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THE

Canadian Medical Review.

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Vol. VIII. TORONTO, AUGUST 1898. No. 2

Original Communications.

Vaginal Section.

By Ernest Hall, M.D., Victoria, B.C.

In this age of rapid advancement, it is a difficult matter to contribute anything of startling novelty. Those possessing the genius of originality are few, but the most ordinary may, at times, recount his experiences, and contribute even unconsciously to the sum of knowledge. Upon the subject of this paper I have nothing new to offer. The subject has been thoroughly threshed out by Continental and American surgeons, and apparently as completely neglected by Canadian operators. Our medical literature contains but few references to Vaginal Section, and leading articles upon this subject are conspicuous by their absence. This should not obtain as advanced gynæcology is incomplete without this important factor.

In discussing the vaginal route to the pelvic cavity, we should not affirm more than experience can substantiate. Each method has its distinct indications, and also its limitations. It is not so much a subject for abstract discussion, as that of careful examination and judicious selection of the method better suited to each individual case. The question we should ask before undertaking any surgical measure, is,

how can I accomplish the desired result with the least traumatism, time, shock, and mortality? And no one should presume to answer this question with reference to pelvic surgery without a familiarity with this method.

The question of any given operation, being easy or difficult, is dependent less upon the necessary mechanical manipulation than upon the discipline of brain and hand. Both the abdominal and vaginal methods are easy, and both may be equally difficult. They are not capable of such comparison, any more than when an ill-fitting plate has lodged in a more remote part of the alimentary canal. We should begin to compare œsophagotomy with gastrotomy, without considering the location of the offending body.

Those of us who have witnessed Continental surgery, especially upon those of the peasant class, who contribute the material of the clinics in the larger centres, have been astonished at the ease with which the operators work, and at the space which they have at their disposal. This latter may be real or only apparent; real, if the peasant pelvis is more roomy than that of our average Canadian patient; or apparent, owing to the proper management of the retractors and the dexterity of the operator. Be this as it may, it is well that the beginner in the vaginal method make careful selection of cases, not forgetting that a narrow pelvis might seriously impede his work. He had better avoid multiparæ, and for his first case select a multipare with relaxed vagina and ruptured perineum.

The conditions favorable to attack through the vagina are, generally speaking, pelvic exploration, including direct digital examination of the whole pelvic contents, as well as visual examination of the fundus of the uterus, tubes and ovaries, removal of small fibroids, ovarian or parovarian cysts, severing of adhesions, resection of different organs, retroversion. sactosalpinx, extra uterine pregnancy in early months, and all cases in which drainage is indicated, including acute septic salpingitis, puerperal or gonorrhœal. As to the point of entrance from the vagina, it may be through the anterior or posterior cul-de-sac, as the merits of the case demand. For pelvic exploration, and retro displacements, the anterior incision is preferable, and generally, for the other conditions stated, the posterior incision is the better.

Before the operation, the patient should have a bath, the external genitals shaved and thoroughly scrubbed, and a bichloride douche given. If there exist any suspicion of septic vaginitis, the cavity should be packed with iodoform gauze after each douche. The abdomen should also receive preparatory treatment, as the examination of the pelvic with the patient relaxed under the anæsthetic may re-

veal conditions previously obscured, and at the last moment influence the operator to select the abdominal route, or perchance, during the vaginal operation, hemorrhage from the ovarian artery might require a higher section for ligature. Double preparation is not lost time. It is an excellent maxim to cover your retreat.

For the performance of this method, the patient is placed in the lithotomy position, with the foot of the table slightly raised, so that the intestines may gravitate away from the field of operation. The limbs covered with aseptic blankets, are supported by assistants on either side, who also manage two lateral and one posterior retractor.

The uterus is invariably curetted, irrigated and packed with gauze. If anterior section is indicated, the cervix is drawn downwards and backwards, with a tenaculum, preferably Orthmauris' forceps, as the lower blade holds the uterus steadier than the ordinary instrument. The anterior cul-de-sac being stretched, a vertical incision, about an inch and a half in length, is made through the vaginal membrane and muscle. The edges of this incision being held apart, careful dissection is made with the knife handle and fingers, through the tissue between the cervix and bladder, keeping close to the cervix to avoid wounding the bladder. I find it convenient at this stage to keep a large sound in the bladder, so that its limits may be more easily defined. The visico-uterine fold of peritoneum is soon reached and and perforated when a retractor is inserted, thus effectually raising the bladder out of the field of operation. The pelvic cavity is now open ; the incision may be extended, laterally if necessary, in order to obtain more space for exploration, severing of adhesions, examination of the tubes and ovaries. The fundus of the uterus can be anti-verted through the incision, fibroid enucleated, cystoleated or tapped, and summarily disposed of ; in fact, the pelvis with its contents is open before the operator. The parts are irrigated with sterilized water, and the incision closed with continuous gut suture. If prolapse or retroversion has been a prominent feature of the case, it is well to attach the body of the uterus to the anterior vaginal wall. This is done by passing three Kangaroo, chromotized, or curnol gut sutures through the margin of the vaginal incision, then through the uterine structure and out through the opposite side of the incision. These being drawn tight, force the uterus against the vaginal wall, a running suture of catgut then unites the vaginal incision. Gauze is packed into the vagina, and the case managed upon the same general principles as after perinsplasty. If the section is to be posterior to the cervix, the mucous membrane is taken up upon a tenaculum and an opening made with scissors, enlarged by opening of the blades,

and further increased by stretching or tearing with the fingers. The pelvis can be explored with the finger, and manipulations done as with anterior section. In septic cases, a drain is inserted.

The advantages of this method are little or no shock, non-exposure of the bowels, more rapid operation, and, if possible, infection less, dependent drainage, more rapid convalescence and lower mortality.

Hypo- and Hyper-Respiration in Tuberculosis.*

By Edward Playter, Toronto.

As hyper-respiration, or at least increased respiration, in some form or manner, is universally prescribed and insisted upon in the treatment of tubercular pulmonary phthisis—indeed we rarely hope for a cure unless the patient goes more out-doors, breathes more pure air—in other words, improves the respiratory function, it would seem to be a most natural inference that hypo-respiration, a reduction, in some way, of the respiratory function to a morbid degree is an important factor in causing the disease.

Whatever else we prescribe, whether a tuberculin or other special remedy, we invariably, as all makers of tuberculins advise, endeavor to improve the respiratory function of the patient by more out-door air.

Who are they who fall victims to phthisis? Almost invariably, if not solely, those who have been exposed, from *some one or other cause*, to a decrease, to less than the needs of the system, in this most important function of respiration: to a too limited, or an inefficient supply of oxygen for the needs of the vital functions. We have the hereditary small chest and lungs, overtaxed at length by some change of life, perhaps over-study, or it may be over-physical activity in the greater responsibilities and duties of adolescence. Or we have the sedentary, probably stooping, occupation and shallow breathing indoors, culminating at length in the consequences of a want of a certain indispensable supply of oxygen in the blood and tissues. Fairly or even well-developed lungs may have been gradually reduced to an inability to provide this indispensable oxygen supply. Or again, we may have lungs so clogged up with the products of a continued "cold," or a congestion from measles, or an attack of pneumonia, that they cannot fulfil their function proportionately to the needs of

* Read at meeting of Ontario Medical Association.

the organism. And yet again, this condition of the air cells, or of the respiratory lung-membrane, may be the result of dust-breathing.

From the almost invariably small respiratory capacity in the early stage of phthisis, we must infer that a measure or degree of this condition had existed for some length of time, and prior to actual symptoms of the disease. Only through time, many months at least, could such a condition have been brought about.

Besides my own collective investigations on this point, as published in a pamphlet in 1882, and in my recent book, page 98, in which it is shown that the average measurements of the chests of a large number of cases was only five-sixths of that of a fairly well developed chest, Dr. J. E. Squire, physician to the North London Hospital for Consumptives, in his book of three or four years ago, gives a table showing that "the average quantity of air expired after a full inspiration for different heights in health" is about fifty per cent. greater than that "which can be expelled by persons of similar height in the early stage of phthisis."

Farquharson, in his work on Ptomaines, says: "Every arrest or diminution of the respiratory functions is necessarily followed by the retention of toxic physiological debris in the body."

On every hand we have symptoms of diseased conditions, mental and physical, from self-intoxication, by no means confined to intestinal intoxicants. The soil factor at least of our fevers is doubtless of this nature.

Now what are the early symptoms—the pretubercular symptoms—as they have been termed, of tubercular pulmonary phthisis? Are they not just what we would expect from auto-intoxication?

And what, let us consider deeply and well, is this soil factor in tuberculosis, this long and well-known, but not well understood predisposition? It is certainly not a negation, a shadow, simply a want of vitality. It is a tangible something. And I am convinced, it is a self-poisoning from imperfect respiration; briefly, want of breath.

My object is to divert our attention and action from the tubercle bacillus as a cause of this disease to the true cause. This organism is but a sequence, doubtless of benign origin.

There are signs, a few, of the passing of the bacillus tuberculosis. When we cease to wage war upon it, and endeavor to provide oxygen for this unfortunate class, a very large class, of non-breathers, we may hope for a decrease instead of an increase, as there appears to have been of late years, in this most destructive of all diseases.

It has always been contended that there are cases of phthisis without the bacillus. It now appears we have real tubercles produced by

another organism. Cèourmont (in *Arch. de Med. Exper.*) shows that "lesions similar in all their aspects to ordinary tubercle are due to a micro-organism, having characters completely different from those observed in Koch's bacilius."

If we can realize that hypo-respiration is the "great first cause" of phthisis, we can safely rely upon the very old-fashioned remedy oxygen to cure it, if we can only succeed in getting a sufficiency of this remedy properly introduced into the blood and tissues. In the earlier stage constant deep breathing of cool out-door air may suffice; in later stages we must provide the oxygen in some modified or less natural way. And a judicious use of ozonized oxygen appears to give the best results.

As in complete asphyxia oxygen will, as it were, restore life, so, if we can apply it properly, it will restore life in considerably advanced phthisis. And I am convinced it holds out to our anxious, yearning search the best and most natural remedy.

Selected Article.

Acquired Idiosyncrasy for Quinine, as Shown by Purpura and Bleeding of the Gums.*

By Douglas W. Montgomery, M.D., San Francisco,
Professor of Diseases of the Skin, University of California.

Manifest effects of quinine on the skin are rare when one considers how frequently this drug is taken; but when they do occur, the clinical picture is so dissimilar in different cases as to make it almost incredible that they are to be attributed to the one cause. In one man quinine will give rise to violent itching, in another to urticaria, in another to a simple erythema, or a scarlatiniform erythema, or even a rash simulating an erythema multiforme. An erysipeloid, a complete exfoliative, or even a gangrenous dermatitis have been ascribed to quinine. Furthermore, quinine can cause an erythematopapular rash, an eczema, or even a bullous eruption.

Besides these disagreeble inflammatory manifestations, quinine may produce more or less extensive extravasations of blood into the skin, and sometimes oozing of blood from the mucous membranes, constituting a purpura, of which I believe the following case to be an example:

On August 8th, 1895, a fairly strong-looking man, twenty-nine years

* Read before the California Academy of Medicine, June 19th, 1897.

of age, was sent to me by a dentist to ascertain if there would be any risk from hæmorrhage in having a tooth extracted. The patient told me that about two years before, the second right lower bicuspid had been pulled out, leaving however some fragments of roots, which were extracted about two months before he came to me. Two days later he had been awakened at night by bleeding, as he supposed, from the place where the roots had been extracted, and the oozing had continued for about forty-eight hours. At the same time there was subconjunctival hæmorrhage of the right eye, and a purpura of the skin of the upper eyelid and of the backs of the hands and feet. He did not remember any rheumatic pains during the attack, but he was quite positive that he had never had any similar eruption before, and there was no history of a hæmorrhagic diathesis in the family. The blood was normal.

The opinion was given that there would be no risk in extracting a tooth, as the patient was considered to have simply had an unusual attack of purpura rheumatica with bleeding from the mouth, and little or no pains in the joints. It was thought that the hæmorrhage was in no way connected with the removal of the fragments of tooth, and that the patient's story of the bleeding being only from the wound in the gums was not an exact observation. The likelihood of the patient having hemophilia seemed to me to be very remote, as he gave no history of any similar bleeding either in himself or in his family. He had the tooth extracted, for which he sought my advice, and it was not followed by any unusual bleeding.

This opinion was given August 8th, 1894, and September 12th, 1895, I was called again at 9.30 a.m., to see the man. That morning at five o'clock he had wakened with pains in the ankles, knees, hips and in the metacarpo-phalangeal joints. The pains were most marked in the hips. On awaking he had vomited quite a large quantity of blood. The gums were oozing blood, the hæmorrhage coming from beside the outerside of the upper and lower right and left molars—mostly free, however, from the outer side of the lower right molars. There was a pinhead-sized bright red hæmorrhage in the conjunctiva of the right eye over the sclerotic of the outer segment of the eyeball, which he said looked exactly the same in the previous attack, and there were several purpuric spots in the integument of the right side of the neck, over the breast bone and elbow tips, and into the skin of the thighs, and over the second joint of the right middle finger. The next day some very small hæmorrhages were noticed in the integument of both eyelids. As in the previous attack the hæmorrhage from the gums lasted about forty-eight hours, and after

the second day no new hæmorrhages were noticed in the skin, and as for the pains in the joints, they had only been present during the first half day. There was no rise of temperature nor acceleration of pulse-rate, and except for the symptoms enumerated, the patient felt perfectly well during the entire attack.

While questioning him to ascertain the cause of his trouble, it transpired he had taken a five-grain dose of quinine the night before for a cold, "even as you and I"; and then he remembered that just before the previous attack he had taken a ten-grain dose of quinine. He said that quinine always had a disagreeable effect on him, causing sickness of the stomach, insomnia, slight headache and buzzing in the ears. Three years before coming to me, however, he had taken the muriate of quinine for a considerable time in twenty-grain doses a day, for what his physician said was malarial poisoning with enlargement of the spleen. The case therefore stood as follows:

A man who had previously taken large doses of quinine with only a few disagreeable sensations, such as ringing in the ears, sickness of the stomach, etc., got, after taking a ten-grain dose of quinine, a purpura, with bleeding in the mouth. He believed this bleeding to come from the side of a tooth from which a number of fragments had recently been removed. Another similar attack occurred after a five-grain dose of quinine, and this time the bleeding in the mouth was certainly not from any wound or ulcer, but was clearly an oozing from the gums beside the molar teeth. The patient was positive no quinine had been taken in the interval between the first and second hæmorrhagic attacks.

In a letter written on June 18, 1897, the patient stated that he had had no hæmorrhagic attacks since September, 1895, and also that he had carefully abstained from taking quinine.

Of course, one is aware when studying an uncomplicated case of purpura like the above, that one has to do with a single symptom, minute hæmorrhages, and that quite a number of diseases and toxic substances occasion such hæmorrhages. It was certainly not a case of sporadic scurvy, because the purpura was not particularly in the lower extremities, nor was there any œdema or pain, or painful swellings of the legs. The gums were not swollen or fungous or painful; there was no anemia or loss of strength, and the patient had good hygienic surroundings. It was also clearly not the purpura accompanying any of the acute febrile diseases.

It was more difficult to differentiate it from peliosis rheumatica, but even here there were points of difference. The general appearance of the patient was much better than it usually is when peliosis rheumatica

is accompanied by copious hæmorrhages from the mucous membranes and in such severe cases there is generally much more extravasation of blood into the skin than was present here. Then, again, the joint symptoms are generally more marked, for in this instance there was only slight pain and no redness or swelling. Furthermore, in peliosis rheumatica there are almost always several successive crops of purpuric spots, and the whole process lasts two or three weeks, while in the case in hand a considerable number of spots appeared on the first day, only a few the second day, and none afterwards. The first attack, that I did not see, seems to have run fully as short a course.

The fact that the patient had previously taken large doses of quinine without experiencing any such serious effects, would seem to invalidate the diagnosis of a quinine purpura; but, as shown by Allen (1) and by Morrow, the susceptibility to quinine poisoning may be acquired. A person who may be able to take quinine now with few or no bad symptoms may afterwards suffer most disagreeable oblique effects on taking a small dose of the drug.

To sum up, the diagnosis of quinine poisoning was made, first, because of the short course of the purpuric attacks, as well as on account of some other minor differences from the usual course of peliosis rheumatica, which it most closely resembled; and, secondly, because both attacks followed doses of quinine, a drug that is known to give rise to just such hæmorrhages.—*Boston Med. Surg. Jour.*

A CHINESE EDITION OF GRAY'S ANATOMY.—Dr. H. T. Whitney, President of the Medical Missionary Association of China, is engaged in the laborious task of translating Gray's *Anatomy* into Chinese. The undertaking has impressed Dr. Whitney's former associates in the Northern Ohio District Medical Society as one of such magnitude that they have come to his assistance by passing a special resolution congratulating him and wishing him Godspeed in his work.—*Boston Medical and Surgical Journal.*

BLENNORRHAGIA.—Vatter (*Cornica médica*) prescribes the following:

R	Hydrastine bichloride.....	3¾ grains;
	Antipyrine.....	375 "
	Distilled water	6¼ ounces.

M.

Four injections daily, to be retained as long as possible. The antipyrine serves to stay the smarting.—*New York Medical Journal.*

College of Physicians and Surgeons of Ontario in Session.

THE Medical Council of the College of Physicians and Surgeons of Ontario assembled for its thirty-third annual meeting at two o'clock, July 6th, in the Medical Council building, corner of Bay and Richmond streets. Dr. J. Thorburn, of Toronto, the retiring president, called the meeting to order, and the following members were present: Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Douglas, Emory, Fowler, Geikie, Griffin, Henderson, Henry, Logan, Luton, Moore, Moorehouse, McCrimmon, McLaughlin, Rogers, Roome, Sangster, Spence, Taylor, Thorburn, Thornton and Williams.

Immediately after the roll-call the election of officers took place, resulting as follows:—President, Dr. Luton, St. Thomas; Vice-President, Dr. W. F. Roome, London; Registrar, Dr. R. A. Pyne, Toronto; Treasurer, Dr. H. Wilberforce Aikins, Toronto; Solicitor, Mr. B. B Osler, Q.C., Toronto; Stenographer, Mr. Alex. Downey, C.S.R, Toronto.

DR. THORBURN'S ADDRESS.

Dr. Thorburn, the retiring President, then delivered his address, thanking the members for the honor they had conferred upon him in electing him President of the Council. He spoke of the many changes that had occurred in the membership during the year, making special reference to the death of Doctors Burns and Shaw.

Referring to the examinations, Dr. Thorburn said that he was pleased to be able to state that they had been thoroughly and efficiently conducted. He suggested, however, that a more suitable allotment of work for each examiner be made, in order that the work of the Board could be more equitably distributed.

The matter of prosecuting illegal practitioners, he said, had been carried on as vigorously as possible. He had noticed in connection with this that numerous complaints had come from members of the college regarding fifth-year students, who had gone to country places to practise with a view to putting in the year of practical work demanded by the curriculum. The difficulties arising out of the existing regulations, he thought, would become a serious question, and called for immediate attention.

After referring to the prominence that the subject of interprovincial

registration had taken recently, Dr. Thorburn closed his address by introducing Dr. Luton, the president-elect.

Resolutions of sympathy were passed to the families of the late Dr. Shaw, of Hamilton, and Dr. J. H. Burns, of Toronto, who died during the year. Both gentlemen were members of the Council at the time they died, Dr. Burns having just been elected on the day of his death.

Standing Committees.

The following standing committees were appointed: Registration Committee, Drs. Fowler, Campbell, Hanly, McLaughlin, Griffin, Taylor, McCrimmon; Rules and Regulations Committee, Drs. Hanly Armour, Spence, Henry, Barrick; Printing Committee, Drs. Barrick, Taylor, Emory, Spence, McLaughlin; Education Committee, Drs. Britton, Bray, Emory, Dickson, Moore, Moorehouse, Rogers, Sangster, Williams; Property Committee, Drs. Campbell, Dickson, Thorburn, Williams, Thornton; Complaints Committee, Drs. Geikie, Fowler, Logan, Thorburn, Douglas.

Breaches of the Act.

The Council went into a Committee of the Whole for the consideration of the report of the Special Committee on Prosecutions, the first clause of which stated that four meetings had been held, and complaints had been submitted at each meeting. The second clause announced that a number of anonymous communications, complaining of breaches of the Medical Act, had been received, but they were not acted upon. Occasion was taken to inform members of the profession that all communications relating to such charges were treated confidentially.

Considerable discussion resulted from the third clause, which was to the effect, that on investigation a large number of the offenders were found to be fifth year medical students. In some instances they were practising several miles away from established practitioners, although professing to be their students. Quite frequently they were found to be pursuing their profession utterly regardless of the law. Several members of the Council thought that they should not be too severe on such offenders, claiming that they could not gain admittance to the hospitals. Others contended that they could pursue hospital work if they were willing to pay for it, and thought that if any leniency was exhibited toward them, the object for which the fifth year was on the curriculum (practical experience before entering on active practice)

was lost. The clause was finally referred to the Educational Committee. The last clause, recommending the re-appointment of the committee, was carried, and the meeting was adjourned to meet again this morning, after endorsing the report as amended.

Dominion Registration.

Dr. Armour, of St. Catharines, gave notice that he would move the following resolution at this morning's session: "That this Council hereby places on record its willingness to co-operate with the medical organizations of the several Provinces and territories to establish an office of Dominion medical registration, whereby Provincial practitioners may secure the right to practise their calling in all parts of Canada on the following basis: The several Provinces shall require a course of professional study of not less than four years, with sessions of eight months each, and shall have a central examining board, before whom all students and applicants must pass before receiving Provincial registration, when all Provincial licentiates of five years' standing shall be entitled to Dominion registration."

Finances and Estimates.

The financial statement was presented, showing the receipts of the year to have been $51,622.30, including a balance of $790.83, carried over from last year. The expenditures amounted to $50,782.49, leaving a balance on hand of $839.81. The estimates for next year were submitted, amounting to $19,485.29.

WEDNESDAY.

The Council reassembled at 10 o'clock with the President, Dr. Luton, in the chair, and all the members present.

Dr. Sangster gave notice that at a subsequent meeting he would move, "That in the opinion of this Council all institutions which have ceased to exist or which merely hold their charters in abeyance, no longer either teaching medicine or granting degrees therein, are not entitled to continued representation in this body."

The Registrar read a communication from Mr. C. W. Walter, asking the Council to reconsider his examination held at the last test for licentiates.

Dominion Registration.

The following resolution, notice of which had been given on Tuesday, was then moved by Dr. Armour and seconded by Dr. McLaughlin, "That this Council hereby places on record its willingness to

co-operate with the medical organizations of the several Provinces to establish an office of Dominion medical registration, whereby provincial practitioners may secure the right to pursue their calling in all parts of Canada on the following basis: The several Provinces shall require a course of professional study of not less than four years, with sessions of eight months each, and shall have a central examining Board before whom all students and applicants must pass before receiving Provincial registration, when all Provincial licentiates of five years' standing shall be entitled to Dominion registration."

In support of his resolution Dr. Armour said:—With the fifteen minutes at my disposal I will only have time to refer briefly to some of the leading features of this important question. It is a question that not only the members of this Council and medical men of Ontario, but the profession of the Dominion, are mutually interested in and desirous of solving. Wherever and whenever the subject has been discussed, before medical societies or in medical journals, there has been, so far as I know, a unanimity of opinion in favor of interprovincial or Dominion medical registration. Any differences that existed have been as to the best method of adjusting the conflicting interests that lie in the way of this desirable object. Had the fathers of Confederation made provision for Dominion medical registration, we would not have the present difficulty to contend with, but unfortunately in this respect educational matters were left solely with the Provinces, and interests have grown up that make it difficult to arrive at a national uniformity, and when arrived at to apply the means to utilize it.

That a medical practitioner, competent to practise his profession in one Province of our fair Dominion should be ineligible to exercise his calling in all, is a reflection on the co-operative unity that should characterize a progressive and liberal profession. It is not likely that many practitioners would care to change from one Province to another, but should they desire to remove to any part of the Dominion, on account of their health, or for other reasons, as a citizen of this free country they should have the privilege of doing so. To those practising near the boundaries of the several Provinces, interprovincial prohibition is very vexatious. That a medical man passing a Provincial boundary in the pursuit of his calling should become liable to fine or imprisonment is a disability calling loudly for redress. Perhaps in no other country are these restrictions so exacting as they are between our Provinces. Great Britain, Ireland and all her autonomous colonies have arrangements for reciprocal medical registration. Such hostile countries as France and Germany have an

international arrangement for reciprocal privileges of this kind for fifteen miles on each side of the boundary line of these countries. These are examples by which the medical profession of Canada might profit. When international interests can be made to yield to this necessity, surely it is possible to adjust interprovincial to the same purpose.

The ideal form of Dominion registration would be to establish a common standard of preliminary and professional education, and have all pass a uniform examination, but while the several Provinces have different systems of education it would be with great difficulty that even a uniform standard of matriculation could be adjusted. If an absolute Dominion registration was granted on a basis of different Provincial standards, it would be putting at a premium the lower standards, and the Provinces that had the lower standard would have the bulk of the students to educate. A five years' Provincial probation, as provided for in the resolution, would in a great measure obviate this. It would also give time for compensating from practical experience for some of the disabilities connected with the inequalities of the preliminary and professional educational standards. The five years' stipulation would only temporarily deprive about ten per cent. of the provincial profession of Dominion registration, while the other ninety per cent. would have all the privileges connected therewith.

Central Examining Board.

All the Provinces have central examining boards, but it is not obligatory that all students or outside graduates pass the examination of the Board, except in Ontario and Manitoba and British Columbia, with some insignificant exceptions. The advantages to be gained from Dominion registration should make it easy to have the several Provinces make it obligatory that all desiring registration should pass the Central Examining Board. All the Provinces except British Columbia require a four years' course of medical study before being admitted to examination for license to practise, and there should not be any difficulty in getting British Columbia to raise her standard to a four years' course. Ontario alone requires a five years' course. In my opinion the public and professional interests require that this be maintained, and it is to be hoped that in the near future the other Provinces will raise their standard to a five years' course. The five years' Provincial probation would, in some measure, protect the medical interests of Ontario from being seriously affected by this inequality of curriculum. There would probably be little difficulty in securing a uniform standard of four sessions of eight months each. There are

none of the Provinces in which this requirement at present exists, except in Ontario. McGill University requires, I believe, four sessions of nine months each, but the Province of Quebec only requires four sessions of six months; Manitoba also requires four sessions of six months each, and the remaining Provinces three sessions of six months each. The Medical Councils of Quebec, Prince Edward Island, Nova Scotia, New Brunswick and Manitoba have already signified by resolution their approval of an eight months' session, with a view of reciprocity. British Columbia and the Territories would have to comply. If anything is to be accomplished in this line, Ontario, that has the highest standard, must be prepared to meet the other Provinces in a liberal and a generous spirit. While I do not approve of lowering our standard, the conditions of the resolution, if they should be carried out, would have the effect of considerably increasing the standards of the other Provinces, leaving Ontario free to maintain hers as at present.

The establishment of Dominion medical registration would entitle us to the privilege of reciprocal registration with Great Britain, giving Canadian practitioners all the advantages connected therewith. I trust the resolution will receive the careful consideration of the members, some of whom, notably Drs. Thorburn, Bray, Moore and Thornton, have heretofore shown a deep interest in the question, and that it may after careful consideration receive the approval of the Council.

SENT TO A SPECIAL COMMITTEE.

Dr. Logan proposed that the resolution be sent to the Educational Committee, with instructions to that body to bring in a report on the matter which would then come up for general discussion.

The proposal to send it to this committee, brought on a discussion, in which all who spoke touched on the general question of Dominion registration. Great unanimity of opinion was expressed as to the urgency of such a measure. There was a difference of opinion, however, as to the committee to which the matter should be referred.

A number of members were favorable to sending it to a special committee, some of them contending that the Educational Committee was already overworked. Dr. Geikie opposed it being sent to the Educational Committee, on the ground that this committee had not upon it a sufficient representation of medical college professors.

Dr. McLaughlin, of Bowmanville, very strongly objected to the schools having too big a finger in the pie.

A suggestion from Dr. Rogers, that the question be taken up in committee of the whole Council, did not receive support, and finally

when Dr. Brock withdrew his motion to send the matter to the Educational Committee, a resolution, moved by Dr. Douglas, that that question be sent to a special committee of the following, was adopted: Drs. Fowler, Britton, Logan, Moorehouse, Geikie, Rogers, Williams, McLaughlin, Moore and Armour.

THURSDAY.

DISCIPLINE COMMITTEE'S REPORT.

The entire morning session of the Council was devoted to the consideration of the report of the Discipline Committee, presented by Dr. Bray.

The report dealt with the cases of those who, in the opinion of the committee, had forfeited their right to remain members of the medical profession in Ontario.

Dr. Albert William Sovereen had four accusations laid against him, being charged with travelling with a quack medicine company, called the Kamma Jr. Hindoo Remedy Company, and charges in connection therewith.

Dr. McLaughlin formally moved that, on the report of the committee, the name be expunged, dwelling on the misconception in the mind of the public regarding this committee, which really existed to protect the public from fraud, and was, at its own expense, doing the work of the Attorney-General.

After discussion, the motion carried, and the name was erased.

The next case was that of Dr. John Kirkpatrick, charged with acting in a medical capacity for the Munyon Company.

There were mitigating circumstances in this case, as Dr. Kirkpatrick had simply diagnosed cases for the Munyon Company, severing his connection with them when advised, and throwing himself on the mercy of the court.

In pursuance with the tone of feeling of the Council, Dr. Kirkpatrick's name was allowed to remain on the register.

Dr. Bessey, the third member, against whom charges were laid, was present with counsel. The Doctor's shortcomings covered a number of years. He was accused of advertising himself as the greatest Canadian specialist, appearing under a name other than his own. There were a variety of other charges.

Despite his own representations and that of his counsel, Mr. Foulds, on motion of Dr. Douglas, Dr. Bessey's name also was removed.

A communication was read from medical practitioners of Halton and district, praying that the name of Dr. S. A. Carter, of Halton,

might be restored to the roll. The communication stated that Dr. Carter had always maintained his innocence of the charge—malpractice—that no ill had resulted from it, and that the Doctor was held in high esteem where he lived. The matter was referred to the Registration Committee to report.

Dr. Sangster, seconded by Dr. Armour, moved his motion to the effect that certain institutions which had lost the right should no longer send members to the Council, but the matter, after discussion, was left over, owing to the absence of Drs. Thorburn and Griffin.

In the afternoon the charges against Dr. Richard Allen Clark, M.D., for whom William Lount, Q.C., was counsel, were taken up, Crown-Attorney Curry being retained by the Council. The Doctor was accused, in brief, of unprofessional conduct with the Munyon Company.

Crown Attorney Curry gave a resume of the evidence against Dr. Clark, who diagnosed cases for the Munyons. His duty, said the counsel was to prescribe as many remedies as the pocket of the patient would stand. He diagnosed cases, but he also diagnosed the pockets. Dr. Clark did not know the nature of the medicine he prescribed. There was a headache cure, to cure headache of every kind. Patients who could ill afford it were victimized, said the counsel.

When a patient appeared at the Munyon office with a real disease, he would receive a prescription put up at a drug store, to which the label of the Munyon Company was affixed as a "personal prescription." Then, if cured, the impression was that this had been effected by the remedies of the Munyon Company.

"I contend," said Mr. Curry, "that it was Dr. Clark's duty to either put a stop to what was going on, or leave the service."

Mr. Curry held the "Guide to Health" of the Munyon Company up to considerable ridicule. In his opinion, an English case, whereby Dr. Hamilton Hart had lost his standing through connection with this company, was not as strong as the present one against Dr. Clark.

Mr. Lount, in reply, asked that the evidence be thoroughly examined, independent of the finding of the committee. "It is no light matter," said he, "to take away a man's livelihood, as in the case of Dr. Clark, when he has reached the age at which he is unable to devote himself to any other method of earning a living."

Mr. Lount contended that Dr. Clark had nothing whatever to do with the control of the Munyon institution: he had his specific duties, but outside of them exercised no control. There was not sufficient proof for the report of the investigating committee.

The Council was then resolved into a Committee of the Whole to decide upon the matter, and various questions were propounded.

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council. Dr. Spence appealed to the Council, and the chair was supported by a vote of 2 to 26.

Later in the day the issue was fought over again, when Dr. Barrick's motion to take a plebiscite of the medical profession on the subject of abolishing contract and lodge practice came up. A number of doctors wanted to know what good it would do. It would be quixotic, in their opinion, to expect that the Legislature would abolish lodge practice. Dr. Campbell summarized the matter by saying that there was no objection to contract practice except that the fees received were sometimes below the recognized figure. As soon as he could get a word in edgewise the President ruled the motion out of order, and was sustained by the chair.

Dr. Rogers, Ottawa, moved that after July of 1902 the matriculation of the Council be a degree in arts. This was not to be considered as a means of preventing the overcrowding of the profession, though it certainly would have that effect. He thought four years sufficient notice of the change. It would be for the benefit of the people. It would mean that law and divinity would adopt a like standard, and the people generally would aim at higher education. Such an education would enable candidates to better grasp the theory of medicine. At present the educational standard of the profession was not above that of merchants' clerks, and the public estimate of the profession was proportionate thereto.

Dr. Barrick had three objections to the motion, that it was inadvisable to be continually tinkering with the matriculation, that it was a question with which the committee on inter-provincial registration ought to deal, and that at any rate it ought to be left to the new Council.

Dr. Dickson seconded the motion.

Dr. Britton opposed the motion. He cited his own case as one who would have been shut out of the profession by such a matriculation, and he thought nine-tenths of the profession were in the same position.

Dr. Geikie made sport of the motion and its author. Becoming serious, he said to pass it would be the death blow of the Council. The legislators were the masters of the Council, and they, with but one or two exceptions, would say, "We told you what this close corporation would do. Now they want to close their doors to every poor man's son in the country." The motion, he said, was nonsensical, and indicated a lack of common sense in the mover.

The discussion was participated in by most of the members, only the mover and seconder supporting it, although Dr. Moorehouse approved the principle, but thought the time inexpedient.

The history of the matriculation standard was very much discussed. Finally Dr. Rogers replied, and blamed the school men for opposing the motion. He then withdrew it and the council adjourned.

Representatives by Statute.

Yesterday afternoon Dr. Sangster's motion to exclude the representatives of medical colleges which have been merged into other institutions, was taken up. Dr. Griffin, the representative of Victoria College, rose to a point of order. He maintained that the institution he represented had still a corporate existence.

The President, Dr. Luton, ruled the motion out of order on the ground that the Council could not change the representation established by the Legislature.

Dr. Thorburn, representing the Toronto School of Medicine, and Dr. Geikie, of the Trinity Medical School, were allowed a chance to be heard, however. The former did not think it seemly that members should try to oust originators of the Council. Dr. Geikie also expressed his intention of staying where he was.

Dr. Sangster then gave notice of another motion dealing with the same matter, at the same time denying all personal animus. His motion is : — "That it is not in the interests of the College of Physicians and Surgeons of Ontario that educational bodies which no longer teach medicine or grant degrees therein shall continue to have representation in this Council, and that legislation directed to the removal of the existing injustice in that respect shall be sought for on the first expedient occasion."

The Council went into Committee of the Whole on the subject of levying the annual assessment of $2. Dr. Rogers favored the retention of this fee. Dr. Armour opposed any assessment this year, as the Council had a surplus. Dr. McLaughlin supported him, and there was some variation of opinion. The $2 assessment finally carried by 15 to 4. Many members then retired.

To Sell the Building.

A motion by Dr. Roome, seconded by Dr. Douglas, in favor of selling the present building created a long discusion. Many expressed opinions which coincided with that of Dr. Roome, that the building was an incubus. During the debate, however, a sentiment against sacrificing the property, was developed, and Dr. Campbell moved an amendment in favor of a knockdown price of $90,000. Dr. Rogers pointed out that even with a yearly loss the use of the building was worth $4,000 per annum to them, and that in a few years' time the

property could be sold for $100,000. This speech made a strong impression, and Dr. Campbell's amendment carried.

EVENING BUSINESS.

The Registration Committee reported in the evening, refusing the applications of S. A. Carter and Robert McCullough for re-registration. Dr. A. J. Rayson, of Neebish, Chippawa, Mich., made application to be allowed to visit professionally on an island near his home, but in Canadian territory, stating that otherwise the residents would have to send a long way for a physican. The Committee recommended that the Council had no power to grant permits.

A long discussion took place upon a motion to elect officers by ballot. It was decided by a large majority to continue the present practice of electing by open vote. Considerable time was spent also upon internal routine.

SATURDAY.

When the Council came to order for business at ten o'clock in the morning, the Executive Committee was elected on motion of Dr. Rogers. It is composed of Drs. Luton, Roome and Britton.

Dr. Brock then introduced a motion that the Council adopt some means of placing before the public the evidence in the Munyon cases which had been adduced before the Discipline Committee.

Several of the members expressed the opinion that such a proceeding would involve a greater cost than the results sought to be obtained would be of advantage.

The suggestion that circulars containing this evidence be printed and distributed among the medical practitioners and newspapers of the Province did not meet with approval. Dr. Barrick said that if the evidence were published in the annual announcements it would serve all purposes, and that to go beyond this would be contrary to the dignity of the Council.

The motion on being put was lost by a vote of 10 to 9.

To Exclude Educationists.

Dr. Sangster then introduced his resolution, notice of which had been given the day previous: "That it is not in the interests of the College of Physicians and Surgeons of Ontario that educational bodies which no longer teach medicine, or grant degrees therein, shall continue to have representation in this Council, and that legislation directed to the removal of the existing injustice in that respect shall be sought for on the first expedient occasion."

In introducing it he disclaimed any intention of hurting the feelings of Drs. Geikie, Thorburn, Fowler and Griffin, whose right to seats at the Council the motion called in question. He was simply performing what he regarded as a duty to his constituents. A great many practitioners throughout the Province were of the opinion that the educational institutions which were represented by these gentlemen were not entitled to a voice at the Council.

Dr. Britton said that it would be a mistake to go to the Legislature with such a request as that suggested in the resolution. The legislators would tell them to go back and continue as they were. He regarded the resolution as a blow, he would not say a stealthy blow, but it was in that direction, aimed at Toronto, Queen's, Trinity and the western Univerities. He considered that the exclusion from the Council of the appointed representatives of these institutions would be a great blow to the Council and the profession generally.

Dr. Geikie said, in the course of a speech in opposition to the resolution, that the Medical Council rested solely on an act of the Legislature, and so did Trinity Medical College. The rights of the College were perfectly secure, as the Legislature would see that they were retained in possession of them. It was since some of the members of the Council had shown a disposition to exclude all the educationists from the direction of the Council that trouble had occurred with the Legislature. It would be a miserable rump of a Council, he exclaimed, if the educationists were excluded.

Dr. Moore said that the Council had its origin in the work and efforts of the school men, and it was monstrous to contend that they were there by an unrighteous act.

Dr. Fowler said that before the Council was established the Royal College of Physicians and Surgeons of Kingston had possessed the right to confer degrees and licenses to practise in Ontario. This right they had yielded up in exchange for representation at the Council. If that representation should be taken away they would claim the right they originally possessed, namely, the right to grant degrees and licenses independent of the Council. He was confident that this right would be given them.

Dr. Thorburn characterized the resolution as a mean attempt to deprive the educational institutions of the rights they had handed over to the Council.

Dr. Brock moved in amendment, seconded by Dr. Logan, that as the question was a legal one, it should be referred to the solicitor, and no action be taken by the Council until his opinion had been obtained.

Dr. McLaughlin and Dr. Sangster both argued that the amendment was out of order, and Dr. McLaughlin said that the colleges had been anxious for the institution of the Council, so that they might exclude the graduates of other than Ontario colleges practising in the Province, and so bring grist to their own mills.

The amendment was then put and carried by a vote of 16 to 7.

Finance Report.

The report of the Finance Committee, which was then presented, stated that the college indebtedness had decreased considerably since last meeting. The annual assessments had been more promptly and generally paid than in the past. The assets were placed at $114,839, and the liabilities at $63,732, leaving a balance in favor of the college of $51,107.

Dr. Armour took exception to a clause in which $317 had been paid to Prosecutor Wasson, over and above his salary, for expenses in connection with prosecutions. He contended that the original agreement with Mr. Wasson was that if the costs obtained from prosecutions did not cover the expenses of the proceedings, the balance should be paid by Mr. Wasson himself. He thought this agreement should be adhered to.

Dr. Bray pointed out that Mr. Wasson was acting, by resolution of the Council, under instructions from the Prosecution Committee, and it would be a small and unfair thing to ask Mr. Wasson to be out of pocket where he was working in the interests of the profession and of the Council. He asked Dr. Armour how he would like to be personally out of pocket under such circumstances.

Drs. Barrick and Thorburn corroborated the statements or Dr. Bray, and the matter was dropped.

Detective Wasson was again appointed prosecutor for the Council at the old salary.

The report of the Education Committee was then presented, considered and adopted. A great many petitions, the majority of which were not granted, were read. Those whose petitions were successful were: Mr. D. C. Wilson, granted with reservation; Dr. Burdon, a British practitioner who will be admitted to practise on passing the Council's examinations; G. E. McCartney, under certain conditions; Septimus Thompson, E. R. Hooper, H. H. Elliott, C. E. Elliott, F. A. Clarkson, A. A. Sheppard, J. L. Turnbull, Henri Labrossi. Licenses will be granted to Dr. Johnson, Dr. T. H. Shipman, Mr. W. D. McNab and Mr. A. L. Foster, when they pass certain prescribed examinations. The following were appointed examiners: Dr.

Grassett, Toronto; Dr. Mundell, Kingston; Dr. Howitt, Guelph; Dr. Fraser, Sarnia; Dr. Welford, Woodstock; Dr. Williams, London; Dr. Acheson, Galt; Dr. Small, Ottawa; Dr. McLellan, London; Dr. O'Reilly, Toronto; Dr. Third, Kingston; Dr. W. P. Caven, Toronto; Dr. E. T. Adams, Toronto.

INTERPROVINCIAL REGISTRATION.

The report of the Committee on Interprovincial Registration was presented by Dr. Williams. The report was favorable to the proposal, and the suggestion was made that the members of the Ontario Council who attend the meeting of the Canadian Medical Association at Quebec in August press the matter and arrange a Conference with the medical men from the other Provinces. The following committee was appointed to take the matter in hand at Quebec: Drs. Thorburn, Dickson, Moore, Rogers, Pyne, Williams, and Taylor. The committee was empowed to add to its numbers.

THE MEDICAL TREATMENT OF GASTRIC ULCER.—Dr. A. A. Berg, in *Medical Record* for July 30, comments on the treatment of the above trouble as follows: "In anæmic and dyspeptic persons, much can be done to prevent ulceration of the stomach by regulation of the diet, by aiding digestion by ferments, and by increasing the muscular tone of the stomach wall. When ulceration does exist, general fluids and soft, mushy diet should be ordered. Any food, leaving coarse, lumpy pieces should be prohibited, as these lumps, in passing through the pylorus, cause spasm. Lavage of the stomach is useful; but great care should be taken where there is much hæmorrhage, or localized peritonitis, indicating deep ulceration. The employment of digestive ferments to aid the stomach in its work is useful. Bismuth relieves the gastric spasm very much, but does not coat the ulcer and cause it to heal, as many state. If the patient is debilitated, rest in bed is proper, otherwise proper exercise."

THE MEDICAL PROFESSION IN FRANCE.—M. Henry Bérenger, in *Revue de Revues*, states that there are about 13,000 doctors in France. Of the 2,500 in Paris, at least 1,200 are not making much more than half a livelihood. Of the 10,000 throughout the country, only one-half earn a decent living, the other half are doing something in addition to their professional work to eke out an existence. This is a fine outlook for the hopefuls who are still rushing into the medical profession in France.—*B. M. J. and Phil. M. J.*

Editorials.

The Bacillus of Typhoid Fever.

DR. SIDNEY MARTIN, of University College, London, and Croonian lecturer, devotes a good deal of attention to the above subject, in his recent lectures. From a study of these lectures we gather several very important opinions.

In the first place there is, in many respects, a very close resemblance in the biological characteristics of the typhoid bacillus, the bacillus enteritidis of Gärtner and the bacillus coli communis.

In the next place, the virulency of the typhoid bacillus is greatly increased by its method of culture. This throws a good deal of light on the difference in the severity of attacks of this disease.

Further, the author argues that, though some strong arguments have been advanced to show that typhoid fever is a general disease, he is of the opinion that it is local to begin with, the germ finding its way into the intestinal canal first; and from thence, into the spleen, urine and blood.

Then again, in some cases of typhoid fever, there appears to be pure infection; but in many others, there is a mixed infection, as the bacillus coli, and Gärtner's bacillus became much more virulent during the course of typhoid, and consequently they often play an important part in the general results. Cases in which there is infection by the bacillus coli, during the course of typhoid, have been observed to give rise to abdominal abscesses and cystitis.

The Medical Council and the "Medical Review."

AT the recent meeting of the Medical Council, a number of the topics that occupied a large share of the time and attention of the Council of the College of Physicians and Surgeons of Ontario, are those which THE CANADIAN MEDICAL REVIEW has frequently dealt with. Among these subjects we may mention the following: "The infamous methods to which some resort in the conduct of their practices;" "Lodge and contract practice;" "The abuse of hospitals and charities;" "Dominion Registration;" and the fact that three members sit in the Council for bodies that have no medical existence.

Dr. Barrick made a proper move when he asked that at the next

general election to the Medical Council a plebiscite of the medical practitioners be taken on the question "Are you opposed to lodge practice."

Then comes the other hydra, the hospital and charity abuse. It has grown in this country to a frightful extent. The medical men themselves have really no idea how much of their legitimate income is going to subsidized institutions. There is great room for reform, and this reform the medical practitioner should have. Dr. Sangster called attention to the poor incomes of so many doctors. In all this we know he was only too true. He deserves many thanks for his bold and outspoken course, as the colleges are again flooding the country with their attractive announcements.

We cannot speak too strongly against the abuse of allowing a representative to Toronto School of Medicine, which has no real existence; to Victoria University, that years ago ceased both to teach and to grant degrees in medicine: and to Queen's, which has no right to one, when the Medical School in Kingston has one. This loading down of the Council by members elected by statute must soon have an end. How long will the general practitioner allow his rights to be ruled by the representatives of these institutions which have no claim whatever to a voice in our medical parliament. Just as well give a representative to McMaster University or the School of Pedagogy.

Lodge Practice.

In the *Medical Record* for July 16th, Dr. Hillis has a particularly good article on lodge practice and the lodge doctor. We would strongly urge our readers to study the article. The following points may give some of the main features of the paper:

1. The lodge doctor in nearly all cases resorts to unprofessional methods to gain favor with the members of the lodge; and, through these, the acquaintanceship of their families. This undermines in an improper manner the family physician.

2. The lodge system develops a bad feeling among medical practitioners. The constant intrigue and wire-pulling for the lodge is bound to destroy the good-will that ought to exist among medical men of a district. This, coupled with the unfair efforts that are made through the lodge to gain entry into the families, often engenders open hostilities.

3. The lodge system completely destroys the possibility of maintaining a proper fee system. When a man finds that for one dollar

a year he can be attended through such diseases as typhoid fever, it is difficult to collect a bill of $50 for attending a case of typhoid in his family. This sum would keep him in a physician for fifty years. By this time he would not require their care, as he will be about twenty or thirty years when he has a family to take care of.

4. The working classes are organized to secure the highest wages going for their own. In the case of the doctor, however, they are combined to secure the doctor on the cheapest terms. To this the doctor submits, nay, lends his aid ; and encourages by his eagerness to secure some lodges.

5. The lodge system degrades the dignity of the profession. The doctor becomes the hired man. He gives away his independence ; and has to hob-nob with those who are his inferiors in every way in order to retain his hold on the lodge. His attention is far too much devoted to lodge politics, and not enough to reading and medical societies for either his own or the good of his patients.

The Abuse of Charities.

DR. ELY VAN DE WARKER, of Syracuse, in the *N. Y. Med. Jour.*, May 28, calls attention in his able paper to the following points :

1. The dispensary abuse is one of steady and gradual growth. From 1790 to 1870, not one per cent. of the people in New York received medical charity. From 1870 to the present time, quite fifty per cent. of the population have been treated in some charity form.

2. About 1870, there was a rapid growth in the number of medical schools, medical students, medical teaching, and medical specialism. The country became flooded with school announcements, and medical journals intended to ooom some college or hospital staff.

3. This condition and tendency soon spread into the smaller cities and towns. It was soon noticed that as soon as a patient realized that there was anything serious, he went to New York or some other large city. To stop this, the local doctors agitated for a dispensary and a hospital in their own midst. Then began a struggle to keep in the front of some special line of practice.

4. But the hospitals that were thus organized by the physicians themselves soon began a keen struggle among themselves. Those charities that could show the largest number of poor patients relieved, and the largest number of beds, drew the largest grants, and made the most successful appeals to the public for aid. They organized

themselves to play upon human cupidity. They begged, planned and advertised themselves into prominence.

5. The over-crowded condition of the medical profession is at the bottom of the whole evil. In Syracuse there are 300 doctors to 90,000 people, or 1 to every 300 persons. All sorts of devices, known to human ingenuity, are required to secure or keep a practice. The specialist must have clinical material; and the general practitioner, in self defence, must have his charity clientèle at the dispensary and hospital.

6. Another grave abuse that is threatening the profession at the present, is that societies and clubs are organizing themselves and paying into some hospital, and obtaining attendance at the lowest prices for their members. Instead of paying club rates to a physician, they pay those rates to some hospital. This is now becoming common in Britain also.

7. To control the evil to some extent, the practice has sprung up for hospitals to charge a contingent fee for operations. This fee goes to the hospital; but it does not meet the case. The doctor loses, the hospital gains, and the evil is not lessened, because the patients feel satisfied as long as they do not pay the doctor directly a fee.

8. The only remedy for this abuse of charities is to search out and know those who are needy, poor and grant relief to these only. This can be done. To do it, the profession and the lay authorities must work together. The injustice of giving free medical attendance to the well-dressed and well-paid is nothing short of robbery against the doctor.

WRITER'S CRAMP AND TELEGRAPHER'S PARALYSIS.—Dr. S. H. Monell, of Brooklyn, N.Y., states, in the *Medical Record* for July 23, that he had suffered severely from writer's cramp. He had tried all the plans of treatment, including that of a celebrated massage specialist. All efforts at cure failed, until he began the persistent use of electricity. It required some time to work out the proper method of its employment. The arm is subjected to a warming up application, then to general nutritional muscular contractions, regulated to the tolerance of the tissues, and finally the whole arm is treated to refreshing, restful treatment that leaves the whole arm buoyant and elastic. Galvanic and and static currents are employed.

Correspondence.

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

Erroneous Views and the Lay Press.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—A common obstacle to medical progress is a want of knowledge on the part of the public, and consequent prejudice therefrom. Sometimes the obstacle is in the form of a want of appreciation only; sometimes of actual obstruction and opposition, as, for example, in the case of the *Sun* and the last Medical Council proceedings.

A few days ago, another luminary body, in the form of an evening paper, favored us with views relating to a medical subject, the accuracy of which, although favoring strongly of a medical inspiration, and, possibly, with a special object not altogether in the public interests, are not borne out by facts. The vast majority of the profession, if not practically the entire body of it, do not believe, nor is it a fact, that the "treatment of consumption has not advanced proportionately with the discoveries of science in general." This is a statement made by the journal in question. Yet it informs us that "since the isolation plan was first advanced there has been a remarkably rapid increase in *popular* knowledge of everything pertaining to the nature and *treatment* of this . . . scourge." (Italicising mine). The journal then makes the bold and erroneous statement that, "To bring the Sanatorium within easy reach of a great centre of population would be to aggravate, without any compensating advantage, dangers of contact, and to increase unnecessarily the elaboration and expense of isolation precautions."

Now, no aggravation of dangers will be possible, but on the contrary, full super-compensation for all efforts and expenditure in having removed from the family and home where, in confined infected rooms, they form the very worst and most dangerous centres of infection, hundreds of advanced cases of this disease, and placing them in the pure atmosphere of buildings specially constructed for the purpose, on a dry country soil, hundreds of feet above, and quite overlooking, and far away, too, over the lake beyond, the humid atmosphere of which your contemporary mentions, and which, not infrequently, does rest for a brief period in the city, placing them in an environment in which, under the best of care, cleanliness and immediate disinfection,

as in the great hospitals for consumptives in London and Manchester, there could be no possible infection communicated to their attendants or friends who visit them.

The latter part of the article is not quite clear to the unofficial comprehension of the writer of this. But it may be stated, that it is not considered by the highest authorities necessary to have consumption under stricter and more distant isolation than smallpox. And that if the writer of that article had first taken the trouble to acquaint himself with all the facts bearing on the proposed hospital for consumptives, he would not have written as he did, nor attempted to check that advance in the treatment of phthisis to the want of which he refers.

Yours, etc.,

SUBURBAN.

Dominion License Question.

To the Editor of the CANADIAN MEDICAL REVIEW:

DR. WHITE (see page 92, *Dominion Medical Monthly*, September, 1893), states: "To be able to take charge legally of a patient from Halifax to Victoria, through each Province, would take about five years, seven examinations, and about $500 tribute to the respective Councils." If such is the condition, one can easily understand that our medical laws are expelling our young M.D.'s from the country, for there is not one State in the Union, or United States, which does not offer more advantages to candidates to practice, as regards examinations, than any of our sister Provinces. Are those Inter-Provincial restrictions the factors at work in causing our young M.D.'s to ignore our Ontario license? for I have learned that hardly thirty per cent. of this year's graduates of Trinity, Toronto, Western and Queen's Universities tried examinations by our College of Physicians and Surgeons. Those who did not try, it is needless to say, went to the United States, and such exodus has been the case, as I well know, for thirty years. Another source, the "Detroit College of Medicine," of whose yearly graduates and matriculants, as its announcement states, this Province contributes a large and increasing number, is equally serving to expatriate our young Esculapians. Is Canada for us Canadians? The answer medically is embodied in Dr. White's article, and worthy of speedy observance by our Medical Council and Legislators.

MEDICUS.

August 8th, 1893.

To the Editor of the CANADIAN MEDICAL REVIEW:

In reply to the criticism which appeared in last issue of the REVIEW on the subject of the "Doctorate," we submit the following, with the hope that it will encourage the publication of views of medical men on the subject, for I am a firm believer in the fact that my professional confreres agree with me in statements now and heretofore made on the subject herein named.

ARISTARCHUS.

August 2nd, 1898.

The Doctorate! is it worth preserving?

Yes! if it is to be the highest distinction given by our universities to those of the learned professions (Divinity, Law and Medicine), and to those who have reached eminence in Philosophy.

No! If it is to be the gift of universities to those who are not of the above-named professions. To those whose callings are not designated as learned, simply mechanical, whose education publicly is considered of low grade, meretricious, gold-filled.

'Tis not the wondrous deeds of time
My muse would sing, in humble rhyme,
To claim your admiration;
But of the wrongs and dire abuses,
Of various academic uses
I seek your condemnation.

Time was when College "parchment scroll"
Meant *years* of pressing to the goal
Of higher education;
A mind well-stored with learned lore,
With stronger grasp, and greater power,
To fill life's proper station.

But now, alas, the times are changed,
And "'Varsities" have now arranged
That each ambitious mortal
May *buy* degrees, and honors win,
Though he has never passed within
An academic portal.

The country's filled with "patentees"
Who duly issue cheap degrees
From State-endowed College,
To all who titles love to wear
And prove their fitness by their "fare,"
Regardless of their knowledge.

Oh ! seats of learning great and strong !
Cease from such pand'ring to a wrong,
That literary work degrades,
Transforms our once proud College Halls
To places of no higher calls
Than purely *mercenary* trades.

Let true men keep inviolate
The value of the doctorate
From *shams* who now do wear it :
And soon again the world will see
In every truly earned degree
The stamp of highest merit.

July 30th, 1898. ARISTARCHUS.

Book Notices.

Accident and Injury ; Their Relations to Diseases of the Nervous System. By PEARCE BAILEY, A.M., M.D., Attending Physician Department of Correction and to the Almshouse and Incurable Hospitals; Assistant in Neurology Columbia University; Consulting Neurologist to St. Luke's Hospital, New York City. New York : D. Appleton & Company ; Toronto : Mr. Morang, Traders' Bank Building, 63 Yonge Street. 1898. Octavo, cloth, $5.00 ; leather, $6.00.

An idea of the contents of this volume may be gained by a glance at the contents which are mainly as follows :

Introduction, previous history of the patient, history of the accident, physical evidence of predisposition to nervous disease, the examination for the actual injury.

Part I. Organic effects of injury to the nervous system. Chap. i.—Injuries to the brain ; ii.—Injuries to the spinal cord ; iii.—Injuries to the peripheral nerves ; iv.—Ultimate organic effects of injury, viz., epilepsy, general paralysis of the insane, locomoter ataxia, progressive muscular atrophy, paralysis agitatus.

Part II. Functional effects of injury. Chap. i.—The nervous disorders which most frequently follow railway and allied accidents—The traumatic neuroses, their history, nomenclature, pathology, etiology and symptoms ; ii.—Traumatic neurasthenia ; iii.—Traumatic hysteria ; iv.—Unclassified forms.

Part III. Malingering. Chap. i.—Exaggeration of symptoms actually present ; ii.—Substitution of origin ; iii.—Simulation.

Part IV. Treatment of traumatic neuroses.

The above is the bill of fare that the author lays out for himself.

It will be seen by a glance through it that it is a most extensive and exhaustive one. In 1866 the late Sir John Eric Erichsen delivered his famous lectures on concussion of the spine. These were greatly enlarged and published in 1875. This work gave a tremendous impetus to the study of traumatic affections of the nervous system in their clinical and medico-legal aspects. Those who have had experience with this class of cases will be ready to admit that Erichsen went too far in claiming organic and incurable results in too many of these cases. His name was a strong one in the courts, and it was a long time before the pendulum swung back to its proper position.

The writings of Page in Britain, Clevenger in America, Oppenheim in Germany and Charcot in France, laid the foundation for a truer and clearer conception of the manifold results of accident or injury on the nervous system.

It is here that the great value of a work such as the one before us, from the pen of Dr. Bailey, comes in to fill a most useful place. Enough has been said during the last thirty years by the above-named writers, and by others, such as Gowers, Strumpell, Dana, Starr, Weir-Mitchell, Bowlby, Bromwell, and many others, to justify the effort of gathering all our knowledge into one cover and forming a concrete structure out of it. This task Dr. Bailey has set down for himself. It was an ambitious one, and, if well performed, was calculated to bring much credit to the author.

Throughout the pages of Dr. Bailey's work there is evinced a thorough acquaintanceship with the literature of the subject. This is a first necessity in an author on such a subject. The next feature of the work that at once attracts attention is that it is written in a good free style. It is agreeable reading. Then there is a fine and even balancing of opinion. The duties of advocate on the one hand, and judge on the other, are kept well in mind. There is no special pleading for any preconceived theory. This necessitates that the writer must have had a large clinical experience, and we know that Dr. Bailey has had such, and has made good use of it.

In this age, with so much rapid travel and so many collision accidents continually occuring, with all the subsequent litigation, a thorough knowledge of the effects of injuries on the nervous system becomes a *sine qua non* to every practitioner. We know of no place where this information can be found so well arranged as in the work before us. To Dr. Bailey and the publishers we extend our congratulations, and venture the prediction that this work shall be a standard upon the above subject for many years to come.

The work is printed in clear type, on superior paper, is well bound and fully illustrated.