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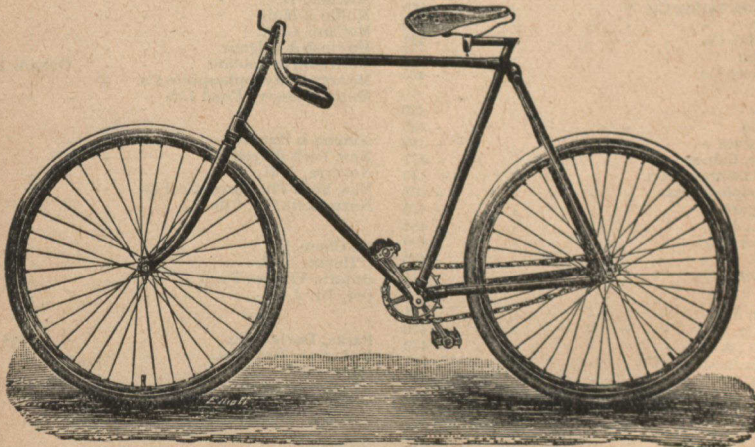


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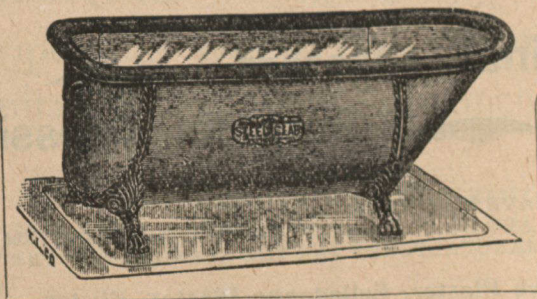
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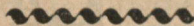
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EPIDEMIC SPREAD OF CHOLERA IN JAPAN.—Much anxiety is felt in Japan lest the cholera scourge extend throughout that country, notwithstanding the efforts made by the sanitary officials. The *Japan Gazette*, published in Yokohama, has the following paragraph compiled from facts given by native authorities: "Fears are entertained in some quarters that this year may prove one of the most calamitous Japan has witnessed for many years past. To begin with, cholera broke out in the country early in the year, slowly but steadily working its way even to the remote corners of the Empire. Though stringent precautionary measures are taken by the authorities, and the exceptionally cool weather has been prevailing, and the malady has so far been prevented

from general spread in a city like Tokyo, we are still in the middle of summer, and the worst may yet be brought about. In Osaka, Hiroshima and other western cities the disease shows no signs of abatement. The official report to hand puts the total fatalities from cholera up to the 28th (July), noon, at 6,592. This is by no means a small figure, though it is small compared with that in 1883 and the year following." — *Journal of Amer. Med. Association.*

WHICH GAVE IT TO THE OTHER.  
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Winnipeg; North-west Territories, George Macdonald, Calgary; British Columbia, W. A. Richardson, Victoria. Treasurer, H. B. Small, Ottawa. The place of meeting in 1896 is Montreal.

THE TREATMENT OF STRICTURE OF THE DEEP URETHRA.—Dr. Paul Thorndike, of Boston, at meeting of American Association of Genito Urinary Surgeons, read a paper on this subject. He stated that, whatever might be our belief as to the curability of organic stricture of the male urethra, and whatever might be our prejudice for or against the operation of divulsion in any of its forms, or of internal urethrotomy, as applied to stricture of the deep urethra, it was probably true that the bulk of surgical opinion to-day was in favor of

(Continued on page 414)

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cutting from without in such cases of stricture of the deep urethra as could not be properly cared for by careful and gradual dilatation with graduated instruments. A very large percentage of cases of deep stricture needed operative interference of a kind more immediately efficacious than that which could be given by any form of gradual dilatation. Very many of these patients needed a cutting operation from without. An external urethrotomy, properly performed, not only drained the bladder, but also attempted to cure or improve the strictured area itself by dividing the stricture. To accomplish this end the operation was always one of exactness and precision, and frequently one of great technical difficulty. The method of procedure

which Dr. Thorndike stated he usually employed in these cases was to first perform an internal urethrotomy with the Maisonneuve instrument, and at once follow it by an external perineal urethrotomy. A filiform bougie was passed through the stricture, the Maisonneuve guide screwed on, and the stricture cut with the knife in the usual way. Then the instrument was removed and a grooved staff could easily be introduced and the perineal incision made without any trouble. The author stated that the great stumbling-blocks in the way of a wide use of internal cutting operations in deep strictures were hemorrhage and sepsis. The combined operation had frequently been suggested as a means of doing away with these risks. The

*[Continued on page 416]*

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operation above outlined could be done in all cases where the introduction of a filiform bougie was possible.

The fifth annual meeting of the Electro-Therapeutic Association was held in Toronto, Canada, on Tuesday, Wednesday and Thursday, September 3rd, 4th, and 5th, 1895. The sessions were well attended. The first day's session began at ten o'clock, on Tuesday morning, the President, Dr. A. Laphorn Smith, of Montreal, introducing Dr. James Thorburn, of Toronto, who welcomed the visiting members on behalf of the resident profession. Dr. Charles R. Dickson, in an address also welcomed the members. The President then read his Address on "Electro-Therapeu-

tics in General Practise." This was followed by the reading of the reports of the committees on scientific questions. Then followed the reading of papers in regular order. In the evening the members were invited by the President of the Toronto Street Railway to a ride around the city, in his private car. Mr. James Gunn, the Superintendent, showed the members the Power House of the Company. The second day's programme was carried out as per schedule. The executive session was held in the afternoon, the election resulted in the selection of the following officers, for the year 1895-1896, viz.: President, Dr. Robert Newman, of New York city. Vice-Presidents, Dr. Holford Walker, of Toronto, Canada; Dr. D. B. D. Beaver, of Reading, Pa.

(Continued on page 418-3)



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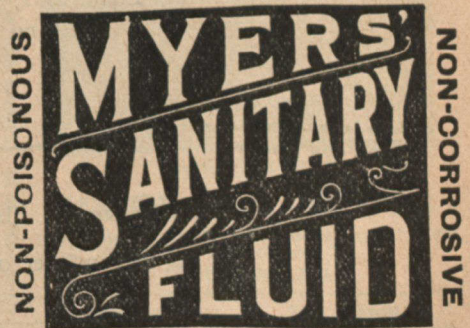
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R. Dickson, the members enjoyed a very pleasant afternoon at the Toronto Exposition, as the guests of the President of the Exposition, Mr. John J. Withrow. In the evening the members were the guests, at dinner, of the Board of Directors of the Exposition. This was followed by a visit to "The Fall of Lucknow," and the pyrotechnic exhibition. The President has appointed the following committees for the 1895-96: Committee on Induction Coils and Alternators: Dr. A. H. Goelet, Chairman; Dr. G. Betton Massey, Mr. A. E. Kennelly. Committee on Meters: Dr. M. A. Cleaves, Chairman; Dr. O. B. Douglass, Mr. W. J. Jenks. Committee on Static Machines and Condensers: Dr. W. J. Morton, Chairman; Dr. W. J. Herdman, Dr. J. H. Kellog. Committee

[Continued on page 420]

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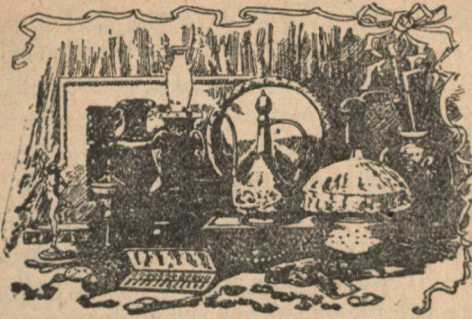
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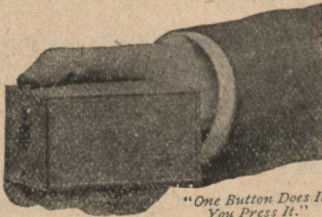
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pointed out that a large number of women suffering from valvular disease of the heart pass safely through the period of pregnancy and labor. The cases were further analyzed as follows: (1) Mitral stenosis (22 cases). In 9 cases menstruation was regular and the amount lost unaltered; in 5 cases menstruation was regular but more scanty; in 4 cases there was amenorrhœa, and in 4 cases menstruation was either more frequent or more profuse. (2) Mitral incompetence (15 cases). In 10 cases menstruation was unaltered; in 4 cases menstruation was more scanty, and in one case there was amenorrhœa. (3) Mitral stenosis and incompetence (7 cases). In 4 cases menstruation was unaltered; in 1 case menstruation was more scanty; in 1 case there

[Continued on page 424]

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References given when required.

TORONTO, September 4, 1893.



was amenorrhœa, and in 1 case there was slightly increased menstrual loss. (4) Aortic incompetence and obstruction (2 cases). In both cases menstruation was unaltered. (5) Aortic and mitral incompetence (3 cases) In all cases menstruation was unaltered. (6) Aortic incompetence and obstruction and mitral incompetence (1 case). Menstrual loss was more scanty than before.—*The Lancet*.

ANÆMIC PATIENTS WHO HAVE MALARIAL CACHEXIA.—Dr. T. D. Crothers, editor of the *Quarterly Journal of Inebriety*, published under the auspices of the American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes in his last number as follows: Antikamnia and quinine

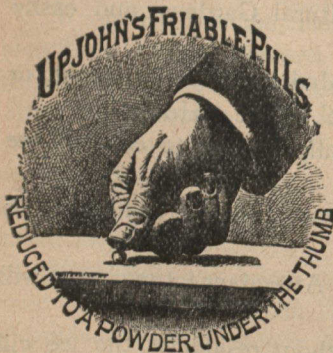
are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hemicrania), and the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition.

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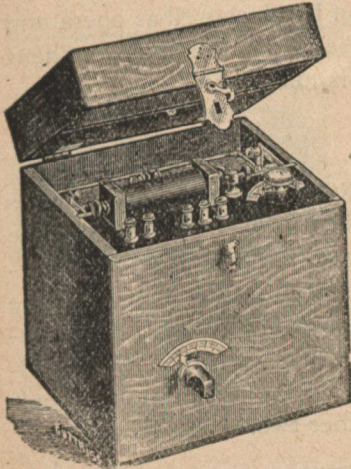


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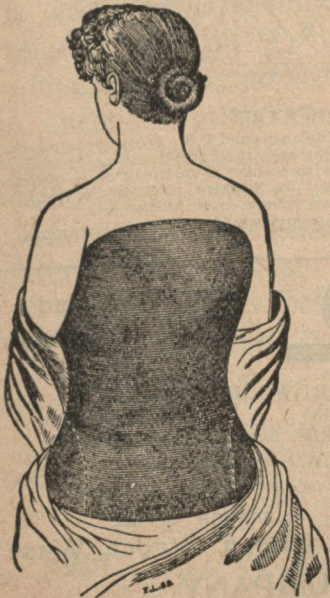
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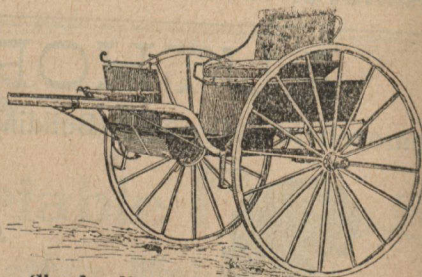
MISSING.—A physician receives three dollars from a patient in place of five, drops it, picks it up, and continues to search on the floor. "Have you recovered the money?" the patient blandly enquires. "Three dollars," replies the physician, "I don't see the other two."—*Ph. Era.*

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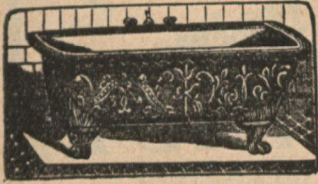
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THE  
**Dominion Medical Monthly**  
... AND ...  
**Ontario • Medical • Journal**

Vol. V.

TORONTO, OCTOBER, 1895

No. 4

**ORIGINAL ARTICLES.**

(No paper published or to be published elsewhere as original, will be accepted in this department.)

**TYPHOID FEVER.\***

By A. R. HANKS, M.D., Blenheim, Ont.

MR. PRESIDENT AND GENTLEMEN,—I merely wish to-day to introduce a subject for your consideration, hoping that from the discussion which follows each of us may take home some particles of truth that will be a benefit to the afflicted ones who place themselves in our charge. In scanning over the list of diseases to select a subject, I have thought I could not do better than bring up so commonplace a one as that of typhoid fever, not that I can add anything new either to its pathology or treatment, but because it is so commonly prevailing at the present time that we must all expect to come into personal contact with its victims.

I do not propose entering into its history or pathology, but would invite your attention for a few moments to its diagnosis. Typical cases, particularly after the lapse of a week, are easily recognized. The prodromal period, headache and backache, epistaxis, diarrhœa, roserash, characteristic fluctuations of

\* Paper read at the last meeting of the Kent Medical Association, Chatham, Ont., October 9th, 1895.



the temperature, can not be mistaken, but the atypical cases demand most careful investigation and our calmest judgment.

In this disease, where its early recognition has so important an effect on the death or recovery of its victim (and perhaps of his attendants also), the case that is diagnosed only upon the supervention of a fatal hæmorrhage reflects no credit upon the physician, nor does it tend to improve his digestion.

The usual prodromal period may be so slight as to escape the patient's observation, or, indeed, may be entirely wanting. An initial chill, followed immediately by a temperature of  $105^{\circ}$ , may usher in the attack, instead of the gradually increasing temperature, with evening exacerbations, so regularly looked for. One instance has come to my notice of morning exacerbations. Epistaxis is present only in about one-third of the cases. Diarrhœa I have found to be present in only one-third of my cases. Tympanites and gurgling absent till about the end of the first week, and may be present in absence of typhoid. The roserash, when present, is pathognomonic; but all spots disappearing upon pressure are not typhoid spots. The trembling tongue, the peculiar rigid abdomen, its shape and feel, always is a warning signal. The dull, listless countenance, rarely absent, and its accompanying slow, measured speech, can not be mistaken.

Of all diseases presenting a diversified picture, typhoid fever stands pre-eminent. Rare as it is to find a typical case, still more rarely will you not find such a combination of symptoms as will enable you to make a safe and certain diagnosis.

Typhoid fever is not frequently mistaken for any other disease. Not infrequently, however, malaria, tuberculosis, meningitis, or septicæmia may be thought to be typhoid fever. In fact, it is an exceedingly difficult matter to diagnose certain cases early, but in these doubtful cases a few days will decide, and it is well in the meantime to take as great precaution as you would in a case of typhoid.

Since the researches of Laveran, malaria which offers the greatest difficulty in differential diagnosis, may be readily and certainly excluded by microscopic examination of the blood.

"Running into typhoid" and "typho-malaria" are terms which still occasionally grate upon the physician's ear, but before the expiration of this century we hope both terms will be safely entombed. Malarial germs produce malaria and typhoid germs typhoid alone. The two diseases may co-exist, but that is a complication (typhoid superadded to malaria), and can not produce the same complication in another person, but it may convey typhoid to another. Careful examination with a history of more prolonged illness will exclude tuberculosis. The boat-shaped abdomen, which you never find in typhoid, points to brain trouble, while the fever fluctuation is the only symptom common to septicæmia and typhoid.



The causes which, previous to 1880, were supposed to cause typhoid, such as bad ventilation, bad sewers, decomposing vegetables, etc., undoubtedly have their influence in favoring the development of this disease, but most authorities now agree that it cannot arise *de novo*, but is due to Eberth's bacillus, which is always to be found in typhoid lesions in the adult; also in the lymphatics, spleen and blood. The paths by which these germs enter the organism are now pretty well established. Tubercular bacilli are inhaled by certain persons under certain circumstances, and tuberculosis is the result. The accoucheur's fingers or instruments infected with germs of puerperal fever, coming in contact with a lacerated perineum, vagina, or cervix, at the time of confinement, no matter how small the laceration, will almost certainly produce puerperal fever. Though the physician, so infected, daily contaminates the bread he eats with impunity, Eberth's bacillus gains admission to the stomach and bowels by some substance eaten or drunk, and there sets up its deadly work. Attendants are not half careful enough about disinfecting the hands after handling soiled clothing, the bed-pan, or other article that has, unknown to the attendant, become infected. Frequent disinfection of the hands by the attendants will lessen the number of typhoid cases.

Let six individuals be exposed to the same surroundings, eat the same food, drink the same water, and lead the same manner of life, and three may have the disease, and three not. Why? One is not so susceptible as another. What constitutes this predisposition we believe to be a deterioration of the general health and lack of personal hygiene.

Much can be done to limit the spread of this disease, if proper measures are adopted early. Oftentimes the first case appearing in a community infects the whole family or neighborhood before the adoption of any means to prevent its spread. It is at least very culpable, if not criminal, to allow a case of typhoid to run into the second week before adopting proper measures to prevent its spread.

The question arises, Can typhoid be aborted? At the present time we must answer in the negative. There is no reliable data to show that the course of the disease can be abridged by any known method of treatment, though there can be no doubt about some cases mild in character terminating in ten days or two weeks under the ordinary plan of treatment. These are mild cases, perhaps occurring in people not very susceptible or whose system was in a good condition to withstand the attack, and the result can not be attributed to any particular plan of treatment. The antiseptic treatment, for which so much was claimed a few years ago, is, to say the least, disappointing. The calomel treatment is now all but obsolete.

Dr. Aulde of Philadelphia claims that all cases of typhoid, no matter in what stage of their history, can be broken up by the use of arsenite of copper, and he advises the simultaneous use of nuclein. He says that the typhoid condition disappears at once, and you have a simple continued fever to deal



with. Of the use of nuclein I have no knowledge, but regarding the arsenite of copper I can speak with some confidence. I may say I gave it a fair trial four years ago, when it was advocated so strongly in catarrhal conditions of the bowel in children. I was glad at that time to adopt any means that promised fair results, for I was then in the midst of a severe epidemic, and the mortality was large—seven deaths out of twenty-six cases. I gave it a fair trial, but I did not obtain the happy results Dr. Aulde speaks of; in fact, I derived no benefit whatever from its use, and I have not prescribed it since.

Salol, thymol, iodized phenol, and many other drugs, each has its advocates, but we have no specific, and I have seen no special advantage from the use of any of these drugs.

The natural tendency of the disease is to recovery. More patients die from doing too much or from not doing what little should be done at the right time, than from doing too little.

The principles of treatment are : (1) Absolute rest in bed, with abundance of fresh air ; (2) Liquid diet ; (3) Regulation of the temperature ; (4) Tonics and stimulants, when indicated.

From the time the patient is seen first until the temperature remains normal all the day for one week, he should be kept quiet in bed with abundance of fresh air and clothed in the thinnest dress while the temperature remains elevated.

Where a patient has been ill for a week who has reasonable accommodation for treatment at home, I do not think it fair to the patient to expose him to a possible danger by removing him a distance to a hospital, even though the conveniences for treatment there are superior. I always insist upon an absolutely liquid diet—usually milk alone—and have found it sufficient. Where the vital powers are very low, it should be predigested.

If the temperature does not exceed  $102\frac{1}{2}^{\circ}$ , I do not think antipyretics are indicated, though all cases should be sponged once or twice daily for the sake of cleanliness and to keep the skin active.

When the temperature exceeds  $102\frac{1}{2}^{\circ}$ , cold should be applied externally. Medicinal antipyretics do harm, and should not be used. Cold sponging or the cold pack should be tried first, but if the temperature exceed  $103^{\circ}$  the cold bath will certainly reduce the fever, strengthen the pulse, allay restlessness, quiet delirium, and cause a general improvement in the condition of the patient. The temperature of the bath must vary according to the condition of the patient. It may be cool, or cold, or tepid, as Dr. Barr, of Liverpool, employs the permanent bath, in which the patient, wrapped in a sheet, is suspended, while he raises or lowers the temperature of the water as indicated by the temperature of the patient. He says he never has to reduce the temperature of the water below  $90^{\circ}$ , nor raise it above  $98^{\circ}$ . He reports excellent results from this plan of treatment.



In the German hospitals, where the bath treatment was first systematically introduced in 1861, the percentage of deaths has been reduced one-half. In portions of France and in Brisbane, where this treatment has been adopted, the same reductions in mortality have been obtained. In portions of the United States, where cold externally is used, the death rate is only one-half of what it formerly was under the old plan of treatment, while individual practitioners report a mortality of from three to five per cent. Dr. Brand plunged his typhoid patients into a bath at a temperature of  $65^{\circ}$  to  $70^{\circ}$ , and no one can question his success in dealing with this disease. His method of using the bath, however, has not found great favor, but the principle has been grasped, and the method of using it modified, until now the external application of cold in some form is quite generally adopted.

It is said that in delicate patients and children the bath is contra-indicated; but my experience has been that, with proper precautions, it may be used with the happiest results.

Lulu C., aged seven years, a frail, delicate, scrofulous child, who had never been well, on the twelfth day of her illness, in spite of persevering cold sponging, cold towels, and ice-cap, exhibited a morning temperature of  $104\frac{2}{3}^{\circ}$ , and in the evening  $105\frac{1}{2}^{\circ}$ , and still rising. She was given a dose of brandy and placed in a bath at a temperature of  $95^{\circ}$ , which was gradually reduced to  $82^{\circ}$ , and, regardless of her protestations and pleading of parents, kept there till the temperature reached  $101^{\circ}$ , when she was removed, given a dose of brandy, and a hot water bottle applied to the feet. Half-an-hour later she had a chill lasting ten minutes. In six hours her temperature again reached  $105^{\circ}$ , and the bath was repeated as before. In twenty-four hours it had again reached  $104\frac{1}{2}^{\circ}$ , when another bath was given in precisely the same way and followed by a chill as before, but her temperature never afterwards reached above  $102\frac{1}{2}^{\circ}$ , and she progressed favorably, the disease terminating at the end of four weeks. The choice in this case lay between a certainly fatal termination and the bath. The bath was used with most satisfactory results.

It has been my practice to give bismuth subnitrate in fair-sized doses throughout the disease for its topical effect, and I usually combine with it aromatic sulphuric acid and a bitter tonic, such as *fd. ext. gentian co.*, or later in the disease, *fd. ext. nux vomica* or *strychnia*.

I do not approve of large doses of *strychnia* given throughout the disease. Brandy is indispensable in some cases, and where indicated, give freely. Half an ounce of brandy every hour will often tide the patient over the critical period. This plan of treatment, with both eyes open for complications, seems to yield most satisfactory results.

Out of the last twenty-two cases of typhoid, I have had but one death—that was in a young man previously debilitated by kidney disease. Dr. Holmes kindly saw that case with me. Serious complications, such as



obstinate diarrhoea, hæmorrhage, and perforation, are much less frequently seen now than formerly, due no doubt to the enforced rest and liquid diet insisted upon in these cases.

While we occasionally see some physician's record of ninety or one hundred cases without a death, we can not but conclude that he has been exceedingly fortunate in selecting his cases. I do not think we can hope to reduce the death rate below five per cent., when we consider the cases that we see only when moribund, and the cases arising in persons previously suffering from some grave disease. When applied to mortality tables the old aphorism, "Figures won't lie," does not hold good.

If the diagnosis were somewhat doubtful between malaria and typhoid, and the patient recovers, the tables frequently would show a recovery from typhoid, but if the patient die, the tables would show a death from heart failure or peritonitis.

Then we must not credit the latest methods of treatment alone with causing so great a reduction in mortality—a reduction from twenty to thirty per cent. to five to ten per cent. Those of you who have been in harness for twenty-five years recognize in the typhoid of to-day an entirely different affection than that to which you made your bow, whose greatest likeness is in name, and whose greatest contrast is in the mildness of the disease to-day. Occasionally, under the most unsanitary conditions, you will see a case to-day resembling the disease of twenty-five years ago. Our system of sanitation, perhaps, has done more than all else combined to mitigate the severity of typhoid, diphtheria, cholera and allied diseases, and to our scientists who have devoted their energies so successfully to sanitation we owe as great tribute as to Professor Brand.

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## Reports of Societies.

### CANADIAN MEDICAL ASSOCIATION.

Perhaps the best meeting of the Canadian Medical Association ever held was that which met in Kingston, August 28th, 29th and 30th, under the presidency of Wm. Bayard (St. John). Dr. F. N. S. Starr performed the duties of General Secretary in an exceedingly able manner.

The delegates to the Association were most delightfully entertained by their Kingston confreres. The principal feature was a trip down to Alexandria Bay through the Thousand Islands, luncheon being served on board. Mrs. (Dr.) Fife Fowler gave an "At Home" to the members of the Association on the first evening. On the closing day the members visited the Rockwood Asylum and the Penitentiary, through which institutions they were kindly shown by Dr. Clarke and Dr. Lavelle respectively.

The first paper, on "RETROVERSION," was read by Dr. A. Laphorn Smith (Montreal). One of the principal elements in the causation of this condition, he said, was the relaxation of the round ligaments, which were muscular in structure, due to a general failing in health. The exciting cause in single women was most often heavy lifting or a fall on the back; in married women, abnormal labors. Replacement was easy usually in uncomplicated cases, and cure effected by the use of a pessary. In intractable cases, without disease of the ovaries or tubes, he recom-

mended the Alexander operation. The operation of ventro-fixation was also a valuable one, and might be used where the Alexander's was not suitable.

Dr. M. Ahern (Quebec) asked what position the patient was placed in during an Alexander operation or that of ventro-fixation.

Dr. E. Farrell (Halifax) recommended an assistant, who should hold up the uterus with a sound, thus enabling the operator to use a smaller incision.

Sir William Hingston said that the operations of ventro-fixation and the Alexander's need not often be done if patience were exercised long enough on the part of the patient and the surgeon. Great care should be taken when using a sound in these cases. A suitable pessary often worked very well.

Dr. W. W. White (St. John) reported the history of a case in which he did abdominal fixation with success.

Dr. Smith replied that before each operation he placed the patient in the Trendelenburg position.

Dr. Bayard then delivered his address. He said, among other things, that, although his days were nearly spent, it gave him pleasure to preside over such a body. He commented on the great progress made by the medical profession of Canada during the last century, and remarked that this progress was greatly due to the Medical Association. He classified the medical profession among the highest in the land. "Go where you will," he said, "you will find the physician engaged in his work, whether it is in the house of the rich



or the poor. It is an honor to be a bishop or a judge; it is just as great an honor to be a good physician." He referred to the work done in the hospitals, and said that, although these institutions were meant primarily for the sick poor, fully 50 per cent. of those who received charity from the hospitals were able to pay. The philanthropic part of the physician's work, he said, does not cease with the hospital. There is the sanitary work. Who could fail to notice the lessening of the death rate in London by attention to sanitary methods? Dr. Bayard dealt in an exhaustive manner with all the branches of medical activity.

Sir James Grant (Ottawa), taking the floor, said that, in the twenty-eight years of the Association's history, he had not listened to a more comprehensive address. "The President," he said, "has dwelt on many points; I will only touch one or two. First of all, gratuitous attention. You know how physicians in England have suffered. In a Montreal paper I saw the other day that the practice was growing in this country. If the physician gives his time gratuitously to such institutions as the general hospitals it is enough, without being beaten out of his honest dues." The speaker then dealt with sanitary science, and paid a tribute to the Kingston General Hospital, whose Doran building was a monument to the good done and had done much for science. Sir James next turned his attention to Dr. Osler, who was sitting on the platform, and paid him some very graceful compliments. He then dealt with tuberculosis in cattle, and said the general public

who went to market and bought meat had a right to know whether it was free from disease or not. One point the President had admirably touched on was education. "To my mind," said the speaker, "some people are over-educated. There is too great a tendency for young men to rush from the country to get educated. An advertisement was put in a Canadian paper calling for a school-teacher who could teach classics, and the salary was \$600! Why, a man would make more growing turkeys or sheep." Sir James turned his attention to alcohol, and said that education was diminishing the use of it. "I heard," said he, "a suggestion from no less a person than Dr. Osler. When asked if he would have a little liquor, he said, 'No, I have too much respect for my kidneys.'" He continued: "This is a young country, and it is progressing rapidly. When I look back on my Alma Mater, Queen's, I feel proud of it." He proposed a vote of thanks to the President for his address. The motion was seconded by Sir William Hingston. The President made a suitable reply.

"PHYSICAL TRAINING AND DEVELOPMENT AS A THERAPEUTIC EXERCISE," was the title of a paper by B. E. McKenzie (Toronto). Examination of primitive races and Greek sculpture showed that the bust of the modern woman was unnatural—the result of the prevailing system of tight corsetting. The essayist pointed out the various ills that followed. Among others was spinal deformity. This was amenable to treatment if the corsets were thrown off and systematic physical training given. The patient needed to be



taught to correct her own faults of posture and to maintain at all times as nearly as possible the correct position. The gymnastics were to be carried on in a class, lasting an hour each day. The results of patient and persevering teaching would produce gratifying results, not only physically (every system of the body being benefited), but mentally. The essayist, among other cases reported, gave one of chorea which had been cured.

Dr. L. Sayre spoke in very commendatory language of this form of treatment. The matter of prophylaxis in spinal deformity was not sufficiently attended to. The speaker said that, owing to physical inability, his son, who was associated with him in this sort of work, would speak more at length on the subject.

Dr. Reginald Sayre said that he had seen marvellous results follow this line of treatment, that he had seen children changed from mere animals to rational beings. One great difficulty he had noted was the number of incompetent people who applied for and professed to give treatment. One remedy for the evil would be the establishment of institutions for the instruction of those who wished to undertake the work of training the deformed by gymnastics and massage. In many children with lateral curvature and flat feet the nervous system was usually weakened and the circulation miserable. But he had noted in the large majority of cases, without any tonics, under the systematic exercise the nervous system gradually regained power, and the circulation returned to normal. He had employed, like Dr. McKenzie, appliances, such as the lateral

curvature stretcher, and for patients with distorted bones he used splints, until the muscles became strong enough to maintain the correct attitude unaided. Much could be done in a preventive way in schools by insisting on exercises between hours, using proper seats, and having the rooms well lighted and heated.

Dr. Roddick (Montreal) commended the treatment and reported good results. In bad cases he employed splints in the intervals between the exercises. One exercise he considered valuable was the carrying of weights upon the head.

Sir Wm. Hingston pointed out that it was necessary in the first instance to recognize whether there was any disease of the bones. The less resort was made to artificial supports the better.

Dr. I. H. Cameron, who gave the address in surgery, gave a review of the subject of "CRANIAL SURGERY," and dealt with the present aspects of the question. He pointed out that it was only until recent years that operative procedures were taken in dealing with cerebral lesions. Great impetus had been given to this department of surgery since the introduction of asepsis and the localization of centres. The essayist spoke of the importance of making correct diagnoses in cerebral lesions. In some cases this was comparatively easy, in others the minutest observation was necessary. The questions of fractures, hæmorrhages, abscesses, tumors, and various diseased states of the brain were then discussed at considerable length, their appropriate surgical treatment being discussed.

Dr. J. E. Graham gave the history



of a case of "SARCOM TUMOR OF THE MEDULLA OBLONGATA," which was attached to the restiform body. Post mortem examination showed it to be a sarcoma of the round celled variety. Diagrams were exhibited showing the position and relations of the tumor. The bibliography of the subject was fully gone into, which showed that the case was a unique one in many of its features. The objective symptoms were almost absent, and a functional condition would have accounted for most of those complained of. Headache in the occipital region, numbness of the left face, followed by numbness of the body on that side, and later vomiting, with a gradual decline in general health, were some of the principal points noted. Consolidation of the lungs supervened toward the last.

Dr. F. Buller presented a paper with the title "REMOVAL OF MEMBRANI TYMPANI AND OSSICLES," with illustrated cases. The excision of the tympanum and one or more ossicles, he said, was a surgical procedure recently brought into prominence for the treatment of chronic catarrh of the middle ear. It had proved to be a means of benefit. It was an improvement over the operation of clearing out the tympanum through the mastoid. Even though the discharge recurred after removal through the external meatus it could be more efficiently treated by ordinary antiseptic and cleansing measures. The operation was usually followed by immediate relief—the hearing becoming much improved (unless there happened to be disease of the labyrinth), the thick swollen

tympanic structures having lost their proper functions. The chief object of the operation is to save the patient from a constant menace to his life, which persistent middle ear disease carried with it. The essayist then cited the history of several cases which exemplified the value of this form of treatment.

#### THURSDAY MORNING.

Regarding the matter of provincial registration, Dr. Roddick (Montreal) submitted the following report: "The committee appointed at the last meeting of the association to look into the question of inter-Provincial registration composed of the following: Sir James Grant, Dr. Cameron and Dr. Pyne, from Ontario; Sir Wm. Hingston, Drs. Roddick, Marciel, Beausoliel, Cholette, Parke, for Quebec; Drs. Christie and White, New Brunswick; Drs. Farrell and Muir, for Nova Scotia, and Dr. Warburton for Prince Edward Island—would beg leave to express their regret that by the system which at present obtains, a graduate in medicine entitled to practice in one province is not free to exercise his functions in all the provinces of this large and sparsely settled Dominion; that this condition of things prevents the names of medical practitioners in this Dominion being placed on the British Register, becoming thereby British practitioners—a boon which the council of the Medical Association of Great Britain has more than once signified its willingness to grant with the end in view. That it is therefore considered most desirable that a uniform standard of matriculation, a



uniform standard of education, and a uniform standard of examination for the whole Dominion be established in order to effect this purpose." That the secretary communicate with the Provincial Councils asking each to discuss the question and appoint delegates to a Dominion committee convened for the purpose of arranging a suitable curriculum and to carry out the above suggestions, and that such committee forward their findings to each of the Provincial Councils and to the secretary of this Association before the next annual meeting.

The Committee on Nominations made the following report: "To the President and members of the Canadian Medical Association — Your Committee on Nominations met and appointed Sir Wm. Hingston, M.D., of Montreal, chairman, and Dr. Bray, of Chatham, secretary, and beg leave to report the following suggestions for consideration: That Dr. James Thorburn, of Toronto, be President; Dr. Small, of Ottawa, Treasurer, and Dr. F. N. S. Starr, of Toronto, General Secretary. That Dr. Fife Fowler, of Kingston, be Vice-President of Ontario; Hon. Dr. Marciel, of Quebec, be Vice-President of Quebec; Dr. W. W. White be 1st Vice-President of New Brunswick; Dr. Wm. Tobin, of Halifax, 1st Vice-President of Nova Scotia; Dr. Chown, of Winnipeg, 1st Vice-President of Manitoba; Dr. Butt, of Calgary, 1st Vice-President of North-west Territories; Dr. Warburton, 1st Vice-President of Prince Edward Island. That Dr. Matheson, of St. Mary's, be Local Secretary of Ontario; Dr. McCarthy, of Montreal, Local Secretary of Quebec; Dr. Christie, Local Secre-

tary of New Brunswick; Dr. Jones, of Halifax, Local Secretary of Nova Scotia; Dr. Neilson, of Manitoba, Local Secretary of Manitoba; Dr. George McDonald, Local Secretary of North-west Territories; Dr. W. H. Richardson, Local Secretary of British Columbia; Dr. H. D. Thurston, Local Secretary of Prince Edward Island."

"FIVE YEARS' EXPERIENCE WITH THE COLD BATH TREATMENT IN TYPHOID" was the subject of a paper by Dr. Wm. Osler, of Johns Hopkins Hospital.

The essayist described the way in which the treatment was carried out. It was not prescribed in all of the cases, but in most of them. In the cases in which it was used the death-rate was 6.3 per cent. This record of the cold bath treatment, wherever tried, had shown that it was preferable than any other form of treatment. The two great points in its favor were: it ameliorated the symptoms and lessened the mortality. The essayist gave an analysis of his cases. The patients who did not receive the bath were (1) very mild cases; (2) those who were admitted during the second week and who were too ill to bathe—those with high fever, rapid pulse, meteorism and diarrhœa, when careful sponging was tried instead; (3) cases in which severe complications were present; (4) those with temperature lower than  $102\frac{1}{2}^{\circ}$ . The difficulties in carrying out this form of treatment were pointed out.

Dr. Bulkley, of New York, described a portable bath for use in private practice.

*(To be continued.)*



## Proceedings at Meeting of Medical Council of Ontario.

Dr. McLAUGHLIN—Mr. President, this Council has gone sufficiently outside of its jurisdiction; there is no clause of the Medical Act that enables us to deal with this matter. This may be an important matter, and I think it very well for Dr. Brock to bring it up and recognize the importance of the matter. But until we get from the Legislature power to deal with nurses I do not think we can entertain this as a matter of order. I think it would be better for the motion to be withdrawn and let us get at other work.

Dr. WILLIAMS—I was going to speak on the same line. This is beyond our statutory jurisdiction entirely, and if we take that up and refer it to a committee we show that we do not understand our own business and that we are attempting to gather in outside business. I think as the statute is perfectly plain, giving us no power in the world to deal with this, we ought not to try and take in extra business. I think the whole thing ought to be ruled out.

Dr. BROCK—Having taken the sense of this Council I would ask to withdraw my motion for the present.

Dr. ROGERS—I would also ask leave to withdraw my motion to refer. Leave granted.

Moved by Dr. McLaughlin, seconded by Dr. Armour, that the Registrar is hereby instructed to have prepared and printed, prior to the meeting of the Council, a detailed statement of its receipts and disbursements together with the auditor's report thereon; said printed statement to be placed in the hands of each member of the Council upon the first day of the meeting. Carried.

Dr. McLaughlin moved, seconded by Dr. Sangster, that By-law No. 66, to appoint an auditor, be now read a first time. Carried.

Dr. McLaughlin read the by-law.

Dr. McLaughlin moved, seconded by Dr. Sangster, that By-law No. 66 be referred to Committee of the Whole and read a second time. Carried.

Council in Committee of the Whole. Dr. Campbell in the chair.

The by-law was read a second time.

Dr. McLAUGHLIN—It will be evident, I think, to every member of the Council that an auditor should not audit his own accounts; therefore, no member of this Council should be appointed, because every member has an account with the Council, and we must therefore go outside. On this matter I have consulted our city members and others in order that we would find a gentleman in Toronto eminently fitted to fill the position, and the name of Dr. Carlyle has been mentioned who will fill it well. I understand Dr. Carlyle has been auditor for some of the loan institutions of the city and would be well fitted for this position. I move that the blank be filled with the name of James Carlyle.

Dr. DICKSON—Has he been interviewed.

Dr. McLAUGHLIN—No; I have not seen him. But he does that sort of work, and I understand would be perfectly willing to do it for us.

Dr. BRAY—I have no fault to find with Dr. McLaughlin's motion, but there are chartered accountants in Toronto, and if we are to have an auditor, would it not be well to have a regular chartered accountant as an auditor? Of course if Dr. Carlyle is fitted for this work I am agreeable, and would be glad to put it in the hands of a medical man. But I want to know if he is an accountant or if, on the recommendation of those who know him, he is suited for the position.

Dr. THORBURN—I have been acquainted with him for a number of years, and I know for a fact he is the auditor of one of the largest monetary institutions in Toronto, and that he gives universal satisfaction.

Dr. BRAY—I am satisfied.

Dr. BARRICK—I can endorse everything that Dr. Thorburn has said in reference to Dr. Carlyle.

Dr. LOGAN—What consideration do you propose to put in?

Dr. CAMPBELL—That is in another clause.

Dr. ROGERS—We would like to know that.

Dr. MOORE—Is our Finance Committee not able to take care of the auditing of these finances of ours? Have they got to have a specialist in order to aid them to do their work? If that is the case probably the Education Committee will soon require a specialist to help them get along. Is it not rather a reflection upon our Finance Committee, a committee sent here by the profession of this Province, that they acknowledge they cannot look into the little matters of a few thousand dollars, but have to employ a specialist to do the work for them.

Dr. ARMOUR—As a member of the Finance Committee I object to being the sole auditor of the accounts, for the reason that I will have myself, in a small sense at least, an account with the Council; and I think it much better to have an outside person audit these



accounts ; in fact, I think it is absolutely necessary to have an outside competent auditor to audit all our accounts.

Dr. ROGERS—I think at the same time, before we pass that motion, we ought to know pretty nearly what this is going to cost ; we have not got money to throw away, and this means additional expense. If it is going to be anything like heavy expense I certainly would object to it. We have had good auditing in the past, and we have it yet.

Dr. MACHELL—I think, with the mover of this motion, that an auditor is very much in order. No one thinks for a minute that anything is wrong with the accounts, or that anything is cooked, or anything of that kind, but I have my doubts if an attempt were made to cook the accounts if there is a single member of the Finance Committee who would be able to unravel it. (Hear, hear.) The members of the Finance Committee are medical men, they are not financiers, they are not experts in accounts, and therefore I think a special auditor, a man who is versed in accounts, should be appointed. There is no small corporation in the city of Toronto having half the amount of money passing through their hands that this Council has but that has a regularly appointed expert auditor. They have their own auditors among themselves, but also have an expert outside auditor who has no connection whatever with the institution.

Dr. BROCK—As a member of the Finance Committee I just wish to state that I think the remarks of Dr. Machell are justification sufficient for the Finance Committee and for this Council to demand an experienced accountant or auditor to examine the accounts ; the expressions that have dropped from Dr. Machell are sufficient to make me conclude that it is necessary for us to have an accountant.

Dr. THORBURN—As an old member of the Finance Committee, the subject of an auditor to me is not a new one ; action has been taken on it, and was at the last meeting of this Council when we were authorized to get an auditor ; and acting upon that suggestion we have already an auditor who is now auditing our accounts. It would be much better, however, that the accounts should be audited some time before the meeting of the Council ; and, as has already been stated, have a statement to be presented to each member of the Council ; that is the custom in all financial institutions and in all banking institutions ; they send in a statement of their accounts previous to their annual meeting. We have nothing to hide—(hear, hear)—we are proud of all our transactions. While we may have erred in judgment we have not done anything purposely wrong ; and I, for one, would court the utmost investigation and light—(hear, hear)—and I hope you will allow this motion to pass. I know it would facilitate matters very much, and I do not feel, as some one has suggested, it is any reproach to me that we should have an auditor. I would be very glad indeed to see this appointment made, as although I know how to add two and two I do not profess to be an expert mathematician like our friend from Port Perry or some others, and I should be very glad to have some person appointed to do this for me.

Dr. BRAY—I am quite in accord with this motion ; I think it will expedite business very materially ; and as an old member of this Council I quite agree that it is just as well to have an auditor. Like Dr. Thorburn, I, for one, have nothing in the world to hide, and I do not think one single member of this Council has, and I should be only too pleased to have our affairs investigated, and I am quite sure there will be nothing wrong, and if there is it will be through a mistake and not through intention on the part of any member of this Council. I am quite in accord with the idea, and I felt last year that an expert auditor would be a guarantee that the accounts were audited correctly ; and since I have got the knowledge that Dr. Carlyle is an expert accountant I shall be very happy to vote for him.

Dr. WILLIAMS—I quite agree with the idea of appointing an auditor and having a report laid before the Council at the early part of the session ; I think it would expedite business as well as give a better knowledge of the financial standing to the Council. The question has been raised whether or not it is going to be an expensive matter, and the next blank to be filled is a blank for the payment. We are now in Committee of the Whole, and when that blank is filled in we will know exactly what the cost is to be, and if we are then not satisfied with the amount we do not need to give the by-law the third reading—we can let it die.

Dr. McLAUGHLIN—I have only one word in reply, and that is, that I am surprised that any gentleman should suggest there should not be an audit ; there is not a little church in all the land that does not appoint an auditor to audit its two or three thousand dollars ; and every body of people who have anything to do with money have their auditor. Were I treasurer I would not submit my accounts, if I could help it, without having them audited.

The Chairman read the first clause of the by-law, and on motion, declared it adopted.

Dr. Campbell read the second clause in the by-law.

Dr. McLAUGHLIN—I think if the accounts are in good shape—and I think they will always come from the treasurer in good shape—the work of the auditor will be very light, not more than half an hour's work ; I would therefore suggest that the blank in that clause be filled with \$20.00.



Dr. ROGERS—Will that cover the whole expense? Will Dr. Carlyle do the work for \$20.00?

Dr. McLAUGHLIN—Certainly.

Dr. ROGERS—Have you asked him?

Dr. McLAUGHLIN—No.

Dr. DICKSON—If Dr. Carlyle is in the city might we not get his opinion as to the cost?  
Dr. THORBURN—He would not know what to charge until he knows what work is to be done, and that he cannot tell now. The usual custom when an auditor is appointed is at the next meeting to vote a reasonable sum for his services. I am sure Dr. Carlyle is a reasonable man and knows what a reasonable sum is, and I think \$20.00 or \$25.00 would be a reasonable sum.

Dr. Campbell read the second clause with the blank filled with the sum of \$20.00, and, on motion, declared the clause adopted as read.

Dr. McLaughlin moved that the committee rise and report the by-law adopted. Carried. The President in the chair.

Dr. McLaughlin moved, seconded by Dr. Sangster, that By-law No. 66 be now read a third time, passed, numbered and signed by the President and sealed with the seal of the College of Physicians and Surgeons of Ontario, and numbered 66. Carried.

The President read the by-law a third time as follows:

“Whereas power hath been granted to the Medical Council of the College of Physicians and Surgeons of Ontario, under section 13 of the Ontario Medical Act, R.S.O., 1877, C. 142, be it therefore enacted as follows: (1) This Council hereby appoints Dr. James Carlyle as Auditor, for the purpose of auditing all the accounts of the Council. (2) The remuneration to be paid by the Council to the Auditor for his services shall be twenty dollars.”

Read first, second and third time, and adopted.

W. T. HARRIS, *President*.

#### ENQUIRIES.

None.

#### REPORTS OF STANDING AND SPECIAL COMMITTEES.

Dr. Rosebrugh presented the report of the Registration Committee as follows:

*To the President and Members of the College of Physicians and Surgeons of Ontario:*

GENTLEMEN,—Your Committee on Registration beg leave to submit the following report:

In reference to the application of D. A. McKillop, M.D., asking permission to practice until September, 1896, your Committee have fully considered the application, and report that the Council has no power to grant the request.

That the request of W. D. McNab to be permitted to practice as *locum tenens* until the examination in September, cannot be granted.

That Gustave Trompeter be instructed by the Registrar that he must comply with Clause II of the medical curriculum of the College of Physicians and Surgeons of Ontario before he can register as a member of the Council.

That the resolution of Dr. Logan referring to medical reciprocity between the several provinces in the Dominion be adopted in the following form: “That in view of the general interest taken in the subject of Dominion Medical Registration (or Provincial Reciprocity) by the medical profession of Canada, this Council recognizes the advisability of establishing such reciprocity as soon as such provincial legislation as would be mutually acceptable can be secured; and the Executive Committee of this Council is hereby empowered to consult with all authorized representatives of the profession in other provinces with this end in view.”

Respectfully submitted,

J. W. ROSEBRUGH, *Chairman*.

#### CONSIDERATION OF REPORTS.

Moved by Dr. Rosebrugh, seconded by Dr. Dickson, that the report presented by the Registration Committee be adopted. Carried.

#### UNFINISHED BUSINESS.

Dr. Williams moved, seconded by Dr. Shaw, that the Council resolve into Committee of the Whole on the subject of medical tariffs. Carried.

Council in Committee of the Whole. Dr. Dickson in the chair.

Dr. WILLIAMS—After the remarks I made yesterday I do not intend to make any extended remarks to-day; this matter is simply brought up so that members of the Council may give their views on the subject, so that if we think it advisable to have a tariff we can



then probably appoint a committee to put it in form, but what we want here now is an expression of opinion from the members of the Council. In a word, I may say that my own conviction is that we will be better without any tariff whatever for a year or perhaps two years, until the excitement caused by the Patrons of Industry has passed away. I think we will be better without any tariff whatever—just to let it quietly alone. While that is my opinion it may not be the opinion of members of the Council, and the object of this motion is that there may be a full and free expression, and whatever is the consensus of opinion we will take steps to put it in form.

The PRESIDENT—I thoroughly agree with Dr. Williams; I think we should leave this matter severely alone. I do not think we require a tariff at the present time at all, and I think it would be advisable to adopt Dr. Williams' suggestion.

Dr. HENRY—I rise to say that my own personal views are that we should have a tariff, and when I express that view I express the views of my constituents. My constituents are anxious that we should have a provincial tariff, and I say a committee should be appointed to go to the Legislature this session to get such legislation as would fix the tariff at a maximum and minimum rate. I do not see why the profession of medicine in the Province of Ontario—a profession that is so liberal and charitable to the public, should be afraid to approach the Legislature for the miserable fees the profession generally get from the public at large, and I think it would be an evidence of weakness on our part, at this stage, to say to this Council we are afraid to go and ask for our rights from the Legislature.

Dr. ARMOUR—While the tariff of fees we have had, I think, has been a great convenience to the courts and in legal procedure, I think it has not been of any great service to the profession: in fact, the great part of the profession never adopted the tariff of fees that they had the power to adopt under the section of the Act that was repealed at the last meeting of the Legislature. I have had some little experience, but not much, in the courts, and I know that wherever a medical man makes a charge, and testifies that that is the regular charge, the judges have always allowed it. I do not know of an exception to this, and so far as our interests in that particular matter are concerned they have been, and I am confident that they will be, fully protected by the courts, and I think myself that it was an injudicious matter to ever have introduced that section at all, because it has raised a great deal of discussion and a great deal of feeling among certain classes of the community against our profession, while no corresponding advantages have been received by us. I therefore approve of Dr. Williams' suggestion that no action be taken with regard to a tariff of fees.

Dr. REDDICK—I am personally in favor, to a certain extent, with Dr. Williams' suggestion, and yet I feel just as strong in favor of the opinion expressed by Dr. Henry. I feel that we should not ourselves admit that we are afraid to go to the Legislature. I hold that the noble profession of medicine ought not to be afraid to go and ask for whatever is just and right, and I hold that there is not the least danger but they will get whatever is just and right from the Legislature. However, perhaps it might be just as well for us to try the experiment and see if we have a grievance or not, see whether the present system of charging will not work just as well as perhaps the other system, which had its objections.

Dr. GRAHAM—I quite agree with Dr. Williams' suggestion, that it is perhaps the proper way of proceeding at the present time; I do not see that a provincial tariff would do us much good. From our own experience in the country in regard to suits of that kind, we generally find the tariff is not of much service to us; the judge is generally ruled by the evidence brought before him in court by other physicians. I think I would fall in with Dr. Williams' suggestion, and leave the matter alone at present.

Dr. WILLIAMS—I do not want the impression to go abroad that I favor letting it alone because we are afraid of going to the Legislature. I explained yesterday that I had the assurance that if we put a tariff in reasonable form the Government would see that it passed through the House; but I think while that is true we should sometimes use discretion. My own conviction is that the profession is as well off without a tariff, and that it is better discretion to do nothing.

Dr. ROGERS—I feel somewhat strongly about this, on account of something that occurred lately in my own division, since this tariff has been knocked out. I understood Dr. Graham to say that the tariff of fees did not bind the courts; in reference to that, all I can say is that if the tariff of fees in his division did not bind the courts to at least the minimum charge it was because he did not get the tariff authorized by the Council and have the seal of the Council attached to each copy, because if you carried out the law as it was, unquestionably the tariff did bind the courts to the minimum charge at least. Lately, one of my constituents, and a personal friend, had a case in the court (since this tariff got knocked out); speaking from memory his bill amounted to something over \$60, and as far as my recollection is concerned, although I believe from what he told me it was a fair and honest charge, he only got something like \$15, the judge holding very strong views against the medical profession in general—he thinks they should not exist, and all that sort of thing,



and he holds very ultra views in regard to various matters. That places the medical profession in a very peculiar position indeed. I think this is a matter not only of great importance but I think it is the most important thing that has been brought before this Council this session. Every member of this profession who passed his examination and paid his fees did so because he assumed he was going to have a legal status for his charges; that is to say, when he made a charge he was not to have to call in brother practitioners in order to prove it. I have seen, and I suppose many of our members have seen, the exhibition of two or three physicians declaring in court that the charges were right; and two or three others, on the opposite side, declaring the charges were wrong, an exhibition which is not at all to the credit of the profession, and that is the unfortunate position we are placed in if the profession have no tariff. When the matter came before the Legislature I wrote to the Premier, and I received word back that he considered the section giving the Council power to adopt the tariff of fees was the most vulnerable part of the Medical Act, and he stated the reason was largely because we had so many tariffs; that is, there were, or there might be seventeen different tariffs for the seventeen different parts of the Province. I also wrote to our member in Ottawa, Mr. Bronson, who is a member of the Government, and a deputation waited on him. Mr. Bronson assured us that the opinion of the Government and of the Premier was that if the Council would adopt a provincial tariff, undoubtedly the Government would give us the power to adopt such a tariff, but he said the feeling of the House was against allowing the Council to adopt the tariff and make it legal by ourselves; that we either had to have it referred to the Lieutenant-Governor-in-Council or to some other outside source, and after it was so referred we could adopt it and they would sanction it. I then asked him if we framed a tariff of fees and that tariff were referred to three judges of the High Court—that is, of the Court of Appeal—and was sanctioned by them, would the Government accept that, and he said they would. Now, I might tell you that the lawyers' tariff is framed in that way, and therefore it is outside the lawyers themselves who would be interested in the matter. We want somebody to have not only the power of framing our tariffs, but we should have them sanctioned by either the Lieutenant-Governor-in-Council or by a committee of judges to be appointed by the Lieutenant-Governor-in-Council, if he will, and that will take away the impression which has got abroad in the Province, and which the Government had to face, that we have not only the power of making our charges but of approving of a code of charges which is binding on the courts; that if we adopted a tariff of fees here it would be absolutely binding on the courts. He said the feeling of the members of the Government is that that is not quite correct, that there ought to be some way or other by the judges or by the Lieutenant-Governor-in-Council of having the sanction outside of ourselves; that the fault they found with our tariff was that it was sanctioned by ourselves. However, in order to gain time in this matter, and in order to have it brought to a point, I, myself, would favor largely the advisability of at least considering whether it would be best to go this session and get legislation in order to have a tariff; not because we are frightened to go to the Legislature but because we do not want to apply now for further legislation if we can avoid it. I think we ought to consider it, and if we are to consider it I think the wise way is to refer it to a committee. I therefore move, seconded by Dr. Moorhouse, that a committee be formed to consider the formation of a legalized tariff of fees for the province or portions of the province, and that such committee report to this present Council.

Motion not put.

Dr. THORBURN—That is a good deal of the ground discussed in the Legislature at its last session; and I, with the assistance of the Registrar, appointed ourselves as a committee. I was authorized to call in the Legislative Committee, and perhaps if some other person had been chairman they would have done so, and the expense of that to the Council would have been very considerable; but, as it was, it cost the Council nothing. I may say the Government, and also the Opposition, except the Patrons, stood by the profession nobly, and the speeches made by the Premier and Mr. Whitney were highly complimentary to our profession, and I felt quite proud at the time. We may think we are not appreciated, perhaps, that they are inclined to think little of us—and perhaps that is our own fault very often—but when it comes to a test question we have the men of the country with us. Under the old Act each division had a right to have its tariff when it was submitted to the Council and approved of, but according to the new Act these divisions are cut up. A case came before a court where a physician was suing an estate for attendance, and it was found he was in the new division and therefore he had no tariff at all, so that it was necessary to commence *de novo*. Dr. McKay in the letter which I read last night explained that, and said that he hoped if we were foolish enough to adopt a tariff it would be a provincial one and not a local one. One of the difficulties in having a general tariff is, we are different from other people in regard to tariffs; we have to be guided by circumstances to a very great extent—(hear, hear)—a dollar to one man is more than a hundred to another, and we cannot tie ourselves down fast and hard to a tariff. I can speak plainly on this subject because I am not in very active practice at present, and I am independent of it, thank



goodness. (Hear, hear.) It is a very difficult matter to fix a tariff, and I would be inclined at present to let the matter stand over for a while, to give it a trial.

Dr. SANGSTER—Dr. Rogers has pointed out one difficulty that he thinks exists or may exist for the want of a tariff. I am aware that some difficulties have existed in the past through the existence of a tariff; the tariffs that had been adopted and sanctioned by this Council have been tariffs of maximum fees that medical men were permitted to charge, and it was supposed they would form scales of fees that every medical man would conform to; but it was the unhappy experience of nearly every one of us in the country that so far as the profession was concerned every man charged just as he liked, provided he charged under that tariff; that while the tariff would permit a man to make in a certain case a \$4.00 charge, and that would be the proper charge according to the tariff, we have had, throughout the country, men, owing to the over-crowded condition of the profession probably, content to go the same distance and do the same service for \$3.00, for \$2.00, for \$1.50, and in some cases for \$1.00. When under those circumstances a case was brought up in court and the judge was asked to allow a certain scale of fees, because it was the tariff of fees, evidence was sometimes brought from physicians themselves that no matter what the tariff of fees was the customary fee was very much below the tariff fee, and the judge therefore would give no heed to the tariff fee. That, as I think, was a great grievance in regard to our tariff of fees in the past. I am glad to hear Dr. Thorburn make the remark he did about the graded tariff. Some year or two ago when the matter of sub-division of the Province into territorial divisions was under discussion—as early as that—I was summoned by telegraph to meet the Government about that question, but incidentally I learned even then that two of the members of the Government entertained strong feelings in objection to the existence of the tariff clause in our Act; then, just before this tariff was abolished I was again called to Toronto, and in conversation then with Mr. Gibson and Mr. Ross and Dr. McKay, I found the strongest prejudice prevailing against the continuance of that tariff. I was anxious that the matter should not be changed apparently under the aegis of the Patrons, and I obtained from Mr. Ross a promise that it should be left to this meeting of the Council, and probably the Council would take charge of the matter and suggest any change that was desirable. Dr. McKay at the time told me it was not a matter in which Mr. Ross had any power; it was a matter in which the Attorney-General was simply determined there would be a change.

Dr. McLaughlin here spoke in an undertone to Dr. Sangster.

Dr. SANGSTER—I am told I should not say these things, but they are not matters of confidence, and I do not think I am committing any breach of confidence in saying them. I was told that the tariff that was specially objected to was the tariff of the city of Toronto. Every man in the House had objection to that tariff because it was a graded tariff. Every physician was permitted to charge so much up to a certain income, and so much more from that up to a certain other income, and so on. I remember telling Dr. McKay I thought that was peculiar to the city of Toronto, and he told me, I think, it was in force in some of the other territories—I think in Dr. Williams' territory. From my standpoint I think that is objectionable, and I would suggest leaving that matter of tariff severely alone at present, or if you do anything just recommend or just ask the territorial representatives to meet their friends, their constituents, and suggest to them a mutual agreement as to a territorial tariff, and then when we meet next year or the year after, we can compare these, if necessary, and come to some agreement as to what would be a proper provincial tariff. I do think if a tariff is adopted at all it should be a provincial tariff.

Dr. MACHELL—I would like to remove a misapprehension under which Dr. Sangster labors; he is evidently under the impression that in Toronto we have a graded tariff, which is not the case; that was abolished some eight, ten or twelve years ago; formerly, probably twelve years ago, we had a tariff of that kind.

Dr. SANGSTER—That is when I saw it.

Dr. MACHELL—Such has not been the case for at least ten or twelve years. A meeting of the medical men took place about that time, and a tariff of fees was adopted something like this: A day visit from so and so to so and so; or consultation so and so; there were no graded fees at all, patients were not put in class A, B and C as had been done heretofore, and that tariff was submitted to the Council and approved, and the copy that was sent to me was signed by Dr. Bergin.

Dr. McLAUGHLIN—I do not like to take up the time of the Council, but I have had a good deal of experience in regard to passing bills in the Local House, and if this Council takes my advice it will let that medical tariff alone for the present. Dr. Williams is a little too roseate in his expression of opinion that the Government will pass a tariff if we agree upon it; Government will do nothing except by it being supported by a majority of the House, and at the present time there is a great deal of irritation abroad in all the constituencies outside of the cities in regard to this matter; the Patrons have created a great deal of disturbance, and I would like to say here that the less we say bitterly against the



Patrons the better. I do not say that as their friend in any shape or form, but they have an influence throughout the country; that influence may die out, but it is there. I say if this matter is taken to the Legislature just now we will have a great deal of trouble to pass it, if it is passed at all, and Dr. Williams' advice to let it lie in the meantime is, I think, wise advice, and I hope the Council will adopt it.

Dr. WILLIAMS—I wish to make one explanation. Dr. Rogers spoke about a case where a grievance came up because of the want of a tariff. Now, within a very few miles of my home I know of a grievance with a tariff; a physician from the neighborhood called to see a patient, where his charge by the tariff would be \$10.00 for a consultational visit; in that case the tariff gave him \$10.00, and he was honestly entitled to \$10.00 for the distance he had to travel on a consultation visit; any of the rest of us, considering we were charging moderately, would have charged \$10.00. But the judge, when the case came before him in court, simply allowed him \$5.00, and the judge had the tariff right there before him but he would not be governed by it at all. Dr. Sangster spoke about our having a graded tariff in our division; that tariff was graded in this way, a fracture of some bone was to be from such a price to such a price, etc; the explanation of that was in one case you might have a simple fracture, and in the other case it might be a compound comminuted fracture, or something of that kind, one of which would be really worth a great deal more than the other, and the idea was if that case went to the court it then became a matter of evidence to establish to the satisfaction of the judge whether you were only entitled to the low fee for a simple case or for the high fee for the worse case; that was the principle upon which our tariff was got up, but as a matter of fact when it went into court I know of one case where the judge knocked off half, and did not take notice of the tariff at all.

The CHAIRMAN—Would he consider himself in a position to judge as to the value of the service in that case?

Dr. WILLIAMS—I only know he did it.

The CHAIRMAN—Without taking evidence from other medical men as to the character of the injury and the skill required?

Dr. WILLIAMS—There were several medical men who gave testimony for the plaintiff, and a number who gave testimony on the other side; I am not prepared to say just which testimony the judge was governed by, or whether it was an arbitrary notion of his own—that I could not tell, but as a matter of fact that is what he did, and he had the tariff with the corporate seal attached to it placed before him.

Dr. ROGERS—It seems to me there is a certain amount of misapprehension in regard to the object of a tariff. I do not think the object of a tariff as provided in the Medical Act originally was to produce a schedule of rates which every medical man must charge a patient; it was only a schedule of rates which would be to some extent binding on the courts; that is to say, the courts would be forced to give that rate in the event of a physician being compelled to bring suit against his patient. I would like to ask Dr. Williams if each copy of the tariff in his division was signed by the president and had the seal of the College attached to it.

Dr. WILLIAMS—I will not say each copy has the seal attached; a large share of the men have a printed copy that was signed by the president at that time, and signed by the Registrar. We have a printed form supplied to each member, but as to the profession being guided by the prices set out in that tariff, the tariff had no force whatever; so far as I know each medical man charged what he thought was reasonable and right himself, and really all the tariff did was to give him a little guide as to somewhere about what would be reasonable.

Dr. SANGSTER—Was it not originally intended that that tariff should be a guide to medical men as to their charges? I remember that was my impression for a very very long while, and it is my impression to a certain extent now. I know that at one time the medical men of my division, or of the old division partly represented by mine, met and they agreed to a certain scale of prices, and signed their names to the bottom of the schedule of prices, and next day it was not worth the paper on which it was written. I was foolish enough in the early years of my residence where I now reside to get the authorized tariff printed on the back of my accounts or bill heads, and I found in a few years it was used right and left, on all sides, against me. It was taken to persons and shown to them saying, this man charges so and so.

Dr. WILLIAMS—I never knew a case in our division where they were governed strictly by the tariff at all.

Dr. ROGERS—Do you mean the courts?

Dr. WILLIAMS—No, but the men themselves who were making the charges. I never knew of such a case. The tariff was considerably higher than almost any of the medical men thought wise to charge, and almost entirely the whole of them kept below it. I am satisfied that when it was first adopted it was thought by the bulk of the medical men at least that that should become a standard, and that they would all charge a uniform price, but I do not think it was one week in operation till they found it was not practicable and



they could not do it; they had to modify prices according to the circumstances, and in that way they were not governed by the tariff in any extent at all. And in court I never knew a case yet where it did any good in our division, and I did know the one case where it did harm.

Dr. ROGERS—I asked Dr. Williams a question, but I got a good deal more than I asked for, and I want now to draw attention to one or two little points in regard to this matter. I was myself for a long time under a misapprehension on this matter, but if you will turn to Section 16 of the Medical Act (I think it is well worth while considering it) you will see that the words of the Act were as follows: "The said Divisional Associations may, from time to time, submit a tariff or tariffs of professional fees suitable to their division, or to separate portions of their division; and upon the said tariff or tariffs of fees receiving the approval of the Council, signified by the seal of the College and by the signature of the president thereof being appended thereto, such tariff or tariffs shall be held to be a scale of reasonable charges within the meaning of Section 39 of this Act for the division or section of a division where the member making the charge resides." In other words, if you take a copy of tariff and print it it becomes so much printed paper, but it has no more legal force than if it were not printed at all; but if you follow out the exact words of the Act, and have each copy printed, signed by the president and sealed with the seal of the College—and such can be done, for we have it done in our division—then I mean that there is not a judge in the Province of Ontario that can give you less than the minimum charge provided by that tariff, and I have seen this thing decided over and over again. We used to have a tariff, but they were, as Dr. Williams states, simply printed copies in the form of a scale, then about six years ago we had the tariff in the Bathurst and Rideau division printed in book form, and had a hundred copies sealed and the president's signature attached to each one, and then every member of the profession in Ottawa had a copy of the tariff, and I have never known in the six years a judge to attempt to either call evidence that it was too high or to give a judgment that it was not right; the judges would invariably turn the copy of the tariff presented to them over and see if it was signed and had the seal attached, and I have heard the judges, not only in the city of Ottawa but throughout that district, say, I have nothing to do beyond the tariff. Therefore if you have your copy of the tariff signed and sealed the judge is forced to take that tariff because the statute governs it. If he did not take it he would violate his oath as a judge and be liable to have himself removed from his judicial capacity—so the Minister of Justice has told me. But I find in looking over the large number of tariffs of fees which my friend Dr. Henry has, that not one of them has been signed, and the trouble is that the tariffs through Ontario were simply illegal documents, and the judges were at liberty to take them or not. But if the copies were all signed under the Act then they would be binding. I would still press on the Council the importance of having a tariff; and I say in the interests of the profession in my division, and I believe I speak in the interests of the profession throughout Ontario, that we should have a scale of charges; have your tariff as low as you like, but have a scale of charges which would be to a certain extent binding on the courts all over the Province. Dr. Pyne has at my request just handed me a copy of the Ottawa tariff, and each copy of that tariff was, as you may see this one is, signed by the president and had the seal attached; and Dr. Logan will bear me out in saying that the tariff in the city of Ottawa and throughout Bathurst and Rideau division has never once been neglected by a judge in court; and I say that if the profession throughout the Province of Ontario had taken the same precaution there would be no trouble about it and never would have been. And now I ask, is it not wise to proceed to have the reinstatement of Section 16 which has been repealed? We can ask the Legislature for an Act to form a tariff of fees for the Province or for the different portions, for town and country practice, the same as they have in the Province of Quebec; and if we get the legislation for that, and if we by resolution empower the Executive Committee to frame a provincial tariff of fees between now and the next meeting of the Council, and if they framed it and send a copy of it to every member of the Council between now and the next meeting to be considered by the profession in their divisions and returned to the Executive Committee, then we would have next session of the Council not only the authority to adopt a tariff of fees but we would have received the feeling of the profession throughout the Province, and we would be prepared to go at it intelligently and to frame and adopt a tariff of fees next session. I would strongly urge that course on the Council.

Dr. HENRY—I rise to endorse the remarks that Dr. Rogers has made. In my division, in the courts, we have invariably found the judge to recognize the tariff when it has been placed before him. In the town of Owen Sound recently, a case was tried in the Division Court where the minimum charge was made, and the plaintiff sent to me for a copy of the tariff, and I forwarded it to him. It was produced in court, and he recovered his charges which were not excessive. While I am on my feet I wish to say that I do not see why the



Government should object to the charges in our tariff; our charges are very low minimum charges, and I want to ask if we are going to let the Patrons make our charges for us.

Dr. SANGSTER—I do not know that the Government or any member thereof have objected or said we charged too high.

Dr. CAMPBELL—I think this matter has been pretty well discussed. I think the general sense of the meeting is that for the present we let the matter rest, whatever the necessities for having a tariff may be, and inasmuch as time is passing rapidly I would move not that the committee rise and report progress, but that the chairman do leave the chair. I do not want to stop any gentleman who wishes to speak, and I will withdraw my motion if Dr. Williams desires to address the meeting, but I think we had better come to a close.

Dr. WILLIAMS—I just wanted to offer a word of explanation. The idea ought not to go abroad that the charges in the divisions were unreasonable, and I do not think the Government have hinted anything of that kind. The fault the Government found with the clause of the Act was that it empowered us to frame a tariff which was a tariff arranged by medical men, put before a council of medical men, and sanctioned by medical men, and was entirely within the profession. I think if, in place of being submitted to the Medical Council for ratification, there had been a provision to submit it to the Governor-in-Council or to a judge, or set of judges, it would have removed that objection. That was really the weak place in the bill, and the fault was not being found with the fees. Now my own conviction is that the consensus of opinion in this Council is that we had better let it alone, and with that view I propose moving that the committee do now rise, and if it does, that it simply lets it alone.

The Chairman then put the motion that the committee rise and, on a vote having been taken, declared the motion carried.

The committee rose. The President, Dr. Harris, took the chair.

On motion of Dr. Thorburn, seconded by Dr. Moore, the Council adjourned to 2 o'clock p.m.

#### AFTERNOON SESSION.

FRIDAY, *June 14th*, 1895.

In accordance with motion to adjourn the Council met at two o'clock.

The President in the chair called the meeting to order.

The Registrar called the roll and the following members were present: Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Emory, Fowler, Graham, Hanly, Harris, Henderson, Henry, Logan, Luton, Machell, Moore, Moorhouse, McLaughlin, Reddick, Rogers, Roome, Rosebrugh, Sangster, Shaw, Thorburn, Taornton and Williams.

The Registrar read the minutes of the preceding meeting, which were confirmed and signed by the President.

Dr. McLAUGHLIN—Mr. President and members of the Council, I have under the head of privilege, with your consent, to bring under the consideration of this Council a matter of extreme importance and perhaps of far-reaching consequence, and I beg to state part of what I have to say at the present time, and I will leave the Council subsequently to say whether with closed doors I had better proceed with the rest of it. The matter I want to bring up for your consideration is that the by-law that was submitted by Dr. Rogers yesterday afternoon is, I think, invalid. I think that it is not worth the paper upon which it is written, and I desire to tell you why, but I would like Dr. Rogers to be called into the room before I proceed further.

The President directed the page to request Dr. Rogers' attendance. Dr. Rogers entered the room and the President stated to him that Dr. McLaughlin had risen to a question of privilege concerning the by-law moved yesterday by him (Dr. Rogers) appointing a Discipline Committee.

Dr. McLAUGHLIN—Of course this is a matter that does not affect Dr. Rogers any more than any other member of the Council, except that he introduced the by-law.

Dr. ROOME—A question of privilege can only be as to some personal matter. Dr. McLaughlin is now speaking about a by-law that we have passed. Other members might have such questions of privilege and keep us here for a week on them.

Dr. McLAUGHLIN—It is not clear to me that I am in order. I confess that. But as I have told this Council I want to bring before you a matter of extreme importance, and one that, I think, when I am through, every member of the Council will thank me for having brought up.

The PRESIDENT—Dr. McLaughlin is not at liberty to discuss the by-law at all, but he may state as briefly as possible what the question of privilege is.

Dr. McLAUGHLIN—If you rule me out of order I can reach it another way.



The PRESIDENT—I have not ruled you out of order, because I do not know what you want to talk about.

Dr. McLAUGHLIN—A matter of grave importance was done by this Council yesterday that renders a by-law invalid, and I do not want to say how far-reaching that is.

The PRESIDENT—I shall have to rule you out of order, Dr. McLaughlin, unless you can briefly state to me what your question of privilege is.

Dr. McLAUGHLIN—Then you must abide the consequences.

The PRESIDENT—If any gentleman has indulged in personalities, or if there is anything reflecting on the Council in the public press or from any gentleman of this Council, you have a perfect right to rise here and discuss the question of privilege, but you cannot under the head of privilege discuss any motion that was passed yesterday, though you may bring it in under another head.

Dr. WILLIAMS—Under the head of miscellaneous business is the place where Dr. McLaughlin may properly bring this up.

Dr. McLAUGHLIN—I was quite aware of that, but I thought I might be indulged, because I think I have a matter of great importance.

The PRESIDENT—I am sure that every member of this Council, as well as I, would gladly allow anything that is possibly in order, but I do not know what you may discuss, and therefore I will have to rule you out of order, stating at the same time that you may bring up this matter under the head of miscellaneous business.

Dr. ROOME—I raised the question, because if you establish a precedent we will have to keep it up. There must be something very mysterious behind this, and if there is anything wrong in this by-law referred to by Dr. McLaughlin, or in any other by-law, I want it brought out; and if there is any personal matter then it is well enough to close the door and have it discussed.

The PRESIDENT—I think that Dr. McLaughlin recognizes that the chair is dealing fairly with him.

Dr. McLAUGHLIN—Yes; I said at the beginning it was not strictly under this head, but it is a matter of such importance that I thought it should be brought up, in order to remedy the evil that had been done, when it came to my knowledge.

#### NOTICES OF MOTION.

None.

#### COMMUNICATIONS.

Dr. Pyne read a communication from the Canadian Medical Association of Toronto, dated June 14th, 1895, which was referred to the Registration Committee.

#### MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

None.

#### INQUIRIES.

Dr. SANGSTER—I have an inquiry that I want to make. I would like to ask whether it is within the power of any official of this Council, elected or appointed, or a committee of this Council, less than a motion to that effect by the Council itself, to instruct the stenographer to leave out of his official report any part of the proceedings? I think that is a most important matter. I do not think any official or any committee, or even the President himself, should have power to instruct the stenographer not to report certain subjects that are discussed in this Council.

The PRESIDENT—In answer to that question I may say that we have an official stenographer who takes down every word that is said, and I think it is only in the power of the Council, and the Council only, to instruct him to make any changes whatever.

Dr. SANGSTER—Last year a question somewhat similar was asked, and the then President made the statement that the stenographer reported everything unless he was instructed to the contrary.

The PRESIDENT—I think the then President meant by that that the stenographer reported everything unless he was instructed by the Council to do otherwise.

Dr. SANGSTER—It is suggested that the Printing Committee has power to instruct the stenographer to leave out certain parts of his report. If that is the case I would like to have a motion—

Dr. ROOME—Dr. Sangster has made a mistake. The Printing Committee in the House of Commons have power to say what is to be put in or what is not.

The PRESIDENT—In this Council the Printing Committee are not empowered at all to do anything of the kind, and whatever is said in this Council is taken down by the stenographer and reported by him.

Dr. SANGSTER—That is satisfactory. I have another question. We shall shortly be



required to discuss the report of the Committee of Finance, and perhaps the report of the Property Committee. I would like to ask, if I can reach it by enquiry without a specific motion, whether there has been any offer made by any corporation or by any individual for the purchase of this building? There is a report current that the Foresters made an offer for this building, and I would like to know, if they did, what was the amount of the offer? It was stated last year that some brilliant offers had been made, and while I do not care to go back into these things, it would be a great satisfaction to many of us in this Council, especially to the new members, to know, if there was any bona fide brilliant offer made for the purchase of this building, what was the amount of that offer? My excellent friend, Dr. Rogers, from Division No. 17, in his address makes a bold statement to his constituents that there is a standing offer for the purchase of this building at the amount of \$100,000. Now I should regard that as a brilliant offer. He further adds that he has the authority of a very shrewd real estate dealer in Toronto to say that in a short time the property will be worth \$150,000. I would like, if I could get at it, to get the name of that very shrewd dealer in real estate. I would like to talk to him, because I think I could convince him if that is his opinion.

The PRESIDENT—I think I shall have to ask you, Dr. Sangster, not to discuss this question at all at the present time. You have asked the question, Dr. Sangster, and I shall try to answer it through the Registrar, the only way I can answer it. Dr. Pyne will please state to Dr. Sangster whether any offer was made and, if so, of what amount.

Dr. PYNE—There was no direct offer made that I know of; there was a letter written last year that went before the Property Committee, but there was no sum named.

Dr. SANGSTER—That was characterized by Dr. Thorburn at the time as a mere fishing offer.

Dr. PYNE—That is the only offer that I know of, and there was no amount named to my knowledge.

The PRESIDENT—Are you satisfied, Dr. Sangster?

Dr. SANGSTER—Yes.

Dr. ROGERS—This is hardly fair to me. Dr. Sangster has referred to a communication of mine, and my name has been referred to, and I submit I should have a right to explain.

Dr. SANGSTER—I think Dr. Rogers should, under the circumstances, have a right to explain.

The PRESIDENT—My ruling is that Dr. Rogers has a right to explain in this particular case because Dr. Sangster has transgressed somewhat by discussion when he should have limited himself to merely asking a question.

Dr. ROGERS—The standing offer was, I might say, an offer I understood at the time from a very responsible party, who has since purchased property within a very short distance of this building, and that offer I might say was pretty well understood to be a bona fide one. Whether it was an offer that could be acted on or not, I believe it was a good standing offer, and the parties I speak of have purchased a building since within a very short distance of this building. No matter how it is characterized, I thought the offer was bona fide, and I still adhere to my proposition as laid down in my address that if this building could be sold for \$150,000 I think it ought to be sold, but I do not think it should be sold for one dollar less.

#### REPORTS OF STANDING AND SPECIAL COMMITTEES.

None.

#### CONSIDERATION OF REPORTS.

None.

#### UNFINISHED BUSINESS FROM PREVIOUS MEETINGS.

None.

#### MISCELLANEOUS BUSINESS.

The PRESIDENT—Dr. McLaughlin, you may bring in the matter you have referred to under this head.

Dr. McLAUGHLIN—Mr. President, I can assure you it is with no desire to take up the time of the Council that I bring this matter under your consideration, but I say this is of far-reaching consequence, and we know not what mistakes in the past may lead this Council into. When Dr. Rogers read this by-law yesterday appointing a Discipline Committee I strained my ears to understand one sentence, and I failed to catch it. I thought possibly it was an intricate sentence conceived by Mr. Osler that would require a great deal of study to unravel. When he read the by-law once more I tried to comprehend that sentence, and I failed then to catch what the words were, and I now ask the Council to listen to this: "2. The said committee shall hold office for one year, and until their successors are appointed, provided that any member of such committee, notwithstanding anything to the contrary herein, until all business brought before them during the year of office has been reported upon to the Council." I say that that is bad grammar, it is an imperfect sentence,



it is nonsense, and I say that Mr. Osler never penned that sentence in the world; it is simply an imperfect sentence, and my friend Dr. Rogers or somebody else has left out a serious portion. I make the plain statement that that is an imperfect sentence; that there is no sense in it. I will read it again, and I ask the gentlemen in this Council to listen to it. (Reads Clause 2). Mr. President, I may say that some two or three years ago this by-law was in a proper condition, so far as this second clause was concerned, but two years ago it suffered mutilation, and it has stood that way ever since. I want to point out still further some mistakes in this by-law. The authority for the passage of this by-law is as follows: "Under and by virtue of the powers and directions given by sub-section 5 of chapter 121, 50th Victoria, intituled 'An Act to amend the Ontario Medical Act,' and so on." You see the foundation upon which this by-law is framed is sub-section 5 of chapter 121 of 50th Victoria, and I took the trouble to get the Statutes of 50th Victoria, and I find that Her Gracious Majesty that year only passed 99 chapters, and chapter 121 is not to be found in the Statutes of 50th Victoria, so that the basis upon which this by-law is founded has no existence in fact. Then I ask your attention to one thing more. It says, "Under and by virtue of the powers and directions given by sub-section 5." There are three or four sub-sections in our whole Ontario Medical Act, but there is no section named under which sub-section 5 might come in, therefore I say that there is another point that will invalidate this by-law. Now, Mr. President, this is what I have to say in regard to this by-law, and I have no hesitation in saying it, that it is invalid and useless, and we will have to begin and discuss the consideration of it *de novo*. Now I have other matters of far graver import than those because those can be remedied, but something has been done here that can not be remedied, and it is for you members of this Council to say whether in the opinion of the Council I should proceed to discuss that or not.

Dr. ROGERS—Will you allow me to see that by-law? There may have been a word—

The President asked Dr. McLaughlin to read the by-law again.

Dr. McLAUGHLIN—Mr. President, I beg of you not to ask me to read this, in view of what you are looking at, because there are grave consequences behind it.

The PRESIDENT—I want to compare it with the by-law contained in the last announcement.

Dr. McLaughlin read from the by-law.

The PRESIDENT—It is practically the same as it was last year.

Dr. McLAUGHLIN—Yes; but it is better to keep that quiet at the present.

Dr. ROGERS—Mr. President, I confess that at the outset I did not draft this at all; this is one of our by-laws prepared and ready for each succeeding year. It is a draft drawn by Mr. Osler—

Dr. McLAUGHLIN—Do you mean to say that Mr. Osler drafted that as you have it there?

Dr. ROGERS—Yes.

Dr. McLAUGHLIN—Never.

Dr. ROGERS—I hope that Dr. McLaughlin has better proof than his own opinion, because that is a very emphatic statement. We have By-law No. 43 as originally drawn out by Mr. Osler in writing.

Dr. REDDICK—What year was that in?

Dr. ROGERS—1889. By-law No. 43 reads "Under and by virtue of the powers and directions given in sub-section 2 of section 5, chapter 121, 50th Victoria, intituled 'an Act to amend the Ontario Medical Act,' enacts as follows: 1st. The committee for the purpose of the said section shall consist of five members, three of whom shall form a quorum for the transaction of business. 2nd. The said committee shall hold office for one year, and until their successors are appointed, provided that any member of said committee appointed in any year shall continue to be a member of such committee, notwithstanding anything to the contrary herein, until all business brought before them during the year of office has been reported upon to the Council."

Dr. McLAUGHLIN—The reading of the present by-law and that draft are not identical.

Dr. MOORHOUSE—There has been one line left out, it is an oversight or a clerical error?

Dr. ROGERS—As far as I am personally concerned, this might have occurred from the transcription by a typist from the original; that is a clerical error, a pure and simple clerical error in passing, and I maintain with all due deference to Dr. McLaughlin that it is not such a serious matter after all. He may think differently, but I do not, and I submit that a clerical error in the shape of leaving out a word or anything of that kind has no weight in nullifying the by-law.

Dr. McLAUGHLIN—You go to a court of law and see whether it has or not.

Dr. ROGERS—I think there is no doubt that my view of it is correct.

Dr. McLAUGHLIN—There is no question that that second section, an important section, is not worth anything, but the graver part of my charge is that that by-law has been drawn up as under sub-section 5, chapter 121, 50th Victoria, and I repeat that there were not any



more than 99 chapters passed in the 50th year of Her Majesty's reign by the Local Legislature; how then can 121 be right? There is no question that it is not right. I went to a lawyer's office this morning and I looked up the statutes in order that I might be right about my position. Then you will observe, again that it calls for sub-section 5, and I would ask is there a member of this Council that does not know that that must be entirely wrong? You must first mention a section, and then if it is under a sub-section of that section, mention it; but this by-law starts out with "sub-section 5," which is an absurdity. It is no excuse for Dr. Rogers to say that this by-law has been drawn up by some person else, when he read it over did he not detect there was an imperfect sentence, that there was a part that conveyed no meaning whatever? He should have rectified that before he allowed it to go before the Council.

Dr. BRITTON—I take it that when the first portion of a by-law is being read, and before these blanks were filled in it is not, and I myself do not so consider it, an extraordinarily important matter for me to keep my ears open to hear every word of that by-law which is supposed always to be drawn up in accordance with the original form of by-law to be found in the book, and I am perfectly satisfied that these errors have been simply clerical errors. And I want to say that if I had discovered those clerical errors I think I would have stood up and said, Mr. President and gentlemen of the Council—(hear, hear)—there have been some clerical errors in the by-law which was passed this morning, and to which I, among others, assented, and I stood up afterwards and I eulogized certain of the gentlemen who were appointed by that by-law, and I spoke in high terms of one gentleman, and I would be generous enough, I think, and reasonable enough to say, "Gentlemen, allow the clerical error to be set right." I think that would sound very much nicer in this Council and read very much nicer in the public press, than to indulge in a spirit of harsh criticism and inuendo.

Dr. ROGERS—I want to express just the spirit in which Dr. Britton has put it. It became a duty of some person to introduce this by-law, and I asked Dr. Pyne to have this drawn up. I expect that the typist has inadvertently—a very simple thing to do—left out a word or a sentence, and I, in reading it over, considered it was a legal document which had been passed through this Council over and over again, year after year, and I was not supposed to turn around and investigate whether every word was correct or not.

Dr. McLAUGHLIN—Certainly you were.

Dr. ROGERS—It was an old standing by-law; if it had been a new one I would have been more careful; but if it had been a new one, and if a clerical error had arisen, I would have thought there was not a member of the Council but would have been glad to have got up and said, I have discovered a clerical error that should be rectified, and would have moved that it should be rectified; that would have ended the whole thing. But to use criticism to a member who was simply doing a routine piece of work I think is not, to speak mildly, a proper thing to do; this is a routine piece of work which might have devolved upon Dr. McLaughlin; I did not want to do it.

Dr. WILLIAMS—The fact exists that there are errors in this by-law, and the question before us is, how shall we put them right. I do not think it will make any difference to discuss how they came there; we know they are there and we want them remedied; the question for us is, what steps shall we take to remedy them?

Dr. McLAUGHLIN—I want to reply to Drs. Britton and Rogers, who seem to think that yesterday when the by-law was passed I knew of those errors.

Dr. BRITTON—Allow me to explain. I did not intend to and did not so express myself. I perfectly understood Dr. McLaughlin a few minutes ago when he said he did not hear the by-law read; I did not hear it read, through inattention—at least I did not hear every word of it, and he would not hear every word of it, I suppose, because of the distance between him and the reader of the by-law. Perhaps I should have paid attention to the reading, although I do not think there was any occasion for it, but I took it for granted that the by-law was properly drawn up and properly copied. I did not expect the reader or the mover of the by-law would go into these matters and compare the copy with the original to make sure every word and letter, every comma and semicolon were correct, and I maintain now that if any gentleman in the house could not at the time hear the words distinctly, and he thought it necessary himself that those words should be heard distinctly, it was his duty then to call the attention of the chair to the fact, and to have had it read over again and more distinctly. (Hear, hear.) I think that commends itself to the sense of the gentlemen in the house, and I think Dr. McLaughlin will agree with me. I wish to say that I did not suggest that Dr. McLaughlin knew at any time there were errors. I believe when he makes the statement that he is telling the truth.

Dr. SANGSTER—I am glad Dr. Britton says that. I first thought when he spoke that was what he meant, that it was with that meaning. As to it being the duty of members to get up and state that they do not hear—I think that that has been done so often—when the gentlemen at that end of the room are speaking, it is but a matter of justice to those of us who



are more remote to speak so that we can hear. I have almost felt my ears growing in length from straining since I have been in the Council. (Laughter.)

Dr. REDDICK—Mr. President, some men seem to think if they heard it they could tell whether it was right or not, but I frankly confess if I did hear it I would not be sure whether it was right or not, and I am afraid there are a good many other members sitting around me who would not be able to tell on the first, second or third reading of a legal document whether or not it was right.

Dr. ROOME—Do you refer this to a committee of the whole house, or is it just referred to the Council?

The PRESIDENT—There is no motion at all before the chair at the present moment.

Dr. ROOME—I do not see how you can discuss the language or grammar of the by-law.

The PRESIDENT—Dr. McLaughlin brought this matter up under the head of miscellaneous business, in the way of a question of privilege, and there is no motion made, therefore there is nothing before the chair.

Dr. ROOME—Then when the question comes before the chair, as it ought to, what is to hinder anyone substituting those words?

The PRESIDENT—You cannot amend a by-law by a motion.

Dr. ROSEBRUGH—Would it be in order to move that the action taken yesterday in passing this by-law be reconsidered?

Dr. McLAUGHLIN—My impression is that the better way to get at this would be to repeal that by-law and commence *de novo*.

The PRESIDENT—This is an important committee, one of the most important committees of the Council, and my ruling is, that we must repeal this by-law and introduce a new by-law in order to have the appointment of our committee legal and correct.

Dr. WILLIAMS—I would suggest now that we leave this subject for the moment; we are now in miscellaneous business, let us go to our work on committees in the meantime, and between now and the next session of the Council let a by-law be prepared that we know is right, even if we have to submit it to Mr. Osler before it comes before us, because we must know it is absolutely right. There can be a clause in that by-law repealing this by-law. By that means we can have this by-law repealed and a new one enacted that we are positive is absolutely right.

The PRESIDENT—I entirely agree with Dr. Williams. He is quite correct as to the proper mode of procedure.

Dr. ROGERS—I ask leave to give notice of motion introducing a by-law appointing a Committee on Discipline at the next meeting.

Dr. SANGSTER—Can Dr. Rogers introduce a by-law to appoint a Committee on Discipline until the present by-law passed for that purpose is repealed?

Dr. ARMOUR—I would like to call your attention to the last sentence of Rule 13, which reads as follows: "Notice shall be given to all motions for introducing new matter, other than matters of privilege and petitions, at a meeting previous to that at which it comes up for discussion, unless dispensed with by a three-fourths vote of the members present. Any matter when once decided by the Council shall not be reintroduced during the continuance of that session, unless by a two-thirds vote of the Council then present." I think therefore it will require to be put to a vote to make it legal to reintroduce it.

Dr. WILLIAMS—When the motion comes up I do not think there is any doubt but there will be an unanimous vote of the Council, and we do not need to stand on a two-thirds vote for I think every member of the Council will support the reconsideration of that by-law in order to rectify a mistake that has been made.

The PRESIDENT—I now ask the Council if they will revert to the order of business, "Notices of motion," and allow Dr. Rogers to bring in this notice. Leave granted.

Dr. McLAUGHLIN—I have no objection, but will Dr. Rogers not add to his notice that he will introduce a by-law to repeal the other by-law?

Dr. Rogers gave notice of motion to introduce a by-law appointing a Committee on Discipline, together with a clause repealing or abrogating any by-law interfering with the same.

The PRESIDENT—I may say that I think it would be wise for me as President of this Council, with the approval of the Council, to instruct the Registrar to go to Mr. Osler and have the by-law that is to be introduced properly prepared by him as the solicitor of this Council.

The Council assented to this suggestion.

The President instructed the Registrar, Dr. Pyne, to attend at Mr. Osler's office to have a by-law properly prepared and have it brought before the Council at to-morrow's session.

On motion of Dr. Williams, seconded by Dr. Bray, the Council adjourned till 8 o'clock p.m.



## EVENING SESSION.

FRIDAY, June 14th, 1895.

The President in the chair called the Council to order. The Registrar called the roll and the following members were present: Drs. Armour, Barrick, Brav, Britton, Brock, Campbell, Dickson, Emory, Fowler, Geikie, Graham, Hanlev, Harris, Henderson, Henry, Logan, Luton, Machell, Moore, Moorhouse, McLaughlin, Reddick, Rogers, Roome, Rosebrugh, Sangster, Shaw, Thorburn, Thornton, and Williams.

The minutes were then read by the Registrar and confirmed and signed by the President.

## NOTICES OF MOTION.

No. 1.—Dr. THORBURN—That in future all cheques issued by the Council must be signed by the Treasurer and President, or in his absence, by the Chairman of the Finance Committee.

No. 2.—Dr. WILLIAMS—That each member of the Council be requested to obtain from his constituents during the year their views as to the advisability of having legalized medical tariffs and any further information that may be of use in deciding the question.

## COMMUNICATIONS.

None.

## MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

Dr. ROGERS—Mr. President, I gave notice that I would introduce a by-law in reference to the appointment of a Discipline Committee.

The PRESIDENT—For the information of the Council I wish to say that this afternoon I, together with Dr. Rogers, the Vice-President, and the Registrar, and Dr. Campbell, who is an ex-member of the old Executive Committee, drove to the Solicitor's office and consulted with Mr. H. S. Osler with reference to this matter, Mr. B. B. Osler being out of town, and I shall call upon Dr. Campbell to inform the Council of what occurred at that interview with Mr. Osler with regard to this by-law.

Dr. CAMPBELL—Mr. President, and gentlemen, as stated by the President we called upon Mr. Osler and the matter in dispute was briefly stated to him without comment by any member of the deputation. Mr. Osler did not seem at all impressed with the gravity of the situation, in fact, though I am not particularly sensitive, I confess I felt a slight degree of humiliation on noticing the very light regard Mr. Osler seemed to hold the matter in. Mr. Osler assured us that a clerical error of the description referred to by the member who brought it before the notice of this Council would have no effect whatever; that the error in the citation of the Act was perfectly immaterial; that the few words that have been left out were so plainly a clerical error that it would have no effect. And after a little inquiry we found out how the error occurred. The very first error (the citation of the Act) was an error of the typist in the solicitor's office at the time the very first copy of the by-law was received, so there is no blame attachable to anybody here for that, and in the other clause, where a few words were dropped out, it was shown by referring back to the old by-law that the typist had just simply skipped a line. However, Mr. Osler said it was perfectly immaterial, that they were so plainly clerical errors, not affecting the by-law, that they would have no effect upon the matter, and that all actions of the committees appointed on the previous by-laws having those errors in them were perfectly valid, and could not be successfully attacked. In regard to the by-law that was passed yesterday, he acknowledged the propriety of having the thing made perfectly correct, inasmuch as Council was still in session, and suggested that it would be quite sufficient to pass a declaratory resolution pointing out the clerical errors in the by-law. But on being informed that no notice of motion had been given for the introduction of a by-law repealing the by-law of yesterday and having a new by-law passed, he said of course that would be a proper action to take, and in order that no possible mistake might be made the President requested Mr. Osler to draw up the by-law in proper shape and to read it over himself after it came from the typist to see that there was no mistake and then send it up for the Council. I think the Council is to be congratulated on finding out that something which appeared at first to be a very serious disease turned out to be a matter not of very material consequence.

Dr. WILLIAMS—Allow me to ask, was the first by-law that was passed the one in which the error in the citation took place?

Dr. CAMPBELL—Yes; the original by-law, the first one, back in 1887 or 1888, the citation of the Act in that was incorrect in the figures.

Dr. WILLIAMS—Under that by-law a case has been before the Courts and has been sustained.

Dr. CAMPBELL—Yes, and that point does not seem to have been noticed at all.

Dr. WILLIAMS—If that was a material point it would have been noticed then; as it was not noticed, it makes it certain that it is not material.

(To be continued.)



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No. 4.

**LODGE PRACTICE.**

Every profession has been affected more or less by the tendencies of the age, but there has been perhaps no profession which has suffered more severely or has fallen further from the high esteem in which it was held during the time of our fathers than that of medicine. This condition has been largely brought about by competition in its most pernicious form, *lodge practice*. While the theory of benevolent insurance and fraternal societies may be good, and may spring from the most philanthropic motives, practice shows no evidence of it.

\* \* \*

The first inducement held out to a man to join a lodge is the beneficiary advantage that he will receive the services often of his own physician (instead of at the honorable, and, God knows, cheap enough rate which

he has been accustomed to pay) at the dishonorable rate of one or two dollars per annum, this in many cases including medicine. The beneficiary institution thus makes much of its money from the margin which it takes off the services of the physician, and consequently half the profession in this country are working at starvation wages in a degrading servitude in order that the promoters and fakirs in chief of these benefit associations may have princely salaries.

\* \* \*

We have lately had a great cry raised in some quarters against lodge practice. The profession feel the iron heel of their task-masters pressing ever more roughly on their necks, and make spasmodic attempts to extricate themselves from the undignified position in which they have been placed. It is a subject more for sardonic humor than for



even pity or sympathy. Does the profession delight in being treated as the bond slaves of men not fit to blacken their shoes? Are they proud to be at the beck and call of every so-called brother, but actually boss, for one dollar a year? Is the certificate which binds them to debasing servitude—that no other profession in this country or in any other would endure—better than the diploma of their Alma Mater? If so, well and good. If the seal of the High Chief Potentate of the Secluded Wigwams is more to them than the seal of an honorable profession, let them take their medicine and stop making faces. If the profession in this country has disgraced itself in the matter of lodge practice, the profession has itself to blame and no one else. If this condition of affairs is to be remedied, it must be remedied by the profession; they cannot expect their beneficiary bosses to render a helping hand to reduce their own salaries.

\* \* \*

We see that there is a revival of the spark of professional honor in some places, and it is our sincere hope that it will be fanned into a flame which will wipe lodge practice out of the Province. The profession in London have actively taken the matter up, and have signed a bond with each other, by which the members covenant each with the other that in the future they will sin no more. This agreement has been signed by practically the whole profession of that city, and we cannot praise too highly the gentlemen who have taken active steps to remove this evil from the precincts of at least one city in this Dominion. We

are glad to see that some of the physicians in the city of Toronto are now taking similar ground, and we sincerely wish them every success and every encouragement; for we believe that if the profession take proper hold of this matter they will create a professional spirit that will be a source of strength to the profession for years to come.

\* \* \*

It is feared that after the profession have rid themselves of this evil the lodges will import some physician willing to become their slave. Nothing can give clearer proof of the extent to which the profession has allowed itself to be degraded than that not only can they not right themselves, but must feel that all their good work may be undone by some member of their own profession. In regard to this we do not believe that the profession of this Province has sunk low enough to furnish a man capable of doing such a thing. If such a man furnishes himself, we can only say that he will have the doubtful honor of being regarded as the most contemptible cur in the whole profession.

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### Book Notices.

*Saunders' American Year-Book of Medicine and Surgery.* Edited by GEORGE M. GOULD, A.M., M.D., assisted by eminent American physicians and teachers.

Notwithstanding the rapid multiplication of medical and surgical works, still these publications fail to meet fully the requirements of the general physician, inasmuch as he feels the need of something more than



mere text-books of well known principles of medical science. Mr. Saunders has long been impressed with this fact, which is confirmed by the unanimity of expression from the profession at large, as indicated by advices from his large corps of canvassers. This deficiency would best be met by current journalistic literature, but most practitioners have scant access to this almost unlimited source of information, and the busy practitioner has but little time to search out in periodicals the many interesting cases, whose study would doubtless be of inestimable value in his practice. Therefore, a work which places before the physician in convenient form an epitomization of this literature by persons competent to pronounce upon the value of a discovery or of a method of treatment cannot but command his highest appreciation. It is this critical and judicial function that will be assumed by the editorial staff of the "American Year-Book of Medicine and Surgery." It is the special purpose of the editor, whose experience peculiarly qualifies him for the preparation of this work, not only to review the contributions to American journals, but also the methods and discoveries reported in the leading medical journals of Europe, thus enlarging the survey and making the work characteristically international. These reviews will not simply be a series of undigested abstracts indiscriminately run together, nor will they be retrospective of "news" one or two years old, but the treatment presented will be synthetic and dogmatic, and will include only what is new. Moreover, through expert condensation by experienced

writers, these discussions will be comprised in a single volume. The work will be replete with original and selected illustrations skilfully reproduced, for the most part, in Mr. Saunders' own studios established for the purpose, thus insuring accuracy in delineation, affording efficient aids to a right comprehension of the text, and adding to the attractiveness of the volume.

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*A Treatise on Nervous and Mental Diseases.* By LANDON CARTER GRAY, M.D., Professor of Diseases of the Mind and Nervous System in the New York Polyclinic. New (2d) edition. In one very handsome octavo volume of 728 pages, with 172 engravings and three colored plates. Cloth, \$4.75; leather, \$5.75. Philadelphia: Lea Brothers & Co., publishers, 1895.

Dr. Gray's book is a remarkable illustration of the fact that a large and well-selected fund of information can be accommodated in a convenient space, with satisfactory fulness and without undue condensation. It requires a thorough grasp and great literary skill to handle two such subjects as Nervous and Mental Diseases in less than 750 pages, yet their close relationship makes it most advantageous for the reader to have them before him in close conjunction. Opening with a chapter on Anatomy, and proceeding through all the diseases grouped in both titles, this volume is suitable alike for the student and practitioner. The peculiarities of nervous and mental diseases as met with on this continent owing to climatic and social conditions, make actual experience a prerequisite to the ability to offer teaching of value.



This fact, taken in connection with the great prevalence of these affections, has led to the development of what may be termed the American School of Neurology, a group of many of the brightest professional minds of this country. Dr. Gray's book has evidently been appreciated by professors and practitioners, and he has utilized the call for a new edition in two years by thoroughly revising it to include the epoch-making discoveries of that period. The series of illustrations includes many photographic portraits and instructive diagrams, and it has been enriched both in black and colors.

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*A Practical Treatise on the Office and Duties of Coroners in Ontario and the other Provinces and the Territories of Canada, and in the Colony of Newfoundland.* With Schedules of Fees and an Appendix of Forms. Third edition. By WILLIAM FULLER ALVES BOYS, LL.B., Junior County Court Judge, County of Simcoe, Ontario. Toronto: The Carswell Co. (Limited), law publishers, etc. 1893.

This work is one without which no coroner can expect to properly fulfill his duties. It is the stand-by and *sine qua non* to every medico-legal practitioner. The former editions of "Boys on Coroners," were intended for use in the Province of Ontario only; but this last one is adapted to all the provinces and territories of the Dominion of Canada and also to the colony of Newfoundland. In this edition also, the coroners' law in all these places has been brought down to the present time, and it is certain that the work will be found even more reliable and useful in its ex-

tended field, as it has certainly been so found in the Province of Ontario. An exceedingly useful addition has been made to this work, and that is a new chapter which has been added containing a programme of the ordinary proceedings at an inquest in consecutive order, with many of the forms required as the inquest proceeds, printed in their proper places and the others referred to by their numbers in the appendix. By having that chapter open open before him, not even the youngest coroner can ever become nonplussed as to "what to do next." We also find the print altered to a larger and much more easily read size, the general arrangement of the text, especially of the medico-legal portions, having been greatly improved. We feel sure that Messrs. Carswell & Co. will find a ready and hearty response from general practitioners as well as from those taking a special interest in medical jurisprudence, as a work of this character should be found in the library of every live medical man.

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*A Handbook of Medical Diagnosis.* By JAMES B. HERRICK, M.D., Adjunct Professor of Medicine, Rush Medical College, Chicago. In one handsome 12mo. volume, of 429 pages, with eighty engravings and two colored plates. Cloth, \$2.50. Philadelphia: Lea Brothers & Co., publishers, 1895.

The author has endeavored to provide a handbook to the art which must underlie any continued success in treatment. The definite recognition of the disease presenting itself is the only process which eliminates the element of chance, and gives the patient the assurance of skilful aid to



which he is entitled in his medical adviser. The habit of precise knowledge will make the difference between the success or failure of a professional life. To have a subject presented in its essential details cannot fail to be of use in refreshing knowledge in the exigencies of practice. The series of illustrations, comprising many characteristic engravings in black and two plates in colors, will supplement and enhance the practical value of the text. Dr. Herrick's book has been most carefully prepared and is certain to be warmly appreciated.

*Text-Book of Physiology.* By MICHAEL FOSTER, M.D., F.R.S., Prelector in Physiology and Fellow of Trinity College, Cambridge, England. New (sixth) American edition with notes and additions. In one handsome octavo volume of 922 pages, with 257 illustrations. Cloth, \$4.50; leather, \$5.50. Philadelphia: Lea Brothers & Co., publishers.

Professor Foster is unquestionably the foremost physiologist of England to-day. His great work has run through many editions in both countries and is the leading text-book used by English-speaking students. In the new American edition just at hand, additions have been made to render the volume suitable for junior as well as advanced students, so that this single volume contains all that will be necessary in a college course, and it may safely be added all that the physician will need as well. The series of illustrations has been largely re-engraved, and it is a matter worthy of note that the very low price for a work of such size and style reflects the popularity likewise seen in the number of its editions.

## Personal Items.

DR. JOHN CAVEN has removed to 29 Carlton street.

DR. CHARLES HODGETTS, of College street, was married three weeks ago.

DR. OLDRIGHT, senior, has just returned from his tour through Europe.

DR. FOTHERINGHAM has removed from Yonge street to Carlton street, near Church street.

A LOT of standard medical and other books for sale cheap, as advertised on page 462.

DR. GEO. BADGEROW has opened an office at the south-west corner of John and Adelaide streets.

DR. MEYERS has removed into the residence of the late W. J. Baines, Esq., at 192 Simcoe street.

DR. L. F. MILLAR, of Brunswick avenue, has returned from the continent, where he spent a couple of months.

Dr. J. A. BURGESS, of Queen street east, was married last week, and left for the Southern States on an extended tour.

TORONTO UNIVERSITY SENATE ELECTIONS.—The lucky quartette: Dr. J. E. Graham, 462; Dr. A. H. Wright, 454; Dr. L. McFarlane, 405; Dr. Cameron, 377.

AT a recent meeting of the Trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL.D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.



DR. J. M. MACALLUM, of 13 Bloor street west, has returned to Toronto after spending several months in ophthalmic work in London and on the Continent, and has decided to take up in the future eye, ear and nose work as a specialty.

GOOD CHANCE FOR PRACTICE.—Physician can obtain large front room for office, waiting room, and board and lodging with a private family in a desirable part of the city. Present occupant (physician) retiring. Has practised in this locality eight years. Apply at once to Box 25, this office.

THE medical department of Columbia College occupies an extensive group of buildings in the vicinity of the Roosevelt Hospital in Fifty-ninth street. Two new structures are nearing completion, and the foundations of the Sloane Maternity Hospital are completed. The new Vanderbilt Clinic, five stories in height, is finished externally. This structure, the gift of Cornelius, William K., Frederick W. and George W. Vanderbilt, is to cost \$350,000, and will be an extension of the clinic built by these sons of Wm. H. Vanderbilt at a cost of \$250,000. The other building is the Institute of Anatomy, and it will be completed during the winter. The new buildings are being made part and parcel of the old structures, and are of red brick with red stone trimmings.

THE INFILTRATION METHOD OF LOCAL ANÆSTHESIA IN GENITO-URINARY SURGERY.—Dr. Lewis, at meeting of American Association of Genito Urinary Surgeons, read a paper on this subject. He stated that in July, 1894, Dr. Schleich, at

the German Congress of Surgeons, had detailed a new method of producing local anæsthesia by the use of intracutaneous injections of various drugs. Subsequently, in a monograph entitled *Schmerzlose Operationen*, the author had treated the subject more extensively, and given the results of its use in some three thousand operations, minor and major. The principle of the method consisted in injecting intracutaneously certain solutions and dissipating the sensibility of the peripheral nerves by the pressure of the infiltrated fluid, by the anæmia which it caused, and by the comparatively low temperature at which it was injected. The effects were produced by the fluid itself, rather than by any particular drug which it might contain. The drugs used were of only incidental importance. In his various surgical procedures Dr. Schleich had found the following solution, of graded strength, to answer all purposes :

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Sodium chloride . . . . . 3gr.  
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Mix, sterilize, and add three drops of a five-per-cent. solution of carbolic acid.

Two other solutions were used, but they were practically the same, the only differences being that in one the amount of cocaine used was reduced to a grain and a half, while in the other only a sixth of a grain of cocaine was employed and a twelfth of a grain of morphine.

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## THE TORONTO CLINICAL SOCIETY.

The twenty-fifth regular meeting of the Toronto Clinical Society was held in St. George's Hall, Elm Street, October 9th, 1895. Dr. J. E. Graham occupied the chair.

The following Fellows were present: Graham, Brown, Meyers, Walker, Davison, Greig, J. A. Temple, Spencer, Macdonald, Anderson, Macfarlane, Trow, Grasset, A. H. Wright, Bingham, Britton, Baines, Barrick.

The minutes of the last meeting were read and adopted.

Dr. J. E. Graham then read his inaugural address. He said that he felt it an especial honor to be chosen as president of a society which had for its object the study of the clinical

aspect of disease. The most useful information was that acquired at the bedside. All due credit must be given to the bacteriologist and the pathological histologist for all the light they may throw on the subject of disease as the result of their labors, but we must not underrate the knowledge acquired from observation at the bedside and from a careful examination of the gross appearance of the organs on the post-mortem table.

In a review of the history of medicine during the century that was closing several eras could be noted. The first might be termed the clinical era, that in which Laennec, Bright and Addison flourished. In our practice to-day we probably owe as much to these observers as to those of more recent date. Laennec's work on

[Continue2 on page 464

## CHEAP BOOKS.

A physician about to move will sell, *very low*, books indicated below, the whole, or in lots of not less than \$10.00 worth each. This advertisement will not appear again.

Wood's series of "Standard Medical Authors," large, 8vo, 1882, third and fourth editions; all in good condition; published price, \$1.50 each; all on practical subjects—Gynæcology, Brain and Cord, and most other special organs—skin, eye, liver, etc.; Wounds, Joints, Pathology and Dissections (Illust.), Electro-Therapeutics; Legal Medicine, Tidy, 2 vols.; Poisons, Blyth, 2 vols.; Parke's Practical Hygiene, 2 vols., etc.; all by best authors—Eustace Smith, Ziegler, Erb, Jacobi, Mackenzie, etc. Thirty vols in all.

George S. Davis' "Leisure Library" series, on Tumors, Hernias, Fractures, Abdominal Surgery, Nervous Diseases, Insomnia, Cancer, New Medications, etc., etc., all by high authorities; 40 vols., stiff paper, published price, 25 cents each. These (40) to be sold in *one lot*.

*British Medical Journals* and *New York Medical Journals*, about seven years of each, unbound; Medical and Surgical Report of United States War, immense \$10.00 volume; Report of Cholera in Europe and of United States Board of Health, two very large volumes; *Illustrated London News*, 1887-93, seven years; *Century Magazine*, 1885-93, nine years; *Popular Science Monthly* (\$5.00 magazine), seven years, to '93; forty to fifty Medical and Health Reports, many bound, useful for referenc or to add to library, would be "thrown in" to one buying the lot.

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stethoscopy was a finished work. The modern stethoscopist had added very little in this department, while some valuable hints of Laennec's had been forgotten. They had few instruments of precision, yet so accurate were their observations and so careful their reasoning that the results achieved have stood the criticism of hundreds of observers and stand as facts to-day.

A second era was that of the morbid anatomist, represented by Rokitansky and Virchow. From this period the microscope dated its pre-eminence. In clinical medicine the thermometer was introduced. In 1871, the essayist said, he had the privilege of attending Rokitansky's lectures. He was not a popular lecturer and his classes were small. His

work, however, was still standard, and had helped to form the ground-work of our morbid anatomy. Reference was then made to the great work of Virchow on "Cellular Pathology." The work of these distinguished men was being carried on by their disciples Conheim, Von Rocklinghausen and others.

The next era was that of bacteriology, commencing between the years 1875 and 1880, when Pasteur made his discoveries in this department. But it was not until 1882, when Koch discovered the tubercular bacillus that the profession first became interested in this branch of science. Since then it had undergone most rapid development. Following the isolation of micro-organisms, pathological and benign, the attention of scientists had

*(Continued on page 466)*

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- No. 47.—A medical practice and drug store,** with office furniture, invoice about \$700, in town of 600, in western county, which has allowed the doctor to save over \$5,000 from it in four years, is offered at \$700 cash for speedy sale.
- No. 42.—\$2,000 to \$2,500 practice in town** of 3,000, in county of Kent, together with doctor's home and goodwill. Only two opposing firms in town, an unusual thing in a town of this size. The doctor is coming to city to educate his family. Price, only \$1,500, half cash, balance can remain on house. Investigate; any ordinary physician can do the above practice.
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- No. 37.—Any physician desiring to come to** the city and engage in the drug business can secure a fine corner without opposition for many blocks. The business is thoroughly established, and will invoice about \$1,900. This business pays a profit of \$100 per month, and has attached thereto, in addition a salary of \$25 per month from the telephone, which pays the rent of the place. Price, \$1,850 cash.
- No. 35.—\$3,000 and upwards practice in** western Ontario, in town of 1,500 population; goodwill, many miles of private telephone, office contents, and will remain with purchaser until 1st of January, 1896; fine section of country. Price, \$1,300, cash or security. One of the best offers on our list.
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ally both in the etiology and the treatment. It was to be remembered that diseased organs changed after death. As an example the speaker referred to the disappearance of an eczema after death. The great advancement of the future would be made in the study of pathogeny rather than that of morbid anatomy.

The essayist then spoke of the value of photography in the study of disease. He advanced the opinion that if the phonograph could be applied to the registering of heart sounds, it would be of great service in the study of cardiac diseases. There were many abnormal heart sounds, apart from murmurs, which had not yet been definitely described, but which indicated an abnormal condition of that organ.

Much careful study was required

*[Continued on page 468]*

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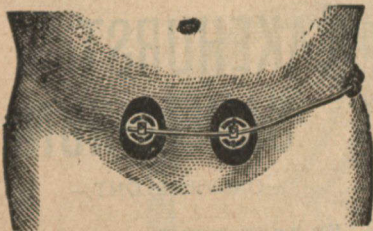
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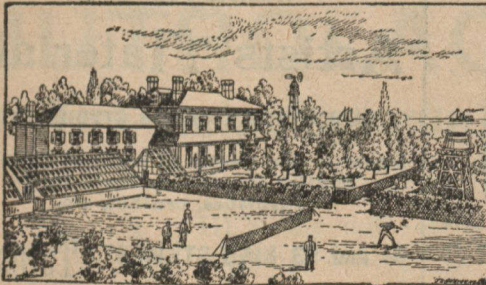
yet in the study of animal fluids. Much of the present study of them was a mere matter of routine. The analyses of these must be pushed still further.

Dr. Graham then alluded to some recent advances in the line of treatment of disease. Treatment by serum therapy had been successful in diphtheria and tetanus. Animal extracts were now a recognized form of treatment. The thyroid extract had become an established means of treatment of myxœdema. An embryologist had made the remark to him the other day, how difficult it was for a physician to attempt the cure of disease when so little was positively known of the very foundations of life—of cell development and cell growth. His reply was that

there were human beings ill all about us who must be attended to in the best manner known to us. Treatment could not be deferred until the physiologist had explained the phenomenon of existence.

Dr. A. A. Macdonald read a paper containing the "HISTORY OF A CASE OF ABDOMINAL ANEURISM." The patient was a man aged 48, always strong and healthy. He was a railroad man, and his work had that of a heavy nature. About two years ago he noticed, after a heavy lift, a pain in the abdomen. He thought it was a strain caused by the lifting. His physician was unable to tell what was the matter. Some time after this he noticed a lump on a level with and to the left of the umbilicus. He had some pain in this lump, but

[Continued on page 470]



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**MORPHINE, and other DRUG HABITS and NERVOUS DISEASES.**

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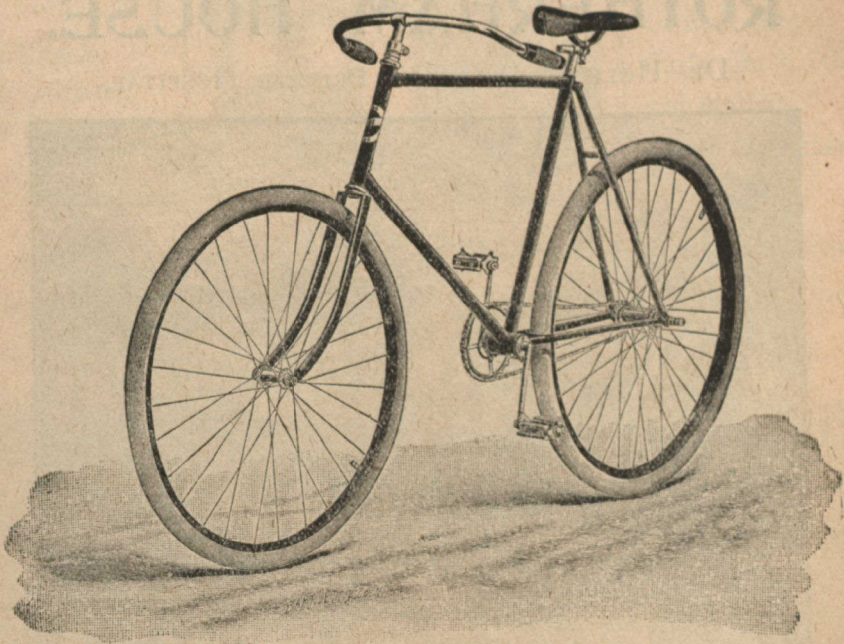
is a well-wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

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it was not severe. Shortly after this Dr. Macdonald was called to see him; he was then suffering from cough, the result of bronchial irritation; he had diarrhœa and vomiting, and was losing flesh rapidly. The vomiting was a marked feature. At that time the pain was noted a little below the region of the pylorus. So marked was the condition that it was considered, possibly, cancer of the pylorus. The tumor was not movable; it was hard and rounded. The diagnosis was unsatisfactory. Patient was advised to enter the hospital and

have an exploratory incision made. The patient was very anxious to know if a cure could be promised; he was answered in the negative. The operation was not urged; the patient decided to wait. The diarrhœa became dysenteric in character, and was not easily checked by the ordinary remedies. Urinary analysis, negative. Ascites followed to such an extent that the lump became out of reach by palpation. About this time Dr. Baines was given charge of the case.

Dr. Baines said he saw the case on

*(Continued on page 472)*

## ROTHERHAM HOUSE.

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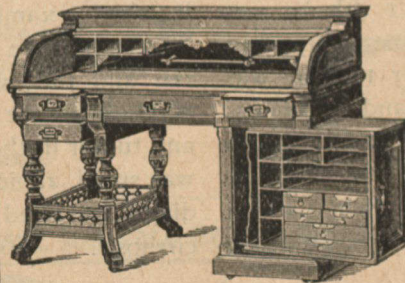


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August 22nd. The patient was suffering from dyspnœa, anasarca and marked ascites. Calomel and magnesium sulphate were freely given, causing three or four motions in the twenty-four hours. Nitro-glycerine and digitalis were administered. A week after he entered the hospital he was tapped and eighty-four ounces of fluid drawn from the peritoneal cavity. This relieved him a good deal for the time being. There was at this time a very slight trace of albumen in the urine. On September 5th he was put on Guy's pill—one every four hours. On September 15th he was tapped a second time, and 134 ounces drawn off. This relieved him again for a few days. September 25th he was obliged to take to his bed, which he had not done up to this time, in

the hospital. His neck was markedly swollen. The throat was examined, and œdema of the glottis was detected. In a few hours the man died.

Dr. Baines said that he had had the patient admitted to the hospital with the idea that cirrhosis of the liver was present, although many of the clinical signs were wanting; there was no jaundice nor any marked tenderness over the liver. He had not known of the lump previously. He had not noticed it when examining the abdomen. The walls were thick with layers of fat, and this, with the œdematous condition, made it impossible to detect any tumor in the cavity. The pulse was small, rapid and dicrotic. The diagnosis rested between cancer and cirrhosis.

[Continued on page 474.]

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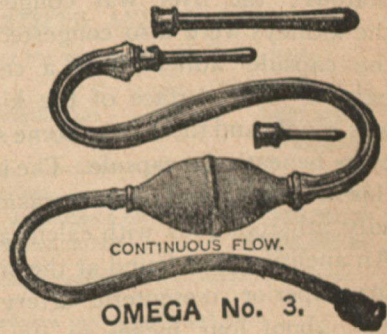
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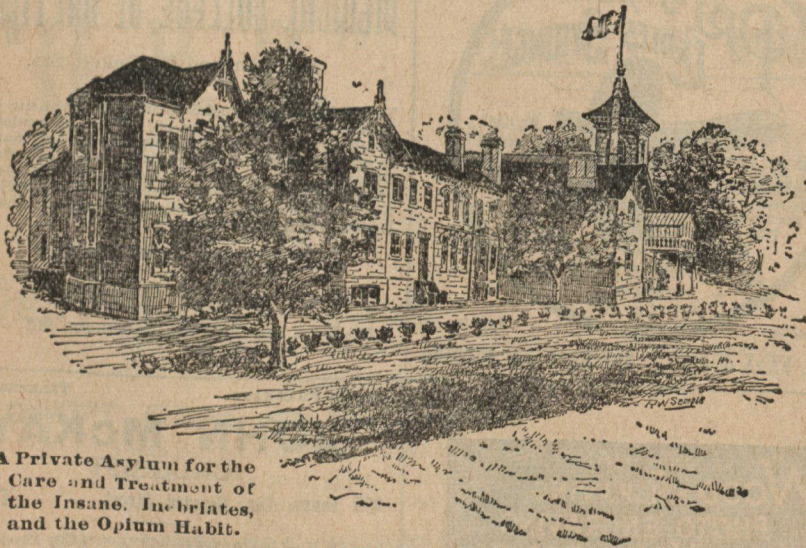


Dr. H. B. Anderson reported on the pathological condition found. There was great general anasarca; there was effusion into the serus cavities—the pleura, the pericardium and the peritoneum. There was marked hypertrophy of the heart. The lungs were markedly emphysematous; the liver was congested; the kidneys were also congested and the capsule adherent to a certain extent. The surface of the kidney was rough, and there were some small cysts beneath the capsule. The intestines were normal. The aorta was markedly atheromatous with calcification. An aneurism was found at the site of the superior mesenteric artery; it was about four inches in its long diameter, and three inches across, being oval in shape. Laminated clots

filled the superior mesenteric so as to completely occlude it. The remote portion of the artery had dwindled into a fibrous cord. The aneurism had not made pressure posteriorly; it had pressed forward and was firmly adherent to the head of the pancreas, which organ it had shoved upward, causing pressure, which was exerted on the structure; in the portal fissure. The mesenteric artery did not seem to be enlarged. A microscopic examination of the kidneys showed an increase in the interstitial connective tissue and a hyaline condition of the glomeruli. The collateral circulation could have been carried on through the pancreatico-duodenalis superior from the hepatic anastomosing with the pancreatico duodenalis inferior from the superior mesenteric. Be-

[Continued on page 476]

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**TWENTIETH ANNUAL STATEMENT**

For the year ending Dec. 31st, 1894.

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| Income . . . . .                                           | <b>\$2,249,398.12</b> |
| Paid Policy-holders . . . . .                              | <b>1,427,818.32</b>   |
| Assets . . . . .                                           | <b>1,787,181.85</b>   |
| Liabilities, Actuaries' 4 per cent.<br>Valuation . . . . . | <b>960,930.53</b>     |
| Surplus, Actuaries' 4 per cent. . . . .                    | <b>826,251.32</b>     |
| Policies issued in 1894 . . . . .                          | <b>22,114,526.00</b>  |

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sides by the colica media of the superior mesenteric anastomosing with the colica sinistra branch of the inferior mesenteric.

Dr. Macfarlane asked if any bruit was heard when the case was first examined.

Dr. Macdonald replied that there was none in front. He had not listened at the back as he had not suspected aneurism.

Dr. Grasett said it was not clear to him how collateral circulation was kept up.

Dr. Macfarlane said that he failed to see how the collateral circulation was carried on as the aneurism seemed to be a healed one and completely occluded the aorta.

Dr. Anderson pointed out that the lumen was not completely closed.

Dr. Graham asked if pulsation in the femorals was noted. He thought the possibility of aneurism in such cases should be kept in mind. He referred to a case where he had made an error in diagnosis in this way.

Dr. Meyers read an interesting account of a recent visit he had made to Lourdes.

Dr. Bingham reported the history of a case of "METRORRHAGIA CURED BY OVARIOTOMY." The patient was referred to him by Dr. M., July 15th, 1894. The patient was the mother of two children, the youngest of whom was ten. For nine years she had been a sufferer from menorrhagia. She flooded for about fifteen days out of each month, during which time she was bedfast. She lost enormous quantities of blood. She

[Continued on page 478]

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was very bad during the past five years, having to keep in bed most of the time. When she came to the city for treatment by him she was exceedingly feeble, was much emaciated, and complained of a very great deal of pain in the back and down the thighs, showing that there was pressure on the sacral plexus. Altogether she was in a very bad condition. On examining the uterus nothing was found to account for the severe hemorrhages in the way of local tumors or myomatous masses except some small bean-like masses in the broad ligament. The uterus itself was very large and flabby and was movable. She was put in St. John's Hospital. He considered it a case for electrical treatment, thinking that if electricity would do any good

it should in a case like this, being a case apparently of simple involution with great prostration and anæmia. Electrical treatment was persisted in for eight months. At the end of that time her condition, as far as the loss of blood was concerned, was not improved. Her general health, however, was improved. Thorough treatment by currettement and tamponage and the other routine treatment having been previously tried without any improvement, the woman in March, 1895, consented to undergo radial treatment for the cure of the condition. The operation was a simple one. The right ovary had connected with it a cyst, the left was normal. The uterus was as large as one would expect to find it in the third month

[Continued on page 480]

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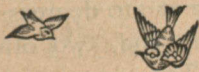
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of pregnancy. It was flabby, soft and congested. The principal point in connection with the operation was the difficulty of controlling the oozing. It was afterward learned that the woman was a subject of hæmophilia. For years after the slightest scratch on the hand the bleeding was very difficult to check. It took three-quarters of an hour to control the bleeding of the stump, and from the fundus itself where there had been some adhesions. A drainage tube was inserted and the wound closed in the usual way. The tube was pumped out every fifteen minutes for several hours. The wound healed by first intention. The patient made an uneventful recovery. She was now able to attend to her household duties. The speaker said he would like to know why the electricity failed to help the case.

Dr. A. A. Macdonald said that his opinion was that the benefit from the

use of the electricity was due to its astringent and escharotic action on the uterine mucous membrane, but that it would have no effect on curing the ovarian condition.

Dr. Baines said that he had found electricity very beneficial in these cases.

The society then adjourned.

SIGNIFICANCE OF THE LOFFLER BACILLUS IN APPARENTLY HEALTHY INDIVIDUALS. — Dr. P. Aaser, Christiana, relates in the *Deutsche Medicinische Wochenschrift* of May 30th, 1895, that in the middle of June, 1894, a severe case of diphtheria occurred in certain cavalry barracks. The patient was removed to a hospital, the room was disinfected with soap and water and a 5 per cent. carbolic solution, and his clothing subjected to steam at 110 degrees C. June 20th and July 2nd, two other cases were found. They were isolated

*(Continued on page 482)*

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and the room again disinfected. Yet August 1st a fresh case appeared. All the men were then quartered in another room, fresh clothing furnished, then all the rooms were painted. The infected clothing was steamed each time. In spite of this, September 21st a case was discovered. At this point the suggestion was made to immunize all by antitoxin; lack of material prevented. But all in the barracks were then subjected to bacteriologic examination, and out of eighty-nine persons, cultures of Löffler bacilli were obtained from the throats of seventeen. Here was a possible source for the spread of the disease. The seventeen suspects were at once isolated. On the next day one severe case of diphtheria developed and later two cases of tonsilitis.

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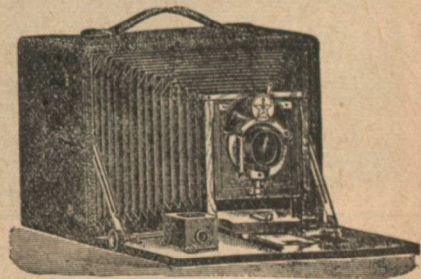
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Just on going to press we have received notification of the fact that the business management of the well known medical periodical, *The Archives of Pediatrics*, in commencing its thirteenth year next January, will be under E. B. Treat, publisher, of New York, who has so long been identified with medical publishing interests. This journal has for twelve years been practically the only one in the English language devoted exclusively to diseases of children. The new management propose several important changes in the make-up of *Archives*, increasing the text fifteen per cent. and enlarging its scope in every way. The editorial management will be in the hands of Floyd M. Crandall, M.D., Adjunct Professor of Pediatrics, New York Polyclinic,

and Chairman of Section on Pediatrics, New York Academy of Medicine. We extend to the new management our best wishes.

Professor to Perkins—"Have you ever seen a case of suspended animation? If so, describe it." Perkins—"I have, sir, in our back yard at home. Two Thomas cats, with their tails tied together, were suspended from a clothesline. But you must excuse me; it was simply indescribable."

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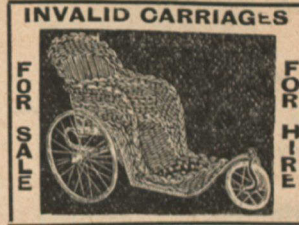
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## Alphabetical Index of Formulæ.

(Continued.)

### FEVERS (Continued).—

Yellow.

℞ Pilocarpiā muriat. .... gr. iij.  
Aq. destillat. .... f℥ij.  
M. Sig.: ℥x hypodermically.—  
*Heber Smith.*

℞ Hydrarg. chlor. mit.  
Pulv. jalapæ ..... āā gr. x.  
M. Et ft. pulv. No. i. Sig.: Use  
at the onset of the disease.—*Rush.*

### FISSURE OF ANUS AND NIPPLES.—

℞ Ex. hydrastis fl. .... f℥j.  
Sig.: Apply to fissure.—*Bartho-  
low.*

℞ Acid. carbol. .... gr. xxiv.  
Aquā. .... f℥j.  
M. Sig.: Apply several times  
daily.—*Parvin.*

℞ Cocaine hybrochlor. . . gr. iv.  
Aq. destillat. .... f℥j.  
M. Sig.: Apply to nipples and  
wash off well just before nursing.  
If the fissure is deep and slow to  
heal, touch with solid stick nitrate of  
silver.

℞ Bismuth. subnit. .... ℥j.  
Ol. ricin. . . . . f℥ij.  
M. Sig.: Rub in affected parts.—  
*Hirst.*

℞ Salol. .... ℥j.  
Ætheris. .... f℥j.  
Cocain. hydrochlorat. . gr. ij.  
Coll. dii. .... f℥v.  
M. Sig.: Apply to the affected  
part.

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### GENDRON RACER BY R. E. McCALL

July 1st, at Brampton, the

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July 13th, Island Track, one mile 2.40 class was won by

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FEVERS (*Continued*).—

R Acid. boric ..... gr. xlv.  
 Cocain. hydrochlor .. gr. xv.  
 Lanolin..... ʒj.

M. Sig.: Apply first to fissure, then apply solid stick of silver nitrate.—*L'Union Medicale*.

R Acid. boric ..... gr. xx,  
 Mucilag. acaciæ..... fʒj.

M. Sig.: Use a nipple-shield, and after nursing, dry the nipple well with absorbent cotton and apply the lotion with a camel's hair brush.—*Starr*.

FISTULÆ.—

R Hydrogen peroxide .. fʒvj.

Sig.: Inject once daily; dilute if necessary.

R Cupri sulphat..... gr. ii. iv.  
 Aquæ ..... fʒiv.

M. Sig.: Inject once daily.—*Sir A. Cooper*.

R Argent nitrat..... gr. ij.  
 Aq. destillat ..... fʒviii.

M. Sig.: Inject once daily. *Fistula in ano*.—*Druitt*.

R Tr. iodi ..... fʒj.

Sig.: Inject once daily.—*Waring*.  
 Touch with solid stick of argent. nit.

R Camphor ..... ʒj.  
 Salol ..... ʒss.  
 Ether..... fʒj.

Sig.: Use as an injection.—*Medical Record*.

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 Syr. zingiber..... f ℥ iss.  
 Aquæ..... q. s. ad f ℥ iv.  
 M. Sig.: Dessertspoonful before meals.—*Sansom.*

℞ Tr. nucis vomicæ.  
 Tr. physostigmatis.  
 Tr. belladonnæ..... āā f ℥ j.  
 M. Sig.: Fifteen drops in water two or three times a day.—*Bartholow.*

℞ Creasotæ ..... gtt. xxiv.  
 Syr. simp..... f ℥ j.  
 Spt. lavandulæ comp.,  
 q. s. ad... f ℥ iij.  
 M. Sig.: Teaspoonful in water three times a day after meals.—*Powell.*

℞ Pulv. calumbæ.  
 Pulv. zingiber..... āā ℥ ss.  
 Sennæ fol..... ℥ j.  
 Aq. bullientis ..... Oj.  
 Ft. infusum.  
 Sig.: Wineglassful three times a day.—*Bartholow.*

℞ Pulv. carbol. lig..... ℥ i-ij.  
 Div. in capsul. No. xxiv. Sig.: Two capsules three times a day.—*Ringer.*

℞ Aq. anisi.  
 Liq. calcis ..... āā f ℥ ss.  
 Syr. acaciæ..... f ℥ j.  
 M. Sig.: Add from ten to thirty drops of chloroform according to age of child, and give a teaspoonful every two hours.—*Condie.*

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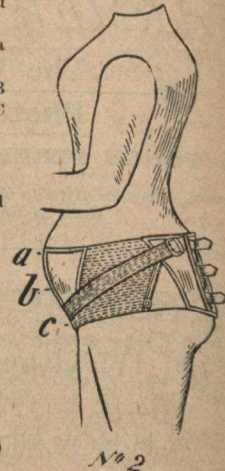
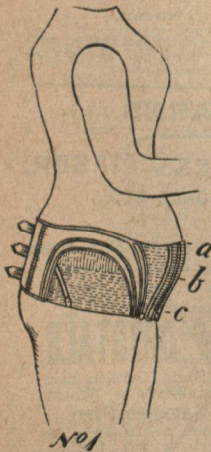
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- R Ol. cajuputi . . . . . f℥ss.
- Spt. lavandulæ comp. f℥ss.
- Syr. zingiberis . . . . . f℥ij.
- Mucil. acaciæ . . . . . ad f℥ij.

M. Sig.: Dessertspoonful as required.—*Hartshorne*.

- R Ol. terebinthinæ . . . . . f℥j.
- Sig.: Three to five drops on sugar.—*Bartholow*.

FROSTBITE (See also Chilblains).—

- R Acid. carbolicæ . . . . . ℥j.
- Tr. iodinii . . . . . f℥ij.
- Acid. tannici . . . . . ℥j.
- Cerat. simplicis . . . . . ℥iv.

M. Sig.: Apply two or three times a day.—*Morrow*.

- R Lini. camphoræ.
- Lini. saponis comp.
- Ol. cajuputi . . . . . āā f℥j.
- M. Sig.: Apply locally to the unbroken skin.—*Brande*.

- R Acid. sulphurosi . . . . . f℥iij.
- Glycerinæ.
- Aquæ . . . . . āā f℥j.
- M. Sig.: Apply locally.—*Bartholow*.

- R Iodi . . . . . ℥j.
- Potass. iodid . . . . . gr. iv.
- Aq. destillat . . . . . ℥vj.
- Adipis . . . . . ℥j.
- M. Sig.: Apply once daily.—*Hebra*.

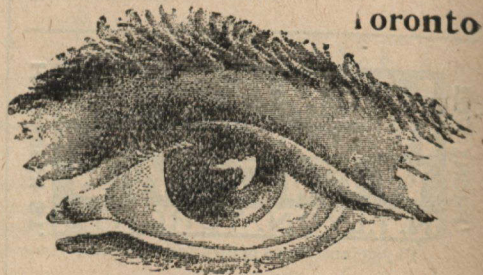
- R Ol. caryophylli.
- Ol. succini rectific. āā f℥ss.
- Ol. olivæ . . . . . f℥j.
- M. Sig.: Apply twice daily.—*Roche*.

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FROSTBITE (*Continued*).—

- ℞ Cerati resinæ comp. . . . . ʒj.  
 Ol. olivæ . . . . . fʒij.  
 M. Sig.: Apply locally.—*Wither-*  
*stine.*

## GALACTORRHŒA.—

- ℞ Atropinæ sulphat. . . . . gr. iv.  
 Aquæ rosæ . . . . . fʒij.  
 M. Sig.: Apply on lint around  
 the breast and remove when the  
 throat becomes dry.—*Bartholow.*  
 ℞ Potass. iodidi . . . . . ʒiij.  
 Syr. sarsap. comp. . . . . fʒiss.  
 Aquæ . . . . . q. s. ad fʒiij.  
 M. Sig.: Teaspoonful three or  
 four times a day.—*Hirst.*

## GANGRENE.—

- ℞ Acid. carbol. . . . . fʒij.  
 Glycerinæ . . . . . fʒviiij.  
 M. Sig.: Apply on lint.—*Lister.*

- ℞ Pulv. carbo. lig.  
 Micæ pais.  
 Lactis . . . . . āā q. s.  
 M. Ft. cataplasma. Sig.: Apply  
 to correct fetor.

- ℞ Potass. brom. . . . . ʒij + ʒij.  
 Aq. destillat. . . . . fʒij  
 Solve. Dein. adjice—  
 Bromi . . . . . ʒj (by weight).  
 Aq. destillat. . . . . q. s. ad fʒiv.  
 M. Sig.: Apply to slough. (*In*  
*hospital gangrene.*)—*Smith.*

- ℞ Pulv. acid. salicylici . . . . . ʒj.  
 Sig.: Use as a dusting powder. (*To*  
*destroy fetor and change morbid action.*)  
 —*Bartholow.*

- ℞ Brominii . . . . . ʒj.  
 Sig.: Apply to slough with glass  
 rod. (*In hospital gangrene.*)—*Bar-*  
*tholow.*

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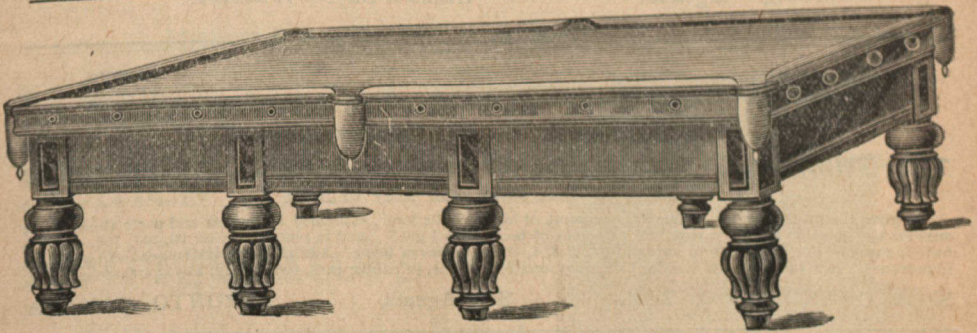
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R Syr. ferri iodid . . . . . f ʒj.

Sig.: Five to thirty drops, well diluted, after each meal.

R Oleat hydrarg. (U.S.P.) ʒj.

Sig.: Rub over the enlarged glands once daily.

R Tr. iodi. . . . . f ʒj.

Sig.: Paint over enlargements thoroughly and repeat as soon as the dark color commences to disappear.

R Cadmii iodid. . . . . gr. xx-xxx  
Adipis . . . . . ʒj.

M. Sig.: Apply morning and evening.

R Ichthyol. . . . . ʒiij.  
Adipis . . . . . ʒvij.

M. Sig.: Use as inunction morning and evening.—*Agnew.*

R Acidi carbolici . . . . . gr. viij.  
Aq. destillat. . . . . f ʒj.

M. Sig.: Inject five to ten minims into the enlarged gland.

R Potass. iodid. . . . . ʒi-iv.  
Syr. aurant. cor. . . . . f ʒj.  
Aq. cinnamomi. . . . . ad f ʒiij.

M. Sig.: Teaspoonful in water three times a day.—*Ringer.*

R Ungt. plumbi iodidi. . . ʒj.

Sig.: Apply locally.—*Bartholow.*

GOITRE.—

R Tr. iodinii comp. . . . . f ʒj

Sig.: Apply locally with brush; also five to fifteen minims in water three times a day internally.—*Bartholow.*

R Picrotoxin . . . . . gr. ʒ̄.  
Aq. ex. ergot. . . . . gr. iiss.

M. Ft. pil. Sig.: One pill three times a day.—*Watkins.*



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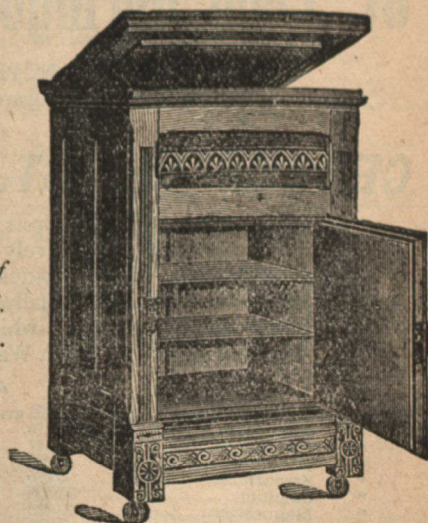
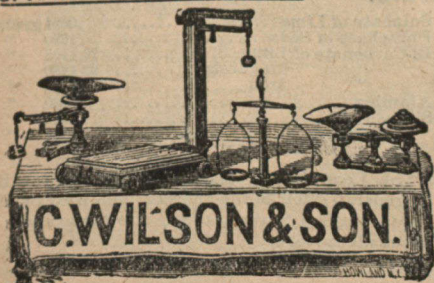
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GOITRE (*Continued*).—

R Potass. brom. . . . . ℥ ss.  
 Div. in chart. No. xii. Sig.: Pow-  
 der, well diluted, three times a day.—  
*John Hutchinson.*

R Ungt. hydrarg. ioidid.  
 rubr. . . . . ℥ j.  
 Sig.: Rub in a piece the size of a  
 pea and expose to heat.—*Ringer.*

R Iodoformi . . . . . ℥ j.  
 Adipis . . . . . ℥ j.  
 M. Sig.: Apply locally.

R Tr. iodinii . . . . . f ℥ j  
 Sig.: Inject an hypodermic syringe-  
 ful into the tumor every week. After  
 three weeks, inject every two weeks  
 until cured.—*Duguet.*

GONORRHEA.—

R Hydrarg. chlor. corros. gr. iij.  
 Sodii chlorodi . . . . . gr. vj.  
 Aquæ . . . . . f ℥ j.  
 M. Sig.: Add one teaspoonful of  
 the mixture to one pint of hot water  
 and flush urethra thoroughly once or  
 twice a day. (*Males.*)

R Hydrag. chlor. corros. gr. xv.  
 Sodii chloridi. . . . . gr. xxx.  
 Aquæ . . . . . f ℥ j.  
 M. Sig.: Add two teaspoonfuls  
 of the mixture to two pints of hot  
 water and flush vagina thoroughly  
 three times a day. (*Females.*)

R Liq. plumbi subacetat,  
 dil. . . . . f ℥ j.  
 Ex. opii aquos . . . . . gr. vj.  
 M. Sig.: Use as an injection two  
 to four times daily.—*Van Buren and  
 Keyes.*

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DR. SEVERIN LACHAPPELLE, Editor-in-Chief of the *Journal of Hygiene*, in two well-written articles, recently published on the virtues of the

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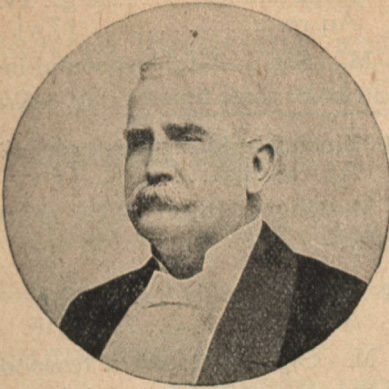
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(Signed) JOHN BAKER EDWARDS, Ph.D., D.C.S., F.C.S., and ex-Professor of Chemistry and Public Analyst.





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- R Hydrarg. chlorr. corros., gr. 1/2-i 1/2.
- Zinci sulpho-carbolat., gr. ii-x.
- Acid. boric..... ʒj.
- Hydrogen peroxide.. f ʒj.
- Aq. destillat... q. s. ad f ʒ viij.

M. Sig.: Use as an injection from four to six times a day, immediately after urinating.—*White*.

- R Zinci sulpho-carbolat. gr. vj.
- Morph. sulph..... gr. iiij.
- Aq. destillat..... f ʒ iiij.

M. Sig.: Use as an injection from four to six times a day, after urinating.

- R Salol,
- Olcores cubebæ,
- Copaibæ..... āā ʒj.
- Aluminis..... ʒiv.
- Pepsinæ sacch..... ʒss.
- Ol. gaultheriæ..... gtt. x.

M. Ft. capsul. No. xx. Sig.: Two every three hours.—*MacConnell*.

- R Zinci sulphatis,
- Acid. tannici..... āā gr. xv.
- Aq. rosæ..... f ʒ vj.

M. Sig.: A tablespoonful injected two or three times a day.—*Ricord*.

- R Zinci chloridi..... gr. i-ij.
- Aq. destillat..... f ʒ vj.

M. Sig.: Inject once or twice daily.—*Levis*.

- R Zinci sulphatis..... ʒj.
- Aluminis..... ʒiiij.

M. Sig.: Dissolve a teaspoonful in one pint of water and inject three times a day. (Females.)—*Hazard*.

- R Creasot..... ℥x.
- Ex. hamamel. fl.,
- Ex. hydrast. canad... āā ℥xv.
- Aq. rosæ..... f ʒ iv.

M. Sig.: This should be slightly diluted with warm water before using. (In chronic form.)—*Breima*.

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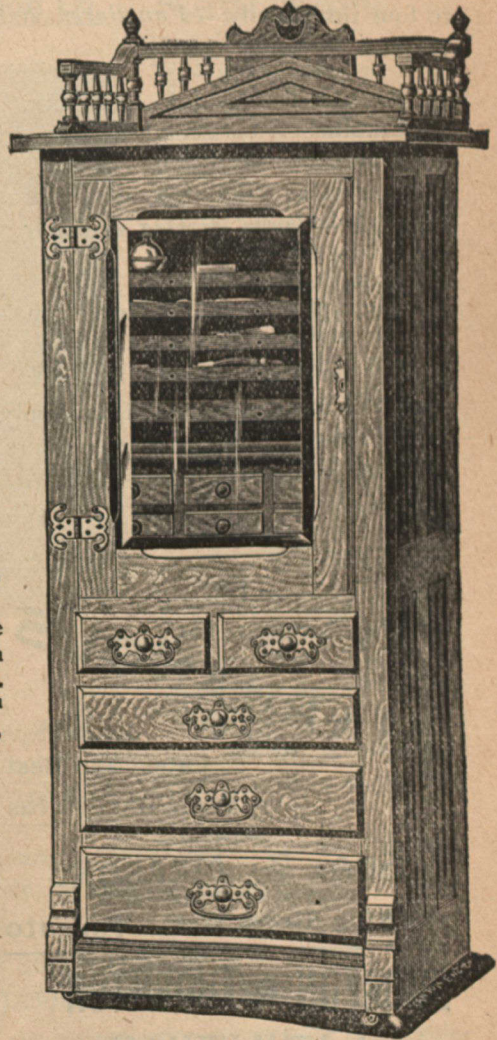
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GONORRHOEA (*Continued*).—

℞ Zinci sulphat. . . . . gr. i-iiij.  
Liq. plumbi subacetat.  
dil. . . . . f ʒj.

M. Sig.: Shake and inject three to four times daily.—*Van Buren and Keyes.*

℞ Ex. hydrastis fl. . . . . gtt. xxx.  
Creolin . . . . . gtt. x.  
Aquaë . . . . . f ʒ viij.

Sig.: Use undiluted, as urethral injection.—*Journ. de Med. de Paris.*

℞ Camphoræ . . . . . gr. c.  
Ex. opii . . . . . gr. lxxv.  
Alcoholis . . . . . f ʒj.  
Ex. belladonnæ . . . . gr. lxxv.

M. Et ft. cataplasma. Sig.: Apply over joint from ten to twelve hours. (In gonorrhœal rheumatism).—*Med. Progress.*

℞ Zinci sulphat. . . . . gr. ij.  
Aquaë . . . . . f ʒj.  
M. Sig.: Inject three times a day.—*Agnew.*

℞ Aristol. . . . . ʒ ss.  
Fluid cosmoline . . . . . f ʒ ij.  
M. Sig.: Half a teaspoonful to be injected through a soft rubber catheter passed into the tender spot in the urethra. (For gleet).—*Waugh.*

℞ Acid. boracic. . . . . ʒj.  
Hydrarg. bichlor. . . . . gr. ¼.  
Zinci sulphat. . . . . gr. xij.  
Morphiæ sulph. . . . . gr. j.  
Aq. destillat. . . . . f ʒ iv.  
M. Sig.: Inject three times a day.—*Simes.*

℞ Hydrarg. salicylat. . . . . gr. ⅙.  
Aq. destillat. . . . . f ʒ iiij.  
M. Sig.: Use as injection three times a day.—*Schrimmer.*

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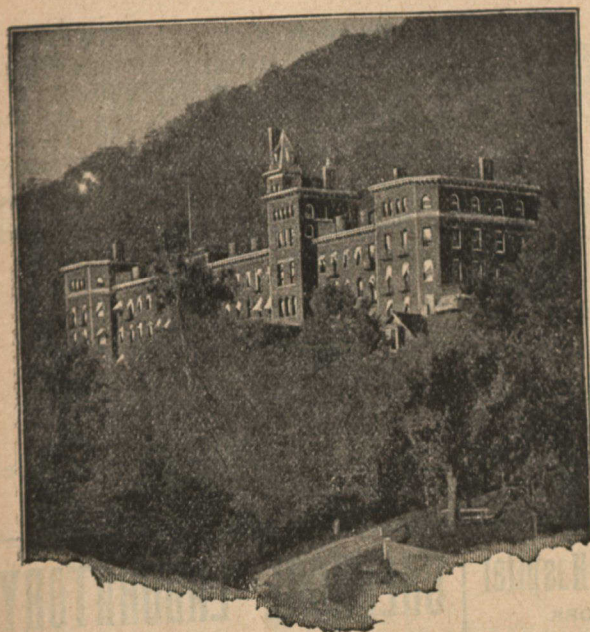
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GONORRHOEA (*Continued*).—

R Hydrarg. chlor. corros. gr. ii-iv.  
Zinci sulpho-carbolat. gr. ii-x.  
Acid. boric. . . . . ℥j.  
Hydrogen peroxide. . . . . f ℥j.  
Aquæ. . . . . q. s. ad f ℥ viij.

M. Sig.: Use as injection.—*White*.

R Zinci sulphatis. . . . . gr. vj.  
Tr. opii. . . . . f ℥j.  
Tr. catechu. . . . . f ℥ij.  
Aq. rosæ. . . . . ad f ℥ij.

M. Sig.: Use as an injection three times a day. (In chronic form.)  
—*Witherstone*.

## GOUT.—

R Colchicini. . . . . gr. j.  
Ex. colocynth. comp. ℥ss.  
Quiniae sulphat. . . . . ℥iij.

M. Et ft. pil. No. lx. Sig.: One pill every four hours.—*Bartholow*.

R Ol. gaultheriæ,  
Ol. olivæ,  
Lini, saponis,  
Tr. aconiti,  
Tr. opii. . . . . āā f ℥ij.

M. Sig.: Apply freely and cover with cotton batting.—*Satterlee*.

R Magnesii sulph. . . . . ℥ij.  
Potass. bicarb. . . . . gr. xv.  
Tr. colchici sem. . . . . ℥x.  
Infus. buchu. . . . . f ℥j.

Ft. haustus. Sig.: To be taken every four or six hours, followed by a large draught of water, not too cold.  
—*Fothergill*.

R Chloroformi,  
Spt. ammon. aromat. āā f ℥ij.  
Spt. ætheris comp.,  
Tr. opii camph. . . . . āā f ℥ss.  
Mucil. acaciæ. . . . . f ℥ss.

M. Sig.: Teaspoonful at once.  
—*Hartshorne*.

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GOUT (*Continued*).—

℞ Tr. colchici sem. . . . . ℥xv.  
Magnes. carb. . . . . gr. vj.  
Magnes. sulph. . . . . ℥ss.  
Aq. menthæ pip. . . . . f℥j.

Ft. haustus.—*University Hospital.*

℞ Vini sem. colchici . . . . . f℥ss.  
Potass. iodid. . . . . ℥ij.  
Liq. potass. . . . . f℥ij.  
Tr. zingiberis. . . . . f℥iss.

M. Sig.: Teaspoonful twice daily in warm water.—*Hodgson.*

℞ Tr. iodinii. . . . . ℥clx.  
Glycerinæ. . . . . f℥ij.

M. Sig.: Teaspoonful three times a day.—*Granville.*

℞ Veratrinæ. . . . . ℥j.  
Adipis. . . . . ℥j.

M. Sig.: Apply to painful joint at onset. (Not when skin is broken.)—*Turnbull.*

℞ Ex. colchici acetat. . . . . gr. ij.  
Pulv. ipecac. comp. . . . . gr. v.  
M. Et ft. pil. No. ii. Sig.: One night and morning—*St. George's Hospital.*

℞ Potass. carbonat.,  
Potass. nitrat. . . . . āā ℥iiss.  
Aquæ. . . . . f℥viiij.  
M. Sig.: Tablespoonful three times a day. (In gouty attacks.)

℞ Potass. iodid. . . . . gr. v.  
Potass. bicarb. . . . . gr. x.  
Mist. ammoniaci. . . . . f℥j.  
M. Et ft. haustus. Sig.: To be taken three times a day.—*Fothergill.*

℞ Paraldehyde. . . . . ℥ss.  
Syr. simplicis. . . . . f℥iss.  
M. Sig.: A teaspoonful to a tablespoonful, well diluted, when required. (For gouty insomnia.)—*Hodgson.*

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1895-96.

MEDICAL DEPARTMENT OF THE WESTERN  
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The Regular Session begins on the third Tuesday of September, 1895, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon four regular courses of lectures is requisite for graduation. A four years' graded course is provided. Four years required from Oct., 1895. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the second Tuesday in April, 1896, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which address the Secretary of Faculty,

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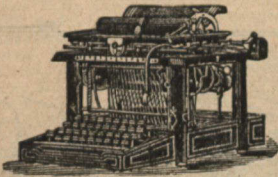
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8



GOUT (*Continued*).—

℞ Lithii benzoat. . . . . ℥ij.  
 Aq. cinnamomi. . . . . f℥iiss.  
 M. Sig.: Teaspoonful in a wine-glassful of water every four to six hours.—*Jaccoud*.

℞ Potass. brom. . . . . gr. xx.  
 Tr. hyoscyami. . . . . f℥ss.  
 Tr. lupuli. . . . . f℥j.  
 Aq. camphoræ. . . . . f℥j.  
 M. Et ft. haustus. Sig.: Take at bedtime. (For gouty insomnia.)—*Fothergill*.

GUMS.—

℞ Chloral hydrat.,  
 Tr. cochleariæ (Ph. P.) āā f℥iss.  
 M. Sig.: Apply to gums with pledgets of cotton, every day or two. (For gingivitis of pregnancy.)—*Pinard*.

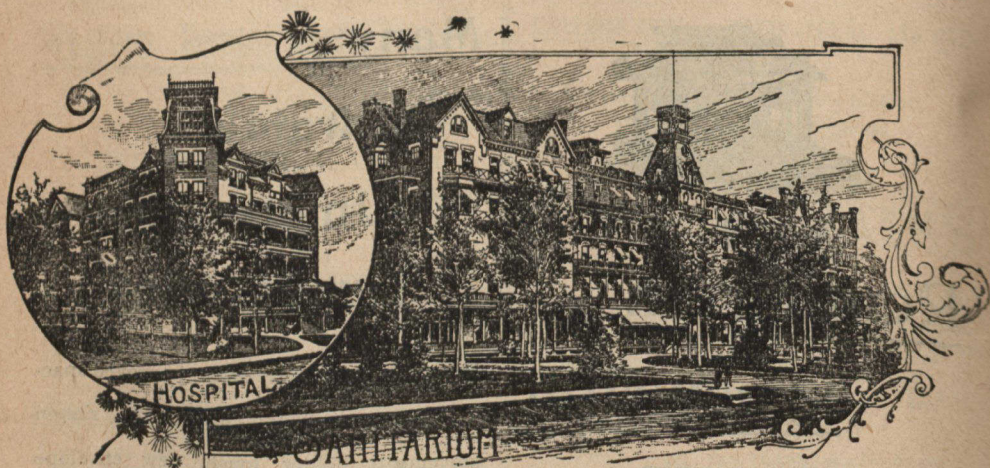
℞ Glyceriti acidi tannici. . . . . f℥j.  
 Sig.: Apply with soft brush. (For spongy or bleeding gums.)—*Bartholow*.

HÆMATEMESIS.—

℞ Ergotini. . . . . gr. xij.  
 Aq. destillat. . . . . f℥j.  
 M. Sig.: Five to ten minims hypodermically every three hours.—*Ringer*.

℞ Liq. ferri. subsulphat. . . . . f℥ss.  
 Sig.: One or two drops in ice-water frequently.—*Bartholow*.

℞ Plumbi acetat. . . . . ℥ss.  
 Hydrarg. chlor. mit. . . . . gr. v.  
 Confection. rosæ. . . . . q. s.  
 M. Et ft. pil. No. x. Sig.: One pill every two to four hours. (From ulcer.)—*Ellis*.



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The Collegiate course of the Faculty of Medicine of McGill University begins in 1895, on Tuesday, September 24th, and will continue until the beginning of June, 1896.

The Primary subjects are taught, as far as possible, practically by individual instruction in the laboratories, and the final work by clinical instruction in the wards of the hospitals. Based on the Edinburgh model the instruction is chiefly bedside, and the student personally investigates and reports the cases under the supervision of the professors of Clinical Medicine and Clinical Surgery. Each student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical wards for a period of six months each, and to have presented reports acceptable to the Professors on at least ten cases in Medicine and ten in Surgery.

About \$100,000 have been expended during the last two years in extending the University buildings and laboratories and equipping the different departments for practical work.

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**MATRICULATION.**—The entrance examination of the Medical Boards of the different Provinces in Canada is accepted by the University as equivalent to the Matriculation Examination which is held by it in the months of June and September.

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**ADVANCED COURSES.**—The Laboratories of the University and the various Clinical and Pathological laboratories connected with both Hospitals will, after April, 1896, be open for graduates desiring special or research work in connection with Pathology, Physiology, Medical Chemistry, etc. A post-graduate course for practitioners will be established in the month of April, 1896, and will last for a period of about six weeks.

**HOSPITALS.**—The Royal Victoria, the Montreal General Hospital, and the Montreal Maternity Hospital are utilized for purposes of Clinical instruction. The physicians and surgeons connected with these are the Clinical Professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone last year.

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℞ Acid. gallici . . . . . gr. x.  
 Acid. sulphuric. dil. . . . . ℥x.  
 Aquæ . . . . . f℥j.

M. Ft. haustus. Sig.: To be repeated in four or six hours if necessary.—*Brinton*.

℞ Tr. hamamelis . . . . . f℥ ss.

Sig.: Two to four drops in water every three or four hours.—*Ringer*.

HÆMATURIA.—

℞ Ex. ergot. fl. . . . . f℥ ij.

Sig.: 20 gtt.-℥j. every two hours.—*Morris*.

℞ Acid gallic. . . . . ℥ ss.  
 Acid. sulphuric. dil.,  
 Tr. opii deod . . . . . āā f℥j.  
 Infus. digitalis . . . . . f℥ iv.

M. Sig.: Tablespoonful every four hours.—*Druitt*.

℞ Tr. hamamelis . . . . . ℥xxiv.  
 Elix. simp.,  
 Aquæ . . . . . āā f℥j.

M. Sig.: Teaspoonful every two or three hours.—*Ringer*.

℞ Tr. ferri chlor. . . . . ℥xxx.  
 Tr. digitalis . . . . . ℥xv.  
 Aq. menthæ pip. . . . . f℥ iss.

M. Sig.: Take one dose every four hours.—*Aitken*.



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## HÆMOPTYSIS.—

℞ Plumbi acetat. . . . . gr. xx.  
 Pulv. digitalis. . . . . gr. x.  
 Pulv. opii. . . . . gr. v.

M. Et div. in pil. No. xx. Sig.:  
 One pill every four hours.—*Bartho-  
 low.*

℞ Ex. ergotæ fl. . . . . f℥j.  
 Ol. gaultheriæ. . . . . gtt. iv.

M. Sig.: Teaspoonful every hour  
 at first; then every four to six hours.  
 —*Ringer.*

℞ Acid. gallici. . . . . f℥ij.  
 Acid. sulph. aromat. . . . . f℥j.  
 Glycerinæ . . . . . f℥j.  
 Aq. destillat. . . . . q. s. ad f℥vj.

M. Sig.: Teaspoonful at dose;  
 repeat frequently.—*Pepper.*

℞ Infus. digitalis. . . . . f℥iv.

Sig.: Tablespoonful every hour  
 until the pulse is reduced.—*Brinton.*

℞ Tr. digitalis . . . . . f℥iss.  
 Ol. terebinth . . . . . f℥iij.  
 Ol. menth. pip. . . . . ℥xx  
 Acid. sulph. arom. . . . . f℥iij.  
 Spt. vin. rect. . . . . f℥xvj.

M. Sig.: Forty to sixty drops  
 well mixed with sugar, to which one  
 or more tablespoonfuls of water may  
 be added, every two, three or four  
 hours, according to the urgency of  
 hæmorrhage.—*Canada Med. Record.*

℞ Iodoform. . . . . gr. vj.  
 Acid. tannici. . . . . gr. viij.

M. Et. ft. pil. No. vi. Sig.: One  
 every two or three hours till relieved.  
 —*Chauvin.*

℞ Pulv. aluminis . . . . . ℥j.  
 Sacch. alb. . . . . ℥ss.  
 Pulv. ipecac. comp. . . . . ℥j.

M. Et div. in chart. No. vi. Sig.:  
 One powder every two hours.—  
*Skoda.*

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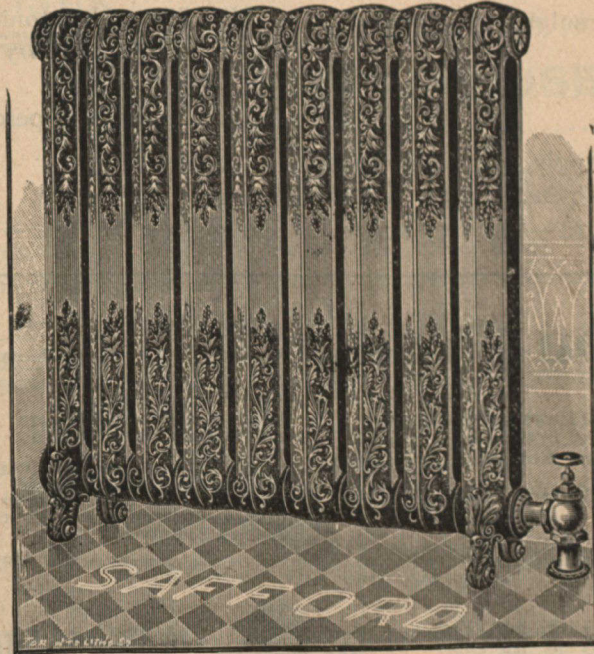
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HAIR (See also Alopecia).—

- R Sodii biborat . . . . . ℥iv.
- Aq. ammoniæ . . . . . f ℥j.
- Spt. myrciæ . . . . . f ℥ij.
- Aq. rosæ . . . . . f ℥xiiij.

M. Sig.: Hair-wash.—*Potter.*

- R Quiniæ sulphatis . . . . . gr. x.
- Spt. myrciæ . . . . . f ℥ij.
- Glycerinæ . . . . . f ℥j.
- Sodii chloridi . . . . . ℥ij.
- Aquæ . . . . . q. s. ad f ℥viiij.

M. Sig.: Use as hair-wash.

- R Barii hydrosulphat. . . . . gr. x.
- Amyli,
- Zinci oxidi . . . . . āā gr. v.
- Aquæ . . . . . q. s.

M. Sig.: Apply once daily with a camel's-hair pencil. (To remove superfluous hair.)—*Dietetic Gazette.*

- R Ex. jaborandi fl.,
- Tr. cantharadis . . . . . āā f ℥ss.
- Glycerinæ,
- Ol. vaselini . . . . . āā f ℥j.

M. Sig.: Hair-tonic. For use after fevers. Use at night.—*Bartholow.*

- R Tr. cantharidis . . . . . f ℥j.
- Aceti destillat . . . . . f ℥iss.
- Glycerinæ . . . . . f ℥iss.
- Spt. rosmarini . . . . . f ℥iss.
- Aq. rosæ . . . . . ad f ℥viiij.

M. Sig.: Hair-tonic. Use night and morning.—*Tilbury Fox.*

- R Liq. hydrogenii peroxidi
- (10 vol.) . . . . . f ℥iv.

Sig.: Hair-bleach. Apply with a sponge or soft brush.—*Wilson.*

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