. ad f ʒ xx. M.

Sig.—A tablespoonful in a considerable amount of water, three times a day, after meals.

TREATMENT OF WEAK LABOR PAINS.

Weakness of labor pains before rupture of the membranes is hardly dangerous for mother or child, while weakness of pains after the membranes have ruptured may gradually lead to serious damage, as asphyxia and death of the child, grave symptoms of pressure in the mother and dangerous atonic hæmorrhage during the placental period. Prof. Max Runge, Göttingen (*Therap. Monatshefte*, IV., I, 1890) distinguished (1) *Primary* weakness of the pains, *i.e.*, the pains are weak and inefficient from the beginning of labor, which is seen especially in individuals of weak constitution, and in great distention of the uterus by hydramnios or the presence of several fetuses; and (2) *secondary* weakness of the pains, in which there is good and energetic contraction at the beginning, but which, from too great resistance, as from a large head, a narrow pelvis or rigid soft parts, finally become weaker and even cease.

The treatment of *primary* weakness consists in strengthening the patient by proper nourishment during the course of labor, or where it is possible, even during pregnancy, the administration of wine, coffee, etc. The bladder and rectum should be emptied, and the supply of good air and the proper temperature of the lying-in-room should be regulated. In weakness of the uterine musculature and slow dilatation of the os uteri, warm vaginal injections of carbolized water (1 to 15 per cent.), repeated every one to two hours, are useful; if these fail, full baths and finally large doses of narcotics are indicated. In abnormal distention of the uterus it is advisable to puncture the membranes as soon as the os uteri is half dilated, in order to avoid a prolapse of the umbilical cord at a time when version and extraction would be impossible.

The treatment of the *secondary* weakness must be more energetic; firstly come stimulants, as wine, champagne; in great sensibility, opiates or a few inhalations of chloroform are to be advised. In case the pains become spasmodic, large doses of narcotics, as chloroform-narcosis, chloral hydrate, 30 grains by the mouth or $1\frac{1}{4}$ drachms per rectum, morphine subcutaneously, ($\frac{1}{4}$ to $\frac{1}{3}$ grain), are indicated, in order to give the patient rest. Warm baths of forty-five minutes' duration are often very efficacious.

Puncture of the membranes when the os is incompletely dilated, or the trunk of the child has not descended into the pelvis, is not without danger, as the umbilical cord may prolapse; hence puncture should be avoided as much as possible.

He would reserve the introduction of a bougie into the uterus for especially difficult cases. Frictions of the uterus with the hand are only

applicable just before the passage of the head over the perineum, or during the placental period.

Runge rejects, as does Schroder, the use of ergot during the first and second stages of labor, thus being opposed to Säxinger and Schatz; but on the contrary, he emphasizes the value of ergot and especially of cornutin (Kobert's) for the placental period. He leaves undecided the question whether strychnine is an oxytocic or not.—*Annals of Gynecology and Pediatrics*.

SIR JAMES CRICHTON-BROWN ON SEX IN EDUCATION.

The address which Sir James Crichton-Brown delivered to the members of the Medical Society of London on the occasion of celebrating the hundred and eighteenth anniversary of the Society on the 2nd inst., was one of great interest and extreme importance, for it dealt with a question which must have a commanding influence on the destinies of the human race, *viz.*, the extent to which difference in sex should call for difference in education.

Sir James is of opinion that the best way of estimating the difference between the intellects of men and women is to consider and to determine the difference between their bodies. These differences are, he maintains, real and deeply founded in structure, and he selected three points for special elucidation—the actual weight of the brain in the two sexes, the specific gravity of the two chief structures, the gray matter and the white of which it is composed, and the manner in which blood is distributed to its different parts. He showed that the female brain is lighter than that of the male, not only absolutely, but relatively to the respective statures and weights of the two sexes; that the specific gravity of parts of the female brain is less than that of corresponding parts of the male brain; and that the blood supply, which in the male is directed more towards the portions which are concerned in volition, cognition, and ideo-motor processes, is in the female more directed towards portions which are mainly concerned in the discharge of sensory functions. These facts lead to the conclusion that the brain of man is an organ broadly distinguished from that of woman, and that each is fitted for its own particular work. By forcing the education of girls in directions formerly reserved more exclusively for males, he admits they have had opened up to them interests and attainments formerly denied them, but he asserts that the benefits and apparent advantages have been attained by serious drawbacks, and that the new spheres of work open to women are apt to involve grave dangers to health, both immediate and pro-

spective, which have not yet been sufficiently appreciated.

In support of his assertion Sir James brings forward facts which lead to the conclusion that the brains of many school girls are worked in a manner which is good neither for the healthy development of the mental or physical powers. At one girl's school where he had been permitted to make inquiries, he found that out of 187 girls belonging to the upper and middle classes, well-fed and clad and cared for, and ranging from 10 to 17 years of age, as many as 137 complained of headaches, which in 65 instances occurred occasionally, in 48 frequently, and in 24 habitually. He cited the authority of Sir Richard Owen for the position that children have no business with headaches, and that something must be wrong in the school in which they frequently suffer from them. If, as he believes, girls are frequently engaged until past ten o'clock at night in preparing their school tasks, it is easy to understand that a state of brain strain is induced which is fatal to normal sleep, and is destructive of breakfast appetite. When a girl is unable to eat a hearty breakfast Sir James considers that she ought not to be allowed to undertake her school work for that day, and we think most medical men will agree with him. Loss of appetite for one's breakfast is often the first indication of health giving away, and to force girls to hard brain work when the digestive organs have struck must end in disaster.

Referring to the recent action of the St. Andrew's University in throwing open the classes in arts, science and theology to women, Sir James said he regarded it as a retrograde and mischievous step, for "what was decided amongst the prehistoric protozoa cannot be annulled by Act of Parliament; and the essential difference between male and female cannot be obliterated at a sweep of the pen by any *Senatus Academicus*." The tall, graceful and lovely English girls whom we meet now and again are, he remarked, the offspring of mothers who were denied the advantages of a "High School" education. It is depressing to think what the next generation of English girls will be like. "I once" he said, "saw a vision that has haunted me ever since. It was a score of sweet girl graduates from a celebrated college standing together in a group on the platform of a provincial railway station, waiting for trains to carry them home at the end of the term. Sweet, they were, I doubt not; most of them carried musical instruments, but they were not, upon the whole—well, not just—'fairest of the fair' to look upon. I am afraid I shall be called ribald and profane, but I should describe them as pantaloon-like girls, for many of them had a stooping gait and withered appearance, shrunk shanks, and spectacles on nose, Let us conserve

the beauty of our English girls very jealously. I would rather they remained ignorant of logarithms than that they lost a jot of it."

This is a melancholy outlook we admit, but we would fain hope that withered, shrunken-shanked girls will always be a poor miserable minority and be rarely met with except among town dwellers. Those who are responsible for the education of girls will, no doubt, in most cases also provide for the needs of physical development, but even if in the higher circles of society that is neglected, we may be sure that a sufficient number of healthy well-developed women will be found in the lower walks of life, especially in rural districts, to ensure the propagation of the species under as favorable conditions as have ever obtained in the history of the human race.

CREOSOTE IN PHTHISIS.—In a new communication on this subject the writer reaffirms the convictions expressed by him in previous papers as to the great value of this remedy. He finds that it relieves cough, lessens expectoration, improves nutrition and lessens the number of bacilli even to extinction. The physical signs show evidences of a lessened area of damaged pulmonary tissue, and even the occlusion of small cavities.

What are the drawbacks? what the contra-indications in the use of creosote? Does it ever work harmful results? The objections to the use of creosote are few; and if any occur, they are usually obviated by a little judgment and good sense. Occasionally the stomach becomes intolerant. This is shown either by headache, inappetance, and a sluggish feeling in the performance of usual duties; or there is slight pain or uneasiness in the region of the stomach, evidently brought on by the action of creosote. These ill-effects are frequently occasioned by a too rapid increase of the dose, by a faulty method of administration, or by some evident personal idiosyncrasy; or, indeed, the true explanation is simply that there is an irritative or weak stomachal condition connected with the presence of tubercular deposit in the lungs, and dependent on catarrhal gastritis, or a possible atrophy of the gastric tubules. The remedy of this state is not far to seek. Diminish the dose of the remedy for a time, or in extreme cases interrupt its use for a while, and resume prescribing it in small and slowly increasing doses, and more frequently repeated, only after a period of complete rest from taking it. If diarrhœa be occasioned by its use, the same rules apply, or, indeed an appropriate opiate may be added in small amount to each dose with good effect, so far as toleration is concerned.

In regard to the alleged effect of creosote on the kidneys, Robinson expresses himself as follows: Usually the ordinary tests for creosote do not

show its presence in the urine. It has been found there, however, and it is therefore conceivable that it may irritate the kidneys at times in a pronounced manner. I do not believe, after careful watching, that this will often take place, unless large and frequent doses of the drug be given. It is true that under these circumstances I have recognized a passing albuminuria, which disappeared when the amount of creosote taken by the patient was diminished. I think it is wisdom, in view of such facts, to be on one's guard and to examine the urine carefully every few days, at least, when the patient is taking large amounts of creosote.

Is it a contra-indication to the use of creosote when renal diseases already exist? In reply, I would say that under these circumstances I have given creosote and have observed no evil effects from its use, although it is true I have not been willing to increase the dose beyond six or eight minims in the twenty-four hours. In so doing I believe I have acted prudently and wisely.

In regard to hæmoptysis, is there any reason to believe that the use of creosote occasions hæmoptysis, or makes patients more liable to it? According to Dujardin-Beaumetz, creosote in appreciable doses, while it is eliminated from the body by way of the respiratory organs, congests the bronchial mucous membrane, and thus promotes the occurrence of pulmonary hæmorrhage. According to him, the drug is strongly contra-indicated whenever hæmorrhage actually occurs. Nothing in my experience thus far tends to corroborate this view. It seems to me prudent, however, to recognize the possibility of what Beaumetz affirms, and for this reason to interrupt the use of creosote during the time there is hæmoptysis, or an evidently imminent tendency to it.—B. Robinson, in *N. Y. Med. Record*.

WORDS OF WISDOM TO MEDICAL GRADUATES.—In his able address to the graduates of the Buffalo University Dr. Geo. M. Gould, editor of the *Medical News*, offers many valuable suggestions, which are worthy of being read in full.

To be explicit and detailed, let me counsel a few "dонт's."

1. Don't be in a hurry for success.
2. Don't consult or fraternize with quacks of any kind or degree.
3. Don't be afraid of speaking out your denunciation of quackery, regardless of the loss of a few possible patients and the charge of jealousy.
4. Don't support medical journals run in the interests of the advertisers, journals that are muzzled, that are conciliatory to, or non-denunciatory of quackery.
5. Don't sign a single certificate as long as you live, as regards special, proprietary, or secret preparations.

6. Don't write a medical article in which such preparations are praised or even mentioned.

7. Don't accept commissions of presents from druggists, manufacturers, opticians, or surgical-instrument dealers.

8. Don't let any professional allusion to yourself, your opinions, or your work get into the lay newspapers. Don't be a sneak advertiser, a "newspaper doctor."

9. In your own righteous wrath against quacks outside of the profession, don't forget that there are many within the profession, and that they are the most despicable—true wolves in sheep's clothing. I would rather be the "Wizard King of Pain," and buy affidavits of impossible cures at twenty dollars each, than a respectable hypocrite indirectly or secretly hob-nobbing with newspaper reporters and supplying them with "data."

As physicians charged with the health of the present and future, our duty must become clear: the entire witch's Sabbath of 'pathies and 'isms, the morbid cranks, drunk with ignorance and conceit; the sly cunning of advertising schemers, the tricks and frauds of medical parasites to suck the blood of their dupes, the patent medicine disgrace—all these things must be choked out of existence. It is a warfare, not a compromise, we are entering upon. It is not a theory, it is a condition that confronts us.—*Medical News*

SEX AND MUSIC.—Sir J. Creighton-Browne's oration before the Medical Society has been read with interest far beyond the circle to which it was immediately addressed, having penetrated to quarters usually impervious to physiological enlightenment and hygienic remonstrance. No need, therefore, to apologise for returning to it, charged as it is with an educational value which re-discussion will be found to strengthen, certainly not to impair. Even before the difference between the sexes in cerebral structure and function, were so scientifically demonstrable as now, there were practical tests in the sphere of education itself which pointed irresistibly to the conclusion arrived at by the medical orator. Take, for instance, the art of music. There is no room here for the contention that, as compared with the boy, the girl has not had fair play—that opportunities for cultivating the art have in her case been few, in his case many. The reverse is the truth. If there is a branch of education in which girls have been schooled to the neglect of every other, it is precisely that of music. It is among the primary subjects to which she is put, and among the very last she is allowed to leave off. Not one hour a day but many hours out of the twenty-four are consumed by her at the piano, to say nothing of other instruments, while singing lessons are usually given in supplement to these. It might have been thought that if

practice gives perfection woman would have excelled her male counterpart not only as an executant but as a composer. But what are the facts? In instrumental performance she cannot for a moment compare with him, while as to composition she is nowhere. The repertory of music from the dawn of the art to the present day owes simply nothing to her. Considering the time she has spent over it, her failure to evolve evolve new harmonies or even new melodies is one of the most extraordinary enigmas in the history of the fine arts. It has been remarked, but never explained, by such accomplished æsthetic writers as Lady Eastlake in her celebrated essay on "Music," and by such keen psychological analysts as Mr. G. H. Lewes in his "Life of Goethe"; it is indeed, a problem still awaiting solution, unless we can solve it by an appeal to such facts as Sir J. Crichton-Browne adduced in his recent oration—the inferiority of woman to man in the cerebral substratum of ideomotor energy. Why with such a record of "no results"—so far, at least, as the production of a female Handel or Beethoven or even a female Gluck or Bellini is concerned—music should usurp such a preponderant place in girls' education it is difficult to divine. We have seen the practice defended on the same grounds on which in our classical schools the writing of Greek and Latin verse is vindicated; a finer appreciation is thus attained, in the girls' case, of musical excellence, in the boys' of the Hellenic and Latin masterpieces. "Tis better to have tried and failed than never to have tried at all," while failure gives a truer sense of what perfection consists in. Such is the argument—for what it is worth. But even on this analogy the boy sometimes succeeds where the girl invariably fails. In George Buchanan John Milton, Arthur Johnston, Joseph Addison, Vincent Bourne, Thomas Gray, to say nothing of the late Marquess Wellesley and Benjamin Hall Kennedy, we have classical poets hardly inferior to any but the best of antiquity; but where, in ancient times or in modern, can woman, with all her practice, be found to have created one *chef-d'œuvre* in music? The inference implied by the negative answer to such a question seems simply this: that in the higher efforts of mind—even in those where the admixture of an emotional element, as in music, might be supposed to give her the advantage, woman is inferior to her male counterpart, and cannot by any educational forcing system be made to equal him—deficient as she is in the physiological conditions of ideoplastic power.—*Lancet*.

SALICYLATE OF LITHIUM IN RHEUMATISM.—M. Vulpian has read, before the Academie de Medecine, a summary of the results of his experiments on salicylate of lithium in articular rheumatism.

He states that his experiments indicate that lithium salts are not so poisonous as they are supposed to be. Salicylate of lithium is not more dangerous than salicylate of sodium, and can be administered in almost equally strong doses. In acute articular rheumatism salicylate of lithium relieves the pain which often remains in the joint after the swelling has disappeared, whereas colchium and salicylate of sodium have no effect. M. Vulpian believes that salicylate of lithium is especially beneficial in fibrous rheumatism. In progressive subacute rheumatism M. Vulpian has seen salicylate of lithium produce great improvement. Salicylate of sodium has been successful in such cases, and produced amelioration of the patient's condition; but both greater and more lasting benefit is obtained by salicylate of lithium. In chronic articular rheumatism M. Vulpian has found salicylate of sodium useless, whereas salicylate of lithium has had a marked effect on the joints, which become less swollen than before the treatment. This drug sometimes induces headache and deafness, but is never followed by the distressing noises which characterize treatment by salicylate of sodium. The headache and deafness disappear quickly.—*London Med. Record*.

FEL BOVIS INSPISSATUM AS A THERAPEUTIC AGENT.—In a paper read before the Section on General Medicine, of the New York Academy of Medicine, Dr. W. H. Porter states that ox bile is of great service in typhoid fever, nephritis, faulty digestion, etc. He also calls attention to its great power and activity in softening and removing fecal matter from the colon, in connection with chronic constipation or where impaction has occurred. The fel bovis alone, or perhaps better in combination, as in the following formula, will soften and remove quite effectually impacted feces and stimulate the lower bowel to action when all other means have failed. It is also a very powerful agent for bringing away the gas and relieving troublesome tympanites.

R Fel. bor. inspiss., ʒj.
Glycerini, ʒiv.
Ol. ricini, ʒij.
Aqua. q. s. ad. ʒviiij.

M. Sig. This added to pint, or better still, a quart of warm soapsuds; the larger amount can be retained when slowly injected into the lower bowel.

After several copious injections have been administered and retained for a time and come away without producing the desired effect, we are justified in assuming that the colon is free. This has been verified with sufficient frequency in the dead-house to warrant the statement that it will invariably soften and remove fecal matter from the colon, of course, excepting a tight stricture

colon or an occlusion of the lumen of the gut, which cannot be passed by the enema.—*Dietetic Gazette.*

At the annual banquet of the Marion-Sims College of Medicine, held at the Lindell Hotel, April 26th, 1892, in response to a summons for a speech, Dr. T. B. Taylor, Secretary of the Faculty, got off the following parody.

THE OLD OAKEN BUCKET.

With what anguish of mind I remember my childhood,
 Recalled in the light of knowledge since gained;
 The malarious farm, the wet, fungus-grown wildwood,
 The chills then contracted that since have remained;
 The scum-covered duck-pond, the pig-stye close by it,
 The ditch where the sour-smelling house-drainage fell,
 The damp, shaded dwelling, the foul barn-yard nigh it,
 But worse than all else was that terrible well
 And the old oaken bucket, the mold-crust-ed bucket,
 The moss-covered bucket that hung in the well.

Just think of it—moss on the vessel that lifted
 The water I drank in the days called to mind;
 Ere I knew what professors and scientists gifted,
 In the waters of wells by analysis find;
 The rotting wood-fibre, the oxide of iron,
 The algae, the frog of unusual size,
 The water impure as the verses of Byron,
 Are things I remember with tears in my eyes.

And to tell the sad truth—though I shudder to tell t—
 I considered that water uncommonly clear,
 And often at noon, when I went there to drink it,
 I enjoyed it us much as I now enjoy beer;
 How ardent I seized it with hands that were grimy,
 And quick to the mud-covered bottom it fell,
 Then, reeking with nitrates and nitrites, and slimy
 With matter organic, it rose from the well.

Oh, had I but known them in time to avoid them,
 The dangers that lurked in that pestilent draught—
 I'd have tested for organic germs, and destroyed them
 With potassic permanganate ere I had quaffed;
 Or, perchance, I'd have boiled it and afterward strained it
 Through filters of charcoal and gravel combined;
 Or, after distilling, condensed and regained it
 In po'able form, with its filth left behind.

For little I knew of the dread typhoid fever
 Which lurked in the water I ventured to drink;
 But since I've become a devoted believer
 In the teachings of science I shudder to think.
 And now, far removed from the scenes I'm describing,
 The story for warning to others I tell,
 As memory reverts to my youthful imbibing
 And I gag at the thought of that horrible well,
 And the old oaken bucket, the fungus-grown bucket,
 In fact, the slop-bucket, that hung in the well.

—*Medical Mirror.*

FOR RHEUMATISM.—Dr. Conger, *N. E. Med. Monthly*, says he has tested the following in rheumatism, and knows whereof he speaks:

- R—Pot. iodid. ʒ iiss.
 - Tinct. cimicifugæ ʒ iss.
 - Vin. colchici. sem. ʒ j.
 - Ext. hyoscyami. fl. ʒ ss.
 - Syr. simpl. ʒ v.
- M. Sig.—ʒ i. well diluted every four hours.

UNITED STATES CIRCUIT COURT,

EASTERN DISTRICT OF LOUISIANA.

BATTLE & CO., CHEMISTS' }
 CORPORATION, } No. 11,995, IN
 vs. } EQUITY.
 FINLAY & BRUNSWIG. }

This cause came on to be heard at this term, and was argued by counsel; and thereupon, upon consideration thereof, it was ordered, adjudged and decreed, as follows, viz:

"That complainant has an established property right in the word 'BROMIDIA,' as a trade-mark applied to a certain liquid medical preparation mentioned in the bill of complaint herein, and that defendants have infringed the rights of complainant in the said trade-mark."

That the injunction issued *pendente lite* be maintained, and the defendants, George R. Finlay and Lucian N. Brunswig, co-partners, doing business under the firm name of Finlay & Brunswig, and each of them, their clerks, servants and employes, be restrained and prohibited from printing, affixing or using the word "BROMIDIA," or any imitation thereof on the label of any medicinal or chemical preparation, or applying the name or title "BROMIDIA" to any medicinal or chemical preparation, and from offering for sale or giving away any bottles or packages marked with said word "BROMIDIA," or any imitation thereof, other than the preparation manufactured and labeled by the complainant: and it is ordered that the parties be referred to J. W. Gurley, Master, to take an account of the profits made by the defendants in manufacturing and selling, and in selling any medicinal or chemical preparation under the name, mark or title of "BROMIDIA," or upon which the name, mark or title of "BROMIDIA" was printed or written, or to which it was applied by them, since the first day of January, 1886; and for the better taking of the same discovery of the matters aforesaid, the said George R. Finlay and Lucian N. Brunswig are ordered to render an account of the number of packages aforesaid sold by them, and of the prices at which sold and prime cost thereof; and to produce before and leave with said Master, all deeds, books, papers and writings in their custody or power relating thereto, and are to be examined as said Master shall direct: and that they be ordered and decreed to pay to complainant the profits of all such sales made by them, and all costs of this suit.

[Signed] EDWARD C. BILLINGS,
 April 23, '92. Judge.

Clerk's Office—A true copy.

E. R. HUNT, Clerk.

[Seal] April 23, '92, By J. CARTER, Dep. Clk.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical
Science, Criticism and News.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.*

☞ *Advertisements inserted on the most liberal terms. All Letters and Remittances to be addressed to DR. C. SHEARD, 320 Jarvis St., Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHER 23 Rue Richer, Paris.

TORONTO, *July* JUNE, 1892.

The LANCET has the Largest Circulation of any
Medical Journal in Canada.

DIET IN DIABETES.

Leaving the etiology and pathology of this obscure and baffling disease unmentioned, as beyond the scope of this article, it may be stated in general terms that any case in which properly controlled diet fails to cause distinct improvement in the two main symptoms, the glycosuria and its consequent thirst, is not likely to be much benefited by drugs. Fagge argues in his usual keen and satisfying way that the real disorder in diabetes mellitus is mainly "an excessive flow of sugar from the liver into the blood," and not as others have asserted, either the entrance of ingested sugar into the blood, without previous conversion into glycogen in the liver, or a diminished metabolism of sugar in the tissues in the normal way, finding its end in the development of heat and force. This being regarded as settled, it follows that diet is the main consideration in treatment. From this point of view Dujardin-Beaumez, classifies diabetics, as 1, mild cases; 2, cases of medium intensity; 3, grave cases.

Mild cases are those in which the adoption of a diet in which carbohydrates are very much limited, is followed by the disappearance of sugar from the urine, but in which dietary indiscretion causes its re-appearance. Moderate cases are those in which ordinary restriction confines the excretion of sugar to from 10 to 20 grammes, (2½-5 drs.) per day. Grave cases are usually those of young patients, in whom thirst, emaciation, and muscular weakness are very marked, and the hepatic func-

tion so disordered that sugar appears in the urine, even when nothing but albuminous diet is ingested, proving that sugar is formed even out of nitrogenous matter, their own muscles being transformed into sugar and urea.

Prognosis in most cases depends more upon two points than upon all else besides: the age of the patient, and the improvement under restricted diet. The variations in the diet lists prescribed by different authorities, though at first sight serious, are really trivial, the two important variations being upon the use of milk and of fruits. All remarks upon diet lists must be prefaced by the generalization that each case of diabetes must be dieted in such way as gives the best results, a point which can be ascertained only by repeated examinations of the urine. It is not usually hard to enlist the patient's interest and induce him to submit frequent specimens for examination. Milk is, doubtless, in spite of the presence of lactose, an invaluable article of diet in many cases, if not in the majority; certainly in those not infrequent ones in which the kidney also is more or less at fault, and cannot bear an undue strain upon its urea-excreting function, such as is put upon it by an exclusively nitrogenous diet. Buttermilk has an advantage, in that its sugar has been converted into lactic acid, and a drawback in that its fats—the most valuable part—have been largely abstracted, unless it be left full of floating particles of butter not fully "gathered." For the same reason sweet milk is improved for the diabetic by the addition of cream; indeed, pure cream is better still. Koumys, since its sugar is converted into alcohol, is an excellent article of food, and drink, as well. As regards fruit, sweet and starchy articles, and all preserved and candied fruits, are to be *taboo*. Many authorities allow acidulous fruits, such as gooseberries, currants, cherries, and, some add plums and strawberries, and even apples, if sour, used fresh, and, of course, not sweetened with sugar, since the chemists have shown their sugar is mostly levulose, and not so apt to be turned into glycogen and grape sugar.

For potatoes a satisfactory substitute may be found in artichokes, and any green non-starchy vegetable, such as spinach, beet-tops, cress, asparagus (green part), chicory, sorrel, cucumber, water-cress, mushrooms, truffles, and any vegetable salad, may be safely used. The only article contra indi-

cated in the way of fish, meat, or game, is liver and oysters, mussels and clams, in which the liver is so large. The great difficulty lies in securing abstention from bread. Thoroughly parched (not burnt) in the oven, it may be safely used. Almond flour is usually too bitter, and gluten flour too starchy, to be of service. Good authorities choose a limited amount of ordinary bread, 1-2 oz. per diem, as being the lesser of two evils, if the urinalysis permits of it. The gluten flour usually sold will, in nearly every case, prove disappointing, unless the name of some maker be known to the prescriber as reliable. It is a very easy matter to test it with the microscope, and by the addition of iodine solution to a watery mixture of the suspected article, starch if present giving blue.

ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.

The first annual meeting of the Association of Medical Officers of the Militia of Canada, was held in the Canadian Military Institute, June 2nd, President Dr. F. W. Strange in the chair. Among those present were Drs. C. S. Ryerson, Secretary; A. A. Dame, W. T. Stuart, Baldwin, Moore, Elliot, Orton, Preston, Osborne, Rennie, Lesslie, Rice, McWilliam, Saunders, McCrimmon, Grasett, Warren, Raikes, King and Clark. After the constitution and by-laws, which were submitted by the Secretary, had been adopted, the President, Dr. F. W. Strange, delivered his address to the Association. For the past 26 years, during which the militia of Canada as at present organized, has existed, the medical officer of a battalion, he said, has been but a regimental unit, and one of the objects of the formation of this Association was to draw these regimental units out of their retirement, and by binding them together to give them their proper position in the military history of the country, and impart an interest and increased efficiency in the work in which they were engaged. The status and rank of the regimental medical officer, he said, also needed some consideration. The medical officer should be an officer in the ranks, the same as any other officer, and length of service should be considered in his promotion as is done with the militia officers. "Let us have surgeon-captains, surgeon-majors, etc.,

and the officers promoted according to length of service and qualification, and the injustice of chance will no longer assist the officer in obtaining his proper position in the militia." The most important object in the formation of the Association, he said, was the purely professional aspect. The reading and discussion of papers on topics relating to military medicine, surgery and hygiene has received no attention in Canada, and the contribution of papers on military matters will always be one of the main features of this Association. Dr. Warren then read a paper on "Ambulance Work during the Franco-Prussian war," and Dr. Daniel Clark, once Inspector of Surgeons in the United States army, contributed a very interesting paper on "Some Brain Wounds, with Results."

A smoking concert was given in the evening at the residence of Dr. Ryerson, to which the military officers of the city were invited to meet the surgeons of the different corps, comprising the Military Medical Association, of which Dr. Ryerson is the Secretary. There was a large attendance.

The following morning the Secretary read for Dr. Wm. Canniff a very interesting paper on "Some Experiences of a Surgeon during the American War." Dr. Canniff was assistant surgeon in the Royal Artillery. The election of officers resulted as follows: Hon. Pres., Surgeon-General Bergin; President, Surgeon F. W. Strange, Vice-Presidents, Ontario, Surgeon V. H. Moore; 41st Brockville Rifles; Quebec, Surgeon Roddick. 1st P. W. O. Rifles, Montreal; New Brunswick, Surgeon-Major Connell, 67th Batt.; Nova Scotia, Surgeon D. A. MacGillivray, 94th Highlanders; P. E. I. Surgeon Jenkins, Garrison Artillery, P. E. I.; Manitoba, Surgeon G. T. Orton, 90th Winnipeg Rifles; B. C., Surgeon Duncan, R. C. A., Victoria; Treasurer, Surgeon Tracy, 49th Hastings Rifles; Secretary, Surgeon G. Sterling Ryerson, R. G., Toronto. It is likely that the Association will hold a special general meeting at Ottawa in September, during the meeting of the Dominion Medical Association in that city.

OWING to the pressure on our columns this month, on account of giving a full report of the meetings of the Ontario Medical Association and the Ontario Medical Council, we have had to increase the size of the LANCET to eight extra pages.

GOLDEN RULES OF SURGICAL PRACTICE.—*Continued*—(*Times and Reg.*):

ERYSIPELAS.—Support and stimulate in erysipelas; never deplete or depress.

Do not dress operation or fresh wounds, or attend midwifery, if you are dressing a case of erysipelas; or, in fact, any infectious disease.

EYE.—Never prescribe for an inflamed eye without doing three things, viz.:

1. Without examining for a foreign body imbedded in the cornea, or lodged beneath the lids.
2. Without seeing if cornea or iris is implicated.
3. Without determining the presence or absence of tension of globe.

Never use violence in opening the eye, if there be much swelling or spasm, because if there be a deep ulcer of the cornea present, perforation may take place.

Never apply lead lotion (Goulard water) should there be the slightest abrasion of the corneal epithelium. [Solid particles of oxide or carbonate of lead become deposited and form permanent opacities.]

Never trust the nurse with verbal instructions for washing out the baby's eyes in infantile ophthalmia. Do it yourself.

Never forget that wounds of the ciliary region are most dangerous, and if they involve the lens, or if they are attended with loss of vitreous, they need excision of the eye.

Never put atropine into an eye:

1. Without testing tension.
2. Without examining for locomotor ataxia (for ataxial cases walk by sight).
3. Without due care as to strength in old people.

[N. B.—Beware of atropine, ergot, colchicum in old people.

FRACTURE.—Remember that crepitus may not be obtained in:

1. Riding of fragments.
2. Impaction of fragments.
3. Entire separation of fragments.
4. Muscle or blood clot interposed between fragments.

Remember that there is a pseudo crepitus, very like true crepitus, in teno-synovitis, joint effusion, and caries of a joint surface.

Do not forget effusion in or around the dislocated head of a bone sometimes leads to a creaking or crepitus closely resembling that produced by a fracture.

THE VIRULENCE OF PNEUMONIC SPUTUM.—Bordoni-Uffreduzzi (*Centralblatt f. Bak. u. Parasitenk.*,—*Br. Med. Jour.*), has sought to determine the length of time during which pneumonic sputum, when dried by exposure to the air, retains its pathogenic activity. His procedure was as follows: The sputum was collected and dried in a room at the ordinary temperature, some of the sputum being exposed to diffused daylight for a number of days, the rest to direct sunshine for twelve hours. At intervals a little of the sputum was mixed with water and injected subcutaneously into a rabbit. Experiments made with the sputum treated as first described showed that the virulence continued for at least nineteen days, every inoculated rabbit dying within a few days. Indeed, some additional experiments prolonged the period of potency to fifty-five days. Sputum, on the other hand, that had been exposed to direct sunlight for even as long as twelve hours remained equally potent, a fatal result in each case following upon its injection. Clearly pneumonic sputum possesses considerable power of resisting both desiccation and sunlight. Bordoni Uffreduzzi concludes that not only is it important to destroy the sputa of pneumonic patients, but that the sick-room should be disinfected as after other infectious diseases.

TREATMENT OF RINGWORM.—Kerley (*N. Y. Med. Jour.*), advocates the following methods of treatment. Two grains of bichloride of mercury dissolved in a small quantity of alcohol are added to one ounce of equal parts of kerosene and olive oil. This should be thoroughly rubbed into the diseased areas, and the whole scalp thoroughly saturated once a day, until a smart inflammation is produced; the part should then be covered with a simple ointment until the inflammation has subsided, when the treatment may be resumed, but the applications may be made less frequent and in a less vigorous manner. A variation in the treatment, which he sometimes found useful, was to rub into the diseased areas on alternate days with the above a saturated solution of iodine in absolute alcohol. In all cases the scalp should be fre-

quently washed with soap and water. Slight inflammation of the scalp was induced in most of the cases, and in a considerable number a moderately severe squamous condition of the scalp followed on the cure. This was remedied by the application of a 3 per cent. solution of resorcin frequently. This treatment affects a cure in from six to nine weeks.

SAD LESSON AS TO MENTAL OVERSTRAIN.—The *Times and Register* refers to the sad fate of an eminent medical teacher of Philadelphia: "With deepest regret we learn that the doors of the insane asylum have closed upon him! What an ending for such a life! To the very last no evidence of mental alienation appeared in his lectures or his writings. The habit of a lifetime's assiduous labor carried him along in the well-worn grooves, although outside of them his malady was easily discernible. Hard work, no rest, no Sabbath, no vacation; by such means his powerful intellect carried him to the forefront of his profession; but at last outraged Nature reached her limit of endurance, and the break down was complete."

Not a few medical men of our acquaintance no longer bear so well the fatigue of a winter's campaign, as they did a year or two ago. The strain, more particularly in the case of city dwellers, has been rendered harder to bear by some undefined malarial "constitution," as our forefathers used to say. Malaise and a propensity to lassitude indicate to the minds of some observers, that many a hard-worked physician may be under the epidemic influence without being sick enough to give up to it. This kind of continuity of effort, or working under protest, has done no little injury. A nervous breaking-up, like that referred to in the above quotation, has not often resulted, but much causeless suffering of a physical nature has been experienced. It is high time now for many of our city fraternity to take a run into the country. They need to invent for themselves "a spring vacation." A longer and a serener future is involved in it, for many.

FOR ACUTE RHEUMATISM.—Most practitioners are satisfied to use the salicylates in all cases of acute rheumatism, but occasionally meet with subjects who are not much benefited by their exhibi-

tion. F. de Roy Satterlee, M.D., gives the following (*Ex*), which will be interesting and useful to our readers who wish for something else than routine salicylic treatment:

R.—Euonymin, gr. $\frac{1}{4}$
Podophyllin, gr. $\frac{1}{8}$
Aloin, gr. $\frac{1}{8}$

M. Ft. pil. nc. 1. Sig.—Give night and morning as necessary.

Give alkalies till saliva is alkaline. Following is useful combination:

R.—Lithii benzoatis, ʒ ss.
Sod. brom.,
Potas. carb., āā ʒ ij.
Potas. acet., ʒ jss.
Sodii phos., ʒ ss.
Syr. zingib.
Aq. menth. pip., āā ad ʒ vj.

M. Sig.—ʒ ij. to ʒ ss. in water, four to six hours after meals.

For antipyretics use antipyrin gr. x. and digitalis gr. j. combined. For analgesics use phenacetin or antipyrin, and if necessary a combination of morphine, bromide and chloral. Give alkaline mineral waters copiously. Give tonics, the following being excellent:

R.—Tr. ferri chlor., ʒ iv.
Tr. nuc. vom.
Ac. phos. dil., āā ʒ ij.
Syr. aurantii cort., ʒ j.
Elix. calisayæ, q. s. ʒ ij.

M. Sig.—ʒ j. in water t. i. d. before meals.

If heart weakens, use following:

R.—Spts. amm. aromat., ʒ iij.
Ammon. carb., ʒ j.
Tr. cardamom., ʒ j.
Tr. nuc. vom., ʒ iij.

M. Sig.—ʒ j. t. i. d.

For topical application use:

R.—Tr. aconit. rad.
Tr. arnica., āā ʒ ss.
Chloroform, ʒ j.
Lin. saponis., ʒ ij.

M. Sig.—Apply locally.

Exclude nitrogenous foods. Salicylates, baths, and massage are of doubtful value.

CHLORIDE OF SODIUM IN THE SICKNESS OF PREGNANCY.—Dr. Green (*Med. Press*), states that he has recently had two very severe cases of sickness during pregnancy. The first person had been

under several physicians, who had tried all kinds of remedies, but nothing stopped the sickness. When seen by the author she was in the seventh month of pregnancy, and very much reduced. Before resorting to the induction of premature labor, it was decided to try the effects of small doses of chloride of sodium—common salt. It was given in five-grain doses in one ounce of chloroform water. After the first dose the sickness was lessened, and by the time six doses had been taken it had entirely ceased. It was found necessary to continue the medicine three times a day up to the time of delivery. The patient had a good labor and made a good recovery. In another case a similar treatment was followed by the same result. The action of this drug seems to be accounted for by its strong antacid properties, for in the case of both patients the secretions were very acid, yet soda, potash, and ammonia gave no benefit. The author suggests that the salt be called by its chemical title when prescribed, as some patients might despise the remedy if given as common salt.

FOR INCONTINENCE OF URINE in children, due to exposure to cold, Prof. Hare recommended the following treatment :

Where the urine is high colored and concentrated, and the child has fever, give :

- R.—Tinct. aconit., . . . gtt. xij. to xxiv.
- Spirit. etheris nitrosi., f3 ij. to iv.
- Liq. potassii citratis., ad f5 vj.—M.

Sig.—A dessertspoonful every three hours.

After the urine has become more dilute, belladonna can be given with advantage, to allay the irritation and spasm of the bladder.

Or when the incontinence is due to paralysis of the bladder, give :

- R.—Extract nucis vomicæ, . . . gr. ij.
- Acid. arseniosi, gr. ʒ.
- M.—Fiant pill. xx.

Sig.—One pill three times a day.

THE removal of the coccyx in operations for the removal of a cancerous rectum, is gaining in favor with Surgeons (*Detroit Emerg. Hosp. Rep.*) The increased facility of action which it gives to the sound parts of the bowel above the seat of the disease, is the great point in its favor. A very neat and efficient operation can be made through a straight incision over the coccyx, terminating in an incision which encircles the anus. If carried

deep enough the incision permits the removal of the coccyx and the lower three or four inches of the bowel ; easily all that portion of it below the peritoneum. When this wound is healed the patient often has good control over the contents of the bowels.

TREATMENT OF ACUTE BRONCHITIS.—Simple cases usually recover (*Dr. Canfield, Therap. Gaz.*) under the use of a good expectorant mixture, such as :

- R.—Ammon. muriat. ʒss.
- Mist. glycyrrhiz, Co. ʒiv.

M.—Sig.—Dessertspoonful every three or four hours.

When the secretions are abundant, and not easily coughed up, a turpentine emulsion is excellent. For instance :

- R.—Ol. terebinth. ʒij to ʒiij.
- Muc. acaciæ. q. s.
- Aq. cinnamon. ʒi.
- Aquæ, q. s. ad. ʒvj.

M.—Sig.—Tablespoonful in water every four hours.

Sometimes the cough is of such an irritating character that expectorant measures avail little. Some narcotic must then be used. Codeine has not the disadvantages of morphine, and is efficient.

A good combination is :

- R.—Codeine sulphat. gr. viij.
- Syr. prun. virgin. ʒviij.

M.—Sig.—Tablespoonful in water three or four times per day, and at bed-time if necessary

GRATITUDE.—A physician in this vicinity (*Boston Med. and Surg. Jour.*), was recently called to a family which he found in such destitute circumstances that he gave, in addition to his prescription, a five dollar bill. Happening in the next day, he discovered that his gift had been thus spent : three dollars to the priest, and two dollars to get another doctor.

MENORRHAGIA.—E. E. Philips (*Med. Summary*).

- R.—Tinct. cannabis indica, gtt. xxx.
- Mucilage
- Spts. chloroform, āā ʒ i.
- Aquæ, ad., ʒ ij.

M. Sig.—Take a tablespoonful every three hours. A few doses are sufficient.

APPOINTMENTS.—The following gentlemen have been appointed as assistant resident physicians to

the Toronto General Hospital for the year 1892-93:—Anderson, A. B., Parsons, H. C., Fenton, F., Tilley, N. S., Middleboro', Bruce, H. A., Brown, J. N. E., Way, H. J.

BLACK SNAKEROOT FOR DYSMENORRHEA AND OVARIAN IRRITATION.—From the results obtained in a series of cases, James Brunton (*Practitioner*), concludes that *actea racemosa* (black snakeroot), possesses anodyne properties, and may, with advantage, take the place of bromides and opiates for the pain of dysmenorrhea. In addition, the drug has a direct action on the uterus, increasing the menstrual flow when scanty. It is best administered in doses of thirty minims, thrice daily, beginning three days before and continuing throughout the period. It is sometimes useful in menorrhagia and metrorrhagia. Its action is almost specific when there are ovarian pain and nervous depression.

ALCOHOLIC INJECTIONS FOR CANCER.—Dr. Shultz (*Med. Rec.*) of Buda-Pesth, reports ten cases of uterine cancer in which the disease was arrested by injections of alcohol. The patient is placed in Sims' position, a Sims speculum is introduced, and the meatus urinarius is guarded with wool lest it should be hurt by drops of alcohol falling on it. An instrument about five times the size of a hypodermic syringe, but otherwise similar, is employed. Five cubic centimetres of absolute alcohol are thrown up. The needle of the syringe should be passed about an inch into the cancerous tissues. This causes some pain, which, however, does not last long. The injections may be made daily or every other day, and the vagina should be packed with a strip of iodoform gauze after every injection. After about thirty applications of the syringe the cancerous tissue, in the cases under Dr. Schultz's treatment, almost disappeared, and epithelium grew over the eroded surface of the disease. How long this condition will last, observes Dr. Schultz at the end of one of his clinical reports, the future will show.

APOLOGY.—An article which appeared in the May number on Angina Pectoris, should have been credited to the *Medical News*. The error was unintentional on our part.

BRITISH DIPLOMA.—We notice that Dr. J. H. Cummings (Trin.), has recently passed the L. R. C. P. Lond. examination.

Books and Pamphlets.

THE SCIENCE AND ART OF MIDWIFERY. By Wm. Thompson Lusk, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children, in the Bellevue Hospital Medical College; Consulting Physician to the Maternity Hospital; Fellow of the Edinburgh and London Obstetrical Societies, etc. New edition, revised and enlarged, with numerous illustrations. New York: D. Appleton & Co.

The fourth edition of this work will, no doubt, be most favorably received by the profession. In the brief interval that has elapsed since the publication of the 3rd edition, the changes that have taken place in both the theory and practice of obstetrics have made it necessary for the author to present to the profession what is essentially a new book. Thus, many modifications in the theory have resulted from more careful observation in anatomy and pathology, and from fruitful physiological investigations. The author has interwoven aseptic precautions with all branches of obstetric art, without, however, insisting upon pedantic measures, which experience has shown to be needless. The chapter on Eclampsia, and those on the Diseases of Childbed, are especially good. No expense has been spared in the publication of this work, and few, if any, could be found with better plates and illustrations. It cannot be doubted but that this treatise on which the author has spared no pains, will have anything else than a flattering welcome by the profession.

DISEASES OF THE NERVOUS SYSTEM. By J. A. Ormerod, M.D., Oxon., F.R.C.P., London, Physician to the National Hospital for the Paralyzed and Epileptic, London, etc., etc. With numerous illustrations. Philadelphia: P. Blakiston, Son & Co. Toronto: Carveth & Co. 1892.

This work of 342 pages, by a recognized authority and lecturer on nervous diseases, is presented as an introduction to the larger treatises on diseases of the nervous system. It will be useful to the beginner, and to the general practitioner, as a foundation, complete in itself and yet concise, upon which he can either rest or go on to the erection of a superstructure of more elaborate knowledge of this most intricate, and, approached through the pages of the more pretentious works, often discouraging study.