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[No. 5.

Original Communications.

IMPERFECT REPAIR OF BONE.*

BY DR. A. H. FERGUSON,

Professor of Surgery, Manitoba Medical College.

GENTLEMEN,—The subject I wish to present to you to-day is the "Imperfect Repair of Bone," and the case before you for operation is an illustration of it.

The amount of callus thrown out to repair a fractured bone may be :

1. Perfect.
2. Imperfect.
 - (1) Superabundant.
 - (2) Deficient ; resulting in
 - (a) Delayed Union.
 - (b) Absolute Non-Union.
 - (c) Fibrous Union, or
 - (d) False Joints (pseudarthroses).

Delayed union is most frequently met with in cases having little or no displacement of the fragments, and where the laceration of the periosteum and surrounding structures is not extensive. When the usual time for union to be complete has expired, the bone that was fractured is examined ; but abnormal mobility is present almost as much as four or six weeks previously. The callus thrown out is not perceptible, and union is said to be delayed. From your knowledge of the case, per-

fect coaptation had been secured and maintained. It was certain that no soft structures were at any time between the fragments.

A fracture of any of the long bones may behave in this manner. You now, probably, for the first time, enquire into the family and personal history of your patient, and should any constitutional affection be suspected, you at once prescribe the appropriate remedies for it. It is well, before putting up such a fracture for a second term of weeks, to stimulate it by friction (rubbing the broken ends together) or percussion.

Absolute non-union is very rare, except in fracture of the patella and in intracapsular fracture of the neck of the femur. In the shaft of long bones, the callus provided by nature may have become absorbed, leaving the bone totally ununited. At other times, no attempt to form a callus can be detected. Such cases are reported, but I have never met with one.

Instead of finding delayed union or absolute non-union, more frequently you will discover that fibrous tissue, more or less perfect, has formed between the fragments, even when they are far apart. The bands of tissue intervening may be short or long, weak or strong, with perhaps (in cases of long standing) islets of cartilage or spicula of bone scattered through them.

When a broken bone, in which osseous union has not occurred, is of several months', or may be years' duration, the constant motion rounds off the fragments, which become eburnated. The connective tissue cells form a false membrane not unlike the synovial, and in it may be found an oily

* A Clinical Lecture delivered at the Winnipeg General Hospital, October 18th, 1892.

fluid; a false joint, either ball and socket, or hinge-like is developed. Instead of terminating in a false joint, the ends of the fragments may become atrophied and pointed, or die.

The causes of deficient, imperfect repair are principally local. Among the general causes you will find syphilis, diabetes, scurvy, Bright's and other diseases mentioned in your text-books. These may, in a small proportion of cases, be somewhat associated with the cause. No doubt they are; but the connection between cause and effect is not always clear. Of the importance we must attach to the causes of local origin there is no room for doubt, because from them we learn a lesson of prevention, which is better than cure.

Should the fragments be kept far apart, whether by muscular action or by the interposition of muscle, tendon, fascia, joint-capsule, or a large blood-clot, it is certain that bony union will be prevented. It is common to meet with these conditions, and they ought to be rectified by the surgeon in charge.

The second most usual cause is also frequently chargeable to the attendant. It is the imperfect fixation at the seat of fracture. Motion is allowed, and union fails to take place. The imperfect coaptation and mobility not unfrequently combine to defeat the desired repair. To properly reduce a fracture, and keep it reduced, prevent these two most common causes of imperfect, deficient repair of bone.

Mal-nutrition, due to a rupture of the nutrient artery, to too tight bandaging, ligature of the main artery, or venous thrombosis, is sometimes a cause; and necrosis, caries, hydatids, sarcoma and chronic abscesses may prevent union.

In compound fractures failing to unite, I believe the most usual additional cause is suppuration, and it, too, is preventable.

TREATMENT.

The treatment is both constitutional and local. I shall only refer to the latter. Following up the line of treatment already mentioned in connection with delayed union, should rubbing the ends together and percussion fail, I should more efficiently stimulate them with a bone-drill or common brad-awl, making a number of perforations in each. It must not be forgotten that strict antiseptic

measures must be taken in all operations on bones. Punching holes through the broken fragments cannot, of course, be undertaken without an anæsthetic, and while the patient is insensible, the joints should be freely moved.

There is not much danger of ankylosis short of three months, and a little passive motion is sufficient to prevent it. It is not good practice to use passive motion before the termination of four or six weeks in upper extremity, and six to eight in the lower. You may think you are moving the joint, when in reality you are only disturbing the fracture, and your meddlesomeness may prevent bony union. Leave it alone, once it is put up in splints or otherwise. The bone will unite before ankylosis can take place. Joints that have been perfectly fixed for six or eight weeks are very easily moved under chloroform, and when operating for non union, they can with impunity be put at rest in a slightly altered position for six or eight weeks longer. The treatment by puncturing is suitable in delayed union, in absolute non-union with the fragments in close apposition, and in fibrous union, where the tissue is but small in amount and the bones not far apart.

For the more difficult cases, pegging, wiring, resecting and nailing are indicated, and when these have proved unsuccessful, transplantation or grafting of bone may be tried.

While our patient is taking ether, I shall have time to speak of two cases in point in which resections, wiring, pegging and nailing have been successfully resorted to.

Case 1. Ununited fracture of the femur of five months' standing; caries of the upper fragment; two inches resected, wiring and pegging. The case successful. Mr. G. H., aged 34 years, admitted to the hospital in October, 1889. Five months previously his right femur was broken at the junction of the middle and lower thirds. The limb below the injury was still somewhat swollen and œdematous. The slightest passive motion gave rise to pain. Sometimes it was painful at nights. By rubbing (as we supposed) the ends of the fragments together, an indefinite grating could be felt. The limb was two inches shorter than the opposite one, and he was unable to move it. His pulse and temperature normal; appetite good; bowels slightly constipated, and slept fairly well at nights. He

had never had any serious illness, and his family history was very good. I wish to call your attention to the pain on motion and at night, his inability to move it, and the œdema as pointing to caries.

I made an incision on the external, lower aspect of the thigh; found the upper fragment pointed, denuded and carious. The lower fragment was surrounded by a firm mass of fibrous tissue. I resected in all two inches of bone, brought the sawn ends together with two silver sutures, and an ivory peg, which was passed obliquely. The wound in the flesh was closed, and a dressing of sublimated gauze applied, which was not changed for twenty-one days. The splint used in this case was a bar of iron a quarter of an inch thick, three quarters of an inch wide, and long enough to extend from the sole of the foot (a foot-piece attached) along the posterior surface of limb, passing between the tuber ischium and trochanter major to the small of the back. This was the first time I used the iron bar as recommended by Professor Alex. Ogsten, of Aberdeen, but it fulfilled all the indications admirably, keeping fracture and joints at perfect rest, with the knee slightly bent. I did not forget to move the joints and put them in a different position to that in which they were found.

Healing by first intention of the soft parts, and firm bony union occurred. I have heard from him several times since, and he is working at his trade without inconvenience or hindrance. The knee has not its full bending power, but it is far from being ankylosed, although it was stationary in the one position for five months before I saw him, and in the altered position for nearly three months afterwards. I believe if the same position had been maintained that ankylosis would have resulted.

Case 2.—Fibrous union of tibia and fibula, following compound fracture, on which three operations had been performed without success. Resection and nailing. Recovery in eight weeks. Miss L., aged 26 years, came from British Columbia with the following history:

On the 9th of February, 1891, in company with three others, she was on a toboggan sliding down the banks of the Columbia River, at Donald, B.C. While going at full speed down several hundred feet, and with force sufficient to climb the oppo-

site bank, about mid-way another toboggan, loaded with three men, and rushing with equal speed and force, coming from the opposite bank, was encountered. The collision was simply fearful. The heel of one of the men struck Miss L. on the forehead, crushing in the left frontal, which is still depressed, and breaking his leg above the ankle. She sustained several other injuries. Three ribs on the left side; the left fibula and the right tibia were fractured, the latter being compound. Her life was despaired of, but gradually she recovered, with the exception of the right tibia, which had not united. On the 1st of November, 1891, over eight months after the accident, she went to New Westminster, B.C., and entered an hospital for treatment. On the 9th of November, the first operation was performed for fibrous union, but in six weeks no repair occurred. On the 23rd of December, 1891, resection of the tibia was made and the bones wired together, but without success. On the 4th of February, 1892, a third operation was performed, resecting a portion of both the tibia and fibula, but it, too, was not a success. On the 14th of May last amputation was advised, to which she would not consent, but the same day she left the hospital.

Judging from what Miss L. tells me, suppuration took place in all the operations. It was still septic when I first saw it.

On the 28th of last June, assisted by Drs. Todd, McArthur and Hutton, I operated on her, and removed the sections of bone which I now show you. The large circular one, three-eighths of an inch long, is from the tibia, and the smaller one, half an inch, is from the fibula, which was longer, and curved the leg inwards. In both of these you can see the fibrous tissue extending between the fragments.

I wish to call your special attention to the instrument I hold in my hand, and with which I removed the sections. It is known as Wyeth's modification of Gowan's exsector. Without it such an operation entails much labour and laceration of tissues with saws, chisels and hammer; but with it you simply grasp the bone subperiosteally, and saw it through in this manner with the upright saw. It is simplicity itself, and nothing could be more efficient or less disturbing. I may have an opportunity of using it to-day.

The fibula being a small bone, I wired it, but to fasten the tibial fragments, these two long steel nails were employed in this manner, in opposite directions, thus :



The nails are too large to drive them through compact bone without using a drill first. I was afraid it might split. It is interesting to notice how the living tissues have destroyed the heavy silver plating on these nails. Here are three other nails which were used in knee excisions, and they are eroded even to a greater extent, one having its point off for a distance of about half an inch. I have lately discarded the fancy plated and expensive nails, and use the ordinary steel wire nails from the hardware shops. They are just as secure, and not so easily eroded.

In the case of Miss L., the first dressing was not disturbed till the fifteenth day, when the wound was found to have healed, and I then removed the silk worm gut sutures. In twenty-one days more the nails were removed; Macewen's half-box splint taken off; and over the sublimated dressing then renewed, three strips of perforated zinc and a starch bandage were sufficient to support the limb. On the seventh week the nail holes had healed over, and to her delight, the bone which had given her so much trouble and pain was able to bear her weight for the first time in seventeen months, for firm osseous union was secured. She began to use it at once, and is now able to walk on it. She has a shortening of two inches.

Case 3 before you.—Ununited fracture of the femur. The man on the table for operation is fifty-one years of age, with a family and personal history second to none. He is a short, heavy man, weighing over two hundred pounds. Three months ago he was thrown from his carriage, his whole weight coming on the right knee, which caused the bone to break at its lower third. I can trace the line of fracture on the upper fragment (which is projecting forwards and slightly outwards). The lower fragment I cannot feel very distinctly, but it must be drawn upwards by the ham-string muscles and the quadriceps extensor, for we have a shortening of two and a half inches. It is no

doubt tilted backwards by the gastrocnemii. The over-riding and the wide separation of these fragments have no doubt prevented its repair. I am now making a long incision upwards, from the external border of the patella, over the upper fragment. I avoid opening into the joint, but allow the knife to pass down to the bone above the synovial pouch, cutting through all the structures over the upper fragment with one sweep of the knife. You here, see the serrated and bare end of the upper fragment protruding through my incision. There has been apparently no attempt at the formation of a callus. I have it now freely liberated, without stripping the periosteum off. I can feel the medullary canal filled with fibrous tissue, still more or less granular, bleeds freely and extends to the lower fragment, which is deeply buried, drawn upwards and tilted backwards. The line of fracture is very oblique, extending over three inches up the shaft of the bone. After removing the fibrous tissue, and the projecting tip of the upper fragment, I can see that the lower fragment is comminuted. It is broken into three pieces, and one of the fissures is directed towards the joint and may have been into it. I shall liberate the lower fragment from its bed. The tip of the bone is so deeply and firmly buried that I must remove it. Observe how easily I can reach this bone and saw it off with Wyeth's exsector. As Dr. Todd has just remarked, it acts like a charm. By chipping and paring away the bone with forceps and chisel, I not only freshen the fragments, but also secure a fairly good fit. I have them wired together, and one long steel nail driven through the centre of both fragments. The nail I shall remove in four weeks. I expect a good deal of oozing, so I have used a drainage tube of chicken bone and applied a very large antiseptic dressing, both of which I shall remove in a few days. Macewen's half-box splint, in which you will notice the limb is so securely and comfortably placed, is an excellent appliance.

Note.—It is now six days since the operation. Shock was marked, but not grave; oozing considerable. Temperature has not exceeded the normal. The pulse is now natural, and he relishes his nourishment, and sleeps well. The dressing was changed on the fourth day; wound looked very well. No oozing since, and he bids to do well.

ENTERECTOMY FOR THE CURE OF FÆCAL FISTULA.*

BY H. H. CHOWN, B.A., M.D., WINNIPEG.

The case which I bring before this Association is of interest both from its mode of origin and from the means used to cure it.

Madame V. entered the Winnipeg General Hospital on May 4th, 1892, with a large wound in the left groin, from which fæcal matter was escaping. The skin around the opening was intensely inflamed, hard, brawny and excoriated. The inflamed area included the upper third of the front of the thigh, the left vulva and the lower third of the left side of the abdominal wall. This surface was very tender and painful.

The history of the case, as obtained from the patient, was that for many years a lump occasionally appeared and disappeared in the left groin. It was not painful and caused her no trouble. Although she never showed it to a physician, I have no doubt that it was a small inguinal hernia. During the spring of this year the patient fell in the yard and struck her groin against some hard substance. The blow was strong enough to cause discoloration of the parts, and the lump then became permanent and also painful. The injury converted the reducible hernia, hitherto existing, into an inflamed, irreducible hernia. No vomiting, constipation or other symptoms of obstruction of the bowels supervened. Because of the presence of the tumour and of the pain which it produced, she decided to deal with it surgically on her own account. A poor widow, twelve miles from a doctor, she could not afford to secure professional assistance; so, with a razor, she made an incision over two inches long into the tumour, and succeeded admirably in performing a left inguinal enterotomy.

The patient was born in Belgium, came to Manitoba in 1889, is 46 years old, is the mother of four healthy children, has had no miscarriages. Before this trouble arose she had always been perfectly healthy, and never consulted a doctor for any form of sickness. Her husband died two months after she came to Canada, and since then she has had to work very hard to support her family. She

is a strong, well-nourished woman. Her appetite and digestion are good. The bowels have always been regular before she made the artificial opening into them.

During the two months that she was in the hospital before the operation was performed, the fæces poured out of the opening in the groin. No form of dressing that we could devise would keep her even relatively clean. The inflammation of the skin was not only very painful but also kept the temperature above the normal. The fact that she did not emaciate showed that the opening in the bowel was not high up, but must involve either the ileum or colon. A small amount of fæcal matter would pass into the bowel below the opening so that every few days she had a small natural motion per anum. The opening was exactly in the fold of the groin, but no portion of the bowel could be seen externally, and no spur could be felt by the finger in the wound. Nothing appeared to check, in the least, the amount of discharge from the bowels, while the condition of the patient was pitiable, indeed—a burden to herself and a source of disgust to those about her.

As the state of the patient was not improving in the slightest, as there was no tendency in the wound to grow smaller, and as the quantity of fæces passing through the lower bowel was constantly decreasing, I suggested the need of operative interference. After explaining to her the risks involved, she urged that one be undertaken, as she preferred death to her loathsome condition. Greig Smith, in his work on "Abdominal Surgery," gives three plans of dealing with these cases:

1. Closure by plastic operation.
2. Division or removal of the spur.
3. Re-section of the bowel.

The first was not possible in my case because of the position and size of the opening, and because the inflamed tissues would not yield good results in a plastic operation. The second was not possible because there was no spur to be felt or seen. The third plan was therefore decided upon. Greig Smith says, "In cases of large loss of substance of one side of the bowel, without flexure and without the existence of a spur, re-section may from the first afford the only prospect of cure." No words of mine could more accurately describe the condition of affairs in my patient, and the specimen

* Read at meeting of Canadian Medical Association, Ottawa, September, 1892.

shown will prove that nothing less than excision could have been successful.

Notwithstanding attention to feeding, to frequent washings of the bowel both above and below the opening, and to the free use of antiseptics on the surrounding cutaneous surface, it was impossible to get the skin into a satisfactory condition. It was made as clean as possible beforehand, but was a source of great anxiety throughout the after history of the case.

I operated on July 4th, 1892, before several members of the hospital staff, and was ably assisted by Drs. Porter, McInnis and Metcalf, members of the house-staff. My incision was made in the left linea semilunaris, and was about two inches long. After opening the peritoneum, I carefully separated the adherent bowel from its attachments, using fingers only for this purpose. I then brought the involved intestine outside the abdominal wall, and the balance of the work was done extraperitoneally. On examining the bowel I found the opening was fully two inches long, and that just below the opening a ring of constriction had already formed to such an extent that I could not pass the tip of my little finger through the contracted portion. In the specimen shown, the glass tube would not pass through the lower portion until its end had been drawn out to a cone-shaped terminus. On account of the occurrence of this annular contraction, and the certainty that complete stricture would soon follow, excision of the intestine was the only course open to me.

As I had no proper forceps for occluding the bowel above and below the field of operation, I used tapes passed through the mesentery and tied firmly around the intestine. I then, with scissors, made two transverse incisions across the bowel, between three and four inches apart, and removed the intervening portion with a triangle of the mesentery. For use in suturing, I had prepared fine cambric needles threaded with the finest Chinese twist silk. The silk should be cut in lengths of about two feet, and tied with a single knot at the eye of the needle, with one end cut to within two inches. Invert each cut end of the bowel and close it with a double row of continuous silk suture. Then draw the ends past one another to the extent of six inches, if possible, and apply two parallel rows of continuous suture to unite the

bowels near the mesenteric line. Make the suture line one inch longer than the length of intended opening, and leave the needles threaded at the end of each row. Open the bowel on each side with scissors, placing the incision about one-quarter of an inch from the double row of sutures already inserted, and making it three or four inches long. To check hæmorrhage from the incised wounds, a quick, continuous, overhand suture is run along the cut edges, including all the coats on both sides, and continued around each free edge. The needles on the double line of suture previously placed along the mesenteric border are now picked up, and the sutures continued around the upper or free side of the incisions until they reach their point of origin. The lateral openings in the bowel, besides the sutures placed along the edges to check hæmorrhage, are completely surrounded by a double row of continuous sutures, a pretty sure guarantee against fæcal extravasation. In order to prevent invagination of either blind, pouch-like end, it is wise to pass a stitch near each end to unite it with the adjacent bowel surface. For cleansing the parts nothing but pure boiled water is required. After thorough douching, the bowel is dropped back into the abdomen, the omentum drawn down over it, and the external incision closed by two lines of silk sutures. No drainage and no flushing of the peritoneal sac is necessary. The artificial opening through the abdominal wall was thoroughly curetted, swabbed out with chloride of zinc solution, packed with iodoform gauze, and then left to fill in with granulations. The operation performed and, indeed, almost the words used in describing it are copied from a pamphlet published by Dr. Robert Abbe, of New York, on "Intestinal Anastomosis and Suturing."

The operation, from the time of commencing chloroform to her return to bed, occupied nearly two hours. When the patient reached her ward about 4 p.m., she was in capital condition. The first twelve hours she had no food or drink, the next twelve hours she had cracked ice only, and then began to get half-ounce doses of milk or beef tea every hour. There was slight vomiting and hiccoughing the first night, but after that the patient expressed herself as being free from pain and very comfortable. The bowels were kept locked up by opium for forty-eight hours, and then she received

a seidlitz powder every three hours until the bowels moved at 2 a.m. on the third day, or about sixty hours after the operation. The first motion was soft and natural, with very little blood, mucus or pus. I continued the seidlitz powders, and the bowels moved again about 1 p.m. the same day. As long as she remained in the hospital, she was given saline purgatives to keep the bowels open, and when she left she was furnished with a large bottle of black draught with instructions to use it if required.

On account of the inflamed condition of the skin, and also because of the opening through the abdominal wall where the fistula had been, I was compelled to dress the wound every other day and use bismuth freely over the surface to keep it dry. I had two stitch abscesses, but fortunately they did not infect the deeper tissues. Indeed, in cases like this where one has to operate through tissues which cannot be rendered aseptic, the condition of the wound must be a constant source of great anxiety. The temperature reached 101°F. the first, third and fifth days after the operation, then came down and remained practically normal during her stay in the hospital. She left on July 22nd, eighteen days after the enterectomy, and was able to walk over one and a half miles to reach the railway station. I received a letter from her early this month (September) stating that she was quite well, and had had no difficulty since her return home.

Two important questions are now *sub judice* in reference to operations similar to the one I have here described. The first moot point is in reference to the use of rings or plates. A number of American surgeons have suggested that the technique could be improved by the use of decalcified bone plates, rubber plates, catgut rings, etc. I had the pleasure, last year, of seeing Dr. Dawbarn, of New York, demonstrate on the subject, his plan of using raw potato for plates. The consensus of opinion, however, seems to be returning to the original plan of simple suture. In some cases the rings have twisted, and thus become the causes of obstruction after the operation. Senn draws attention to the possibility that plates may be tied so tightly as to cause gangrene. R. F. Weir, in a paper on the subject, draws attention to the tendency of the opposed intestinal incisions to slip out beyond the rings or plates so that they have to

be tucked back, often more than once. Dr. Abbe says "that the attempt to simplify the technique of lateral anastomosis by bone plates or other devices has not improved it." Dr. Bell, in a graphic description of gastro-enterostomy, published in *The Montreal Medical Journal*, in May, 1892, reports a case where the remains of the plates were found at the site of operation twenty days after, "the plate in the stomach still firm and scarcely altered in three-fourths of its periphery," and therefore a source of danger. The ease and safety with which suture without plates can be accomplished lead me to favour that plan.

The second question not yet decided is as to the preference between lateral anastomosis and end to end suture. The danger in each is cicatricial contraction of the opening, but, as in lateral anastomosis, the size of the opening is unlimited and perfect apposition is more easily obtained, it is, in my opinion, to be preferred.

EPITHELIOMA OF THE TONGUE.

BY DR. PRICE-BROWN, TORONTO.

On Nov. 17th, 1891, D. McL., aged 60, a temperate, hardworking man, referred by Dr. Nicol, presented himself for treatment. Five years previously, the centre of his tongue had been accidentally wounded by the root of a tree. Within a year a small growth commenced to form at the seat of injury. As this increased in size, it became painful, and was accompanied by profuse salivary discharge and painful deglutition. Prior to consulting Dr. Nicol, he had sought medical advice, with the result of partial excision of the growth. This was in the previous October, and from that time proliferation became more rapid.

Examination.—The patient was tall and gaunt, and had that peculiar hue of skin indicative of cancerous cachexia. Projecting from the upper surface of the tongue was a yellowish white substance, commencing a little over an inch from the tip, and extending backwards along the central raphe, about an inch and a quarter. The width in the centre was three-quarters of an inch, and the height above the surface about one-half inch. The mucous membrane of the tongue behind the growth was unusually hard, but the sublingual glands were unaffected.

Dr. Nicol, as well as Dr. Acheson who saw the case with me, united with myself in the opinion that the disease was epithelioma; which opinion was verified subsequently by microscopical examination.

Believing that it was a case peculiarly suited for operation by galvano-cautery—as by this means the greater part of the tongue, including the apex, might be saved, I decided to operate with that instrument. Dr. Acheson kindly assisted, as did also Dentist Sutherland, a personal friend of the patient.

After administering chloroform, the gag being inserted, and the tongue drawn out with clamp forceps, I attempted to apply the galvano-cautery snare. This, however, I was obliged to abandon, as the cancerous mass was too soft to bear the slightest traction with forceps. I then resorted to the cautery knife, and with it at a red heat excised the growth. The incisions were about three inches long and boat shaped, extending from the base to near the tip of the tongue, the central part being over an inch in width. The upper portion of the fibrous septum, contained within the lines, was all removed; also portions of the superior longitudinal and transverse muscles. In the centre of the back part of the base, beneath the hardened external surface before mentioned, the putty-like mass had penetrated very deeply; and it took a long time after the regular incisions had been made to burn it out. The operation lasted two hours, the patient during the whole time being under the influence of chloroform. Fortunately the hæmorrhage was not severe. After rallying, he walked to his boarding house several hundred yards away, assisted by his friend.

Dobel's solution was used as a mouth wash, before and after taking nourishment; for several days he lived on milk, resting comfortably without the use of narcotics.

On the 21st, he came again to the office, as cancer granulations were commencing to form at the base and back of the wound. After applying a 15 per cent. solution of cocaine, I touched these with potassa-fusa, controlling its action with acetic acid. Similar applications were also made on the 22nd and 23rd, and on both days some of the granulations were likewise touched with the galvano-cautery. On the latter day, Dr. Sutherland came again to

the city to visit him, and, with my permission, took him home.

From that time improvement was uninterrupted. Pain and odynphagia subsided; healthy granulations filled in the cavity, and the voice was gradually restored.

Four months later, however, on April 1st, 1892, Mr. McL. returned. He reported that he had been well from the new year to the beginning of March, when a small lump commenced to form again at the old site. He was very hopeless, and it required a good deal of persuasion to induce him to submit to another operation.

On examination, I found the back of the tongue healthy-looking and well filled in, also the front; but in the centre, and extending about three-quarters of an inch along the medial line, there was a firm epitheliomatous growth. It was, however, only one-third of an inch in transverse diameter. Dr. Acheson administered chloroform, and I again dissected it out, with the galvano-cautery knife at a bright red heat, taking a quarter of an inch of healthy-looking tissue all round the growth. This time there was not a drop of hæmorrhage. The operation lasted twenty minutes. The patient returned home the next day.

Of the subsequent history, I may quote briefly from two letters received relative to the case. The first dated June 24th, says: "Mr. McL's. tongue is as fine as a fiddle string. He is splendid, and working every day." The second, dated Sept. 14th, five and a half months after the last operation, reports: "Mr. McL. is splendid. He is well, and looking well, and no sign of the old trouble."

Beside the reason already given, in favor of galvano-cautery operation in this case, there is still one other, as embodied in the record of the first operation, namely, that the cancerous infiltration had obtained such a deep hold upon the central portion of the root of the tongue, that any minor excision by knife would have been useless; and the only hope would have been the removal of the entire organ. As it is, the tongue has been retained, for all practical purposes, in its entirety. What further history will attend the case remains yet to be seen.

The daily average number of patients in attendance at the Toronto Free Dispensary is forty.

Selections.

JABORANDI IN HICCOUGH. Nobel and Stiller (*Centralbl. f. klin. Med.*) respectively refer to the good effects produced by jaborandi in hiccough. Nobel's patient was a man suffering from influenza, and the infusion of jaborandi was used. Nobel draws attention to the fact that, notwithstanding the presence of some cyanosis, the drug had no ill effect upon the heart. He refers to other recorded cases, and adds that it remains to be proved which constituent in jaborandi brings about the good results. Stiller says that he has long used pilocarpine (10 drops of a 1 per cent. solution three or four times a day) in hiccough of nervous origin, and that it is the best remedy known for this condition. He does not employ it in the reflex hiccough of severe abdominal disease and peritonitis. At times, and especially in hysteria, only improvement or temporary cessation in the hiccough has been obtained, necessitating the further use of the drug. Stiller says that the good effects of jaborandi are due to pilocarpine.—*British Medical Journal*.

TREATMENT OF ANASARCA.—Arnemann (*Therap. Monatsh.*) says that treatment by diuretics, diaphoretics, laxatives, cardiac tonics, etc., at length fails, and that measures have to be adopted to let out the fluid. He refers to the danger of infection when this is done by puncture, and for private practice a more convenient method is required than Southey's tubes. The author therefore recommends deep incisions, which should be long and few in number. The fluid is thus drained off rapidly, washing away with it any infecting agents, and so rendering the chances of infection small.—*British Medical Journal*.

THE SURGICAL TREATMENT OF GRANULAR CONJUNCTIVITIS—(Abadie, in *Gazette des Hôpitaux*), The writer states that in two years M. Darier and he have treated 150 cases with brilliant results. Some of these had been under treatment by cauterization and superficial scarification for years. Others, less chronic, were threatened with dangerous complications. The writer insists on double turning back of the lids under an anæsthetic, so as

to expose the upper part of the superior cul-de-sac, deep scarification of this region, and thorough brushing with a hard tooth-brush, which has been cleansed in alcohol, ether and perchloride of mercury.—*Medical Chronicle*.

EPIDERMIN.—S. Kohn gives (*Arch. f. Derm. u. Syph.*) this name to a mixture of substances suitable for application to the skin. Epidermin is composed of pure beeswax, water, and glycerine, to which lime, lead, etc., may be added, the mixture being worked up into a liniment of suitable consistence, and it is stated some practice is required in its preparation. Epidermin forms a milky, homogeneous mass, which, when spread upon the skin, leaves after it a feeling of coolness, and dries into a delicate, flexible, elastic pellicle. When medicinal substances are combined with the mixture, the water evaporates, and the glycerine retains the flexibility of the pellicle. Epidermin fixes on the skin according to the amount used, whatever drug is employed, for twelve to forty-eight hours. Usually the application is renewed once or twice daily.—*British Medical Journal*.

CHEMOSIS.—B. Lanze (*Lyon Méd.*) deals with chemosis of inflammatory origin—a symptom which may occur in any case of conjunctivitis. It may also accompany a group of nervous affections, and then depends on either intraocular inflammation or on primary or secondary circulatory disturbances. The symptom is apt to favour the occurrence of corneal mischief, ulceration, or even perforation. In his treatment the author departs from the plans usually adopted, and, bearing in mind that the œdema may be due to other than mere local causes, he adopts measures directed to the general circulatory system. To patients with chemosis and hypopyon he gives powders containing 30 cgr. of sulphate of quinine and 25 cgr. of freshly-powdered digitalis. He continues this treatment for several days, gradually reducing the dose. The quinine will have an antithermic action, besides being an efficient cardiac tonic, antiseptic, and diuretic. The action of the digitalis is stated to be that of a cardiac tonic and diuretic. The results seem in any case to have been good.—*British Medical Journal*.

PRIMARY INTESTINAL TUBERCULOSIS.—Demme, in one of his last reports from the Jenner Children's Hospital in Bern (*Jahrb. f. Kinderheilkunde*) related an instance of, as he believed, direct infection of infants by a nurse suffering from a tuberculous affection. Attention was arrested by the fact that three children, one after the other, committed to the care of a certain nurse, died, before attaining the age of one year, of primary tuberculosis of the intestines. None of these children had a tuberculous family history. A fourth child was found to be ill, its illness dating from the time when it was put upon spoon food. This fourth child died, and the necropsy again showed primary tuberculosis of the intestine. It was ascertained that this nurse was in the habit, when engaged in feeding the children on pap, of testing the temperature of the mess with her lips, and of cooling it by blowing on it. She was found to have an old patch of lupus on the nasal septum, and tuberculous disease of the mucous membrane of the antrum of Highmore, with a dental fistula opening into the mouth.—*British Medical Journal*.

HISTOLOGY OF PSORIASIS.—Schutz infers (*Archiv f. Derm. und Syph.*) from his studies of the histology of psoriasis that in this disease there is unusual development of elastic fibres. He found in sections from psoriatic skin that these fibres were larger and more numerous than in any sections of the skin which he had previously seen. He could trace without difficulty minute elastic fibres from the papillæ into the rete mucosum as far as the second or third layer of cells. In normal skin the same relation of elastic fibres to the cells of the rete could be observed but with much more difficulty, and fewer fibres were visible.—*British Medical Journal*.

GONORRHOEA AND HEART DISEASE.—His (*Berlin klin. Woch.*) records two cases of cardiac disease the result of gonorrhœa. In neither case had there been any previous history of rheumatism, or any ground for considering the cardiac affection rheumatic. The first was one in which there was no joint affection at any period of its course. Septic thrombosis of the prostatic veins and pubic plexus resulted from a gonorrhœa, and the next manifestation of the septic process was affection

of the aortic valves. This was at first latent, but after intense emotion and a severe chill, it assumed the characters of an ulcerative endocarditis. Later the condition became pyæmic, with septic emboli in internal organs, multiple hæmorrhages in these and under serous surfaces, and interstitial inflammation of the heart muscle which resulted in cardiac failure and death. The second case differed from the first in having joint affection which the author considered of septic origin, and in not having thrombosis of the prostatic veins. This latter point of difference is, however, supposed to be possibly due to the condition having been overlooked by the doctor who conducted the necropsy at the patient's house.—*British Medical Journal*.

RATIONAL ANTISEPTICISM IN MIDWIFERY.—J. Veit (*Berlin klin. Woch.*) lays down rules for carrying out antiseptic midwifery after a method practicable in private cases. The doctor and the midwife should have clean things on when they attend a labour. Whenever possible the patient should take a bath. In any case the vulva should be washed with soap and water. After every digital exploration, and before every obstetric operation, the operator's hands and the external parts must be rigorously disinfected. The same thing must be done a little time after the birth of the child. In normal circumstances the disinfection of the internal genitals is unnecessary. Even the external organs do not require systematic antiseptic disinfection in ordinary cases. In internal exploratory manœuvres the outer hand must not be allowed to touch the perinæum. The pad of wool applied to the vulva is not properly meant to keep out septic germs, but to retain a little of the discharges, in order to facilitate the diagnosis of ultimate complications. A stock of sterilized gauze should always be kept at hand, although Veit admits that the material is not absolutely needed save in a limited class of cases. *British Medical Journal*.

ICHTHYOL IN DISEASES OF THE SKIN.—Di Lorenzo, of Naples (*Rivista glitoro Medico*), has tried ichthyol in various affections of the skin, with the following results: He has found it an excellent remedy in certain erythematous processes with

exudation, intertrigo, subacute eczema, etc. Its anæsthetic and drying effects are remarkable. In cracked nipple it has a rapid analgesic and curative action. Treatment with ichthyol lasts from a few days to some weeks, and generally the good effect is permanent. The author has given ichthyol internally in the form of pills (5 to 10 centigrammes), and externally diluted with glycerine or in an ointment of which lanolin, or better still glycerine, is the basis in the strength of 10 g. in 100.—*British Medical Journal*.

PARACENTESIS IN SYRINGOMYELIA.—Abbe and Coly (*Journal of Nervous and Mental Disease*) report the case of a man, aged 26, presenting incomplete spastic paraplegia, specially localized pathic, thermic, and tactile anæsthesia, and allochiria—the complex of symptoms suggesting the existence of partial transverse myelitis below the level of the seventh dorsal vertebra. An exploratory operation disclosed a fusiform enlargement of the cord between the eighth and eleventh dorsal vertebræ. After withdrawal of a drachm and a half of clear watery fluid the swollen cord collapsed. Recovery from the operation was complete. At the end of the second week the spasms and rigidity of the legs diminished, and some control over the bladder and rectum was regained. No further relief ensued. Death occurred six months after the operation.—*British Med. Journal*.

TWO CASES OF TETANUS TREATED SUCCESSFULLY BY ANTIPYRIN.—Cavina and Venturoli (*Rif. Med.*) record two cases in which the administration of antipyrin in large doses seems to have contributed largely to the ultimate recovery of the patients. It is true that chloral was given at the same time, but the authors do not judge that drug to have been the essential part of the treatment, for the spasms were only modified as long as the antipyrin was taken and recurred when chloral alone was given. This is by no means the first case recorded in which antipyrin has been reported as successful in tetanus, and it may well be that, even if it be not actually curative, it does good by enabling the patient to live through what would otherwise be the fatal course of the disease, while the toxin is being eliminated by the ordinary channels.—*British Medical Journal*.

AMYL NITRITE FOR AFTER PAINS.—I am satisfied that in many cases a nice warm meal is better than any medicine. Still, I have had several cases in which the pains were exhaustingly severe, and in which I was glad to turn to nitrite of amyl. This potent drug is a very efficient controller of after pains, and, used cautiously, I see no reason to apprehend harm from it. A neat way to use it is to saturate a piece of tissue paper with five or six drops, stuff this into a two-drachm vial, and request the patient to draw the cork and inhale the odour when she feels the pain coming on. It acts with magical celerity.—*Dr. Winterburn, in Journal of Obstetrics*.

RESORCIN IN TREATMENT OF TUBERCULOUS ULCERATIONS OF THE LARYNX (Von Bymorsky, *Le Courier Medical*).—This drug gives a better effect than lactic acid and is painless. In the early stages it is recommended to use derivatives externally, weak cocaine solutions, and spraying the throat with soda solutions. The food is liquid, and patients must abstain from speaking. When the active symptoms have subsided, make daily applications of a solution of 50 to 80 per cent. of (medical) resorcine. There is no need to use cocaine. The suppuration and œdema disappear in a few days.—*Times and Register*.

CARBOLIC ACID POISONING.—A case is reported from Russia in which a child of three months presented marked symptoms of carbolic acid poisoning after spending a few hours in a room which had just previously been disinfected with a 2 per cent. carbolic acid spray.—*Med. Review*.

HÆMORRHOIDS rapidly diminish in size, become free from secretion and pain, and generally improve, according to Dr. James, if powdered daily with pure calomel.—*N. Y. Med. Review*.

THE DISTRIBUTION OF MERCURY IN THE BODY.—M. Ullmann's remarks upon the ultimate distribution of mercury among various organs of the body are interesting. He has found that whatever the preparation of the drug was, and especially when the mode of administration was by means of injection, the greater part of the mercury was deposited in the kidneys, the liver, the spleen, and

intestinal canal. The large intestine contained always the most, and the small intestines the least. In the salivary glands only traces of the drug were found, and the saliva did not contain any at all; thus salivation as the result of mercurialization should be regarded as a reflex phenomenon. The brain and lungs showed traces of mercury. In some respects these researches confirm the opinion of Roger, to the effect that the liver plays an important rôle in the excretion of poisons accumulated in the organism.—*Medical Press and Circular*.

PEPTONURIA IN PARALYTICS.—Frona (*Neurol. Centralbl.*) examined the urine of fifteen insane male paralytics by Hofmeister's method, to determine whether peptones were present. In the case of each patient peptonuria was found, though sometimes not until two or three specimens of the same patient's urine had been tested. Albuminuria was invariably absent. Frona concludes that peptonuria occurs in every paralytic, and that the absence of that condition during several consecutive days is, in doubtful cases, evidence against the existence of paralysis.—*British Medical Journal*.

DYSMENORRHOEA AND CERVICAL ABSCESS.—Salvat (*Nouv. Arch. d'Obstét. et de Gynéc.*) treated a case of dysmenorrhœa in a woman, aged 42, by the negative galvano-cautery applied to the uterine cavity. After ten applications the period occurred abundantly and without pain. The patient also suffered from suppuration of the cervical glands, and as the periods became more and more abundant and painless, the suppuration diminished.—*British Medical Journal*.

THERAPEUTIC EFFECTS OF TESTICLE JUICE.—Brown-Séquard (*Soc. de Biol.*) sums up the experience so far accumulated as to the therapeutic effects of testicle juice as follows: In more than 100,000 injections the procedure has only on two occasions been followed by rise of temperature; hardly any pain has been complained of, and no symptoms of septic infection have been observed. In 120 cases of ataxy in which the method has been used, there have been only two instances of failure. In four cases of cancer, improvement has taken place, discharge being diminished, pain ceasing, bleeding being checked, œdema disap-

pearing, and the tumour seeming to shrink. In cases of uterine fibromata the tumour has always been reduced in size. Of seven cases of paralysis agitans, two have been improved, one of them being almost cured. In all the cases of lateral sclerosis in which it has been tried, the method has given good results. In tuberculosis it has been very successful: diabetes has also been favourably influenced, and one case has been cured. The preparation, as prepared by d'Arsonval, is now of the strength of 1 in 2.5 instead of 1 in 5, as it used to be. An equal weight of water should be added to it before use: this prevents the injections causing pain.—*British Medical Journal*.

SALOPHEN.—Caminer (*Therap. Monats.*) has used this drug in gramme doses in cases of cephalalgia, neuralgia, and migraine. In two cases of supra-orbital neuralgia it was efficient. If used in the early stages of migraine, it aborts the attacks, but it has no influence on their frequency. In two cases of acute rheumatism, the author used the drug with good results, and there was no relapse.—*British Medical Journal*.

TREATMENT OF ASCITES.—Glax (*Centralbl. f. d. ges. Ther.*) refers to cases in which faradisation of the abdominal muscles has led to the disappearance of the fluid. This method of treatment seems to have been tried in ascites brought about by various causes. The author maintains that the effect is due to the mechanical compression of the fluid, and not to the increased diuresis, as is held by some writers. He says, however, that in thin individuals the sympathetic may be influenced by the faradisation, and unpleasant results, such as fainting, etc., be brought about. Experimentally it has been proved that a considerable pressure by electrodes on the recti muscles of the frog may sometimes bring the heart to a standstill. In healthy individuals, or in those with ascites, no such result could occur.—*British Medical Journal*.

TREATMENT OF GRANULAR CONJUNCTIVITIS.—Chevallereau (*Le Courrier Médical*) applies cocaine, everts and holds the lids apart with the left hand, attaches a compress soaked in a one to five-hundred sublimate solution to the right index-finger, and with it makes firm and vigorous friction over

the entire conjunctiva of the lids and the canthi. Considerable hæmorrhage usually follows the first application. If corneal ulcers are present, atropine and the yellow oxide of mercury ointment are also used. The results are good.—*International Medical Magazine*.

TOOTHACHE.—The following is well spoken of (*Le Progrès Médical*) in the treatment of toothache:

R Menthol, }
 Chloroform, } aa. gms. 5.
 (ʒjss).

Wipe out the cavity and fill it with a piece of cotton moistened with this mixture.

The following makes a creamy and very convenient paste for introduction into the painful cavity:

R Muriate of cocaine, }
 Sulphate of morphine, } aa. dgm. 1.
 (grs. jss).
 Creosote, q. s.

—*Lancet-Clinic*.

A METHOD OF GIVING BRANDY TO CHILDREN.—Dr. Elroy (*Med. Neuigkeiten*) praises the following formula:

R Brandy gms. 30. (ʒj).
 Cherry laurel water dgms. 3. (gtts. v).
 Yolks of two eggs.
 Sugar gms. 22. (ʒv).

Give by the teaspoonful.

—*Lancet-Clinic*.

PARASITICIDE OINTMENT.—*L'Union Médicale* gives the following for the destruction of parasites:

R Salicylic acid grs. xlv.
 Borax grs. xv.
 Balsam of Peru grs. xxx.
 Etheral ess. of anise gtss. v.
 Ess. of bergamot gtts. xx.
 Vaseline ʒvj.

Make an ointment and apply to the part affected.—*Lancet-Clinic*.

CREOSOTE IN WHOOPING COUGH.—Ballay and Lerefait (*Med. Neuigk.*) have treated whooping cough for months with creosote with surprising

good results. In thirty cases Lerefait asserts that the most grave cases lasted never longer than six weeks, and usually only one or two weeks. Its first effect is to arrest the vomiting, and the number of attacks of coughing are reduced from sixteen and eighteen to three and four daily. It is given in syrup:

R Creosote 0.50
 Syrup 100.

M.S.—Two to three teaspoonfuls in children six weeks to two months, six to eight teaspoonfuls as they are older.

Ballay adds wine to the mixture.—*Medical and Surgical Reporter*.

CORYZA, CEPHALALGIA AND ASTHMA.—Dr. Coupard (*Münchener Med. Wochenschrift*) recommends in asthma, coryza and cephalalgia the following powders:

R Cocaine hydrochlorate grs. ij.
 Menthol grs. iv.
 Boric acid grs. xxx.
 Finely powdered roasted coffee . . . grs. viij.

—*Medical and Surgical Reporter*.

COD LIVER OIL EMULSION.—

R Cod liver oil 8 fl. oz.
 Yolks of eggs 2.
 Tragacanth in powder 16 grains.
 Tincture of benzoin 1 fl. dram.
 Spirit of chloroform 4 fl. drams.
 Essential oil bitter almond . . 8 minims.
 Water to make 16 fl. oz.

Sig.—Rub the tragacanth with a small quantity of the oil, then add the egg, and with constant trituration water and oil alternately and the flavoring ingredients until the emulsion is completed. About two fluid ounces water will be needed.—*Br. and Col. Druggist*.

HÆMORRHOIDS; ANODYNE OINTMENT.—

R.—Cocaine mur. gr. xx.
 Morph. sulph. gr. v.
 Atrop. sulph. gr. iii.
 Tannin ʒ ii.
 Vaseline ʒv.—M.

Fiat ung.

Sig.—Apply after each stool.

—*Deutsche Med. Zeitung*.

Ontario Medical Journal

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, DECEMBER, 1892.

ANNOUNCEMENT.

The JOURNAL is pleased to announce that the Medical Council of British Columbia has made arrangements by which the JOURNAL goes free to every medical man in that Province. Dr. Mc-Guigan has been selected by their Council as Editor of the British Columbia department, and he desires the medical men in his Province to send any articles or information of interest to him.

COMMITTEE ON DISCIPLINE.

The Discipline Committee of the Ontario Medical Council met on Thursday, December 8th, in the Council Chamber of the Medical Building, for the purpose of taking evidence in the cases of Dr. Anderson, of London, and Dr. McCully, of Toronto, against whom complaints have been laid of disgraceful conduct in a professional respect. The charges have been made under clause 34 of the Ontario Medical Act, which reads as follows :

34. (1) Where any registered medical practitioner has either before or after the passing of this Act, and either before or after he is so registered, been convicted either in Her Majesty's dominions or elsewhere of an offence which, if committed in Canada, would be a felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, such practitioner shall be liable to have his name erased from the register.

(2) The Council may, and upon the application of any four registered medical practitioners, shall cause enquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and on proof of such conviction or of such infamous or disgraceful conduct, shall cause the name of such person to be erased from the register ; provided, that the name of a person shall not be erased under this section on account of his adopting, or refraining from adopting the practice

of any particular theory of medicine or surgery, nor on account of a conviction for a political offence out of Her Majesty's dominions, nor on account of a conviction for an offence which, though within the provisions of this section, ought not, either from the trivial nature of the offence, or from the circumstances under which it was committed, to disqualify a person from practising medicine or surgery.

Considerable evidence was taken, a portion of which is given on page 216 of the JOURNAL. This evidence, with the report of the Committee, will be submitted to the Council at its next meeting in June, and the Council will act upon the same. As the cases are under consideration we refrain from expressing our opinion thereon. The case of Dr. Washington, whose name was erased from the register at the last meeting of the Medical Council, has been appealed, and was before the Court of Queen's Bench last week. Judgment has been reserved. For the past few years the Council has been using every means to rid the public of such men as prey upon their credulity. It is frequently blamed by the profession for not doing more, but no case is brought to the attention of the Council detective, Mr. Wasson, that is not promptly looked into and action taken thereon. During the past few months some fifteen or twenty cases have passed through his hands. Many have been allowed to go on the promise to discontinue practice, others have been fined, and some few have suffered from the effects of a short confinement under the care of Government officers. The Council is strongly recommended to go on with its good work, for as the guardian of the interest of the public, it is its duty to see that none but properly qualified men are allowed to practise ; and in cases where a credulous public is duped by conniving and unscrupulous medical men, it is the Council's duty to erase their names from the register, not so much in the interest of the profession as the public amongst whom they find their willing dupes and from whom they gather a rich harvest, and unfortunately the extortion is too often from those who are least able to bear the heavy burdens they impose. We can not see any reason why the medical profession should not be placed in the same position as the legal, and power given to it to strike from its rolls the name of any man who has violated the unwritten

ethical code. In Great Britain some sixty names have been erased from the register for professional offences, many of which in this country are passed over with too much leniency.

THE TORONTO WATER SUPPLY.

The present source of supply is objectionable because the various pipes through which water is drawn from the intake in Lake Ontario to the well of the pumping house are always leaking; and, as the power of suction draws from without inwards, the polluted sands of Toronto Island and the filthy ooze from the bottom of the bay readily find access to the city's water supply. It is useless to contend, that pure water can be obtained, if these pipes are kept tight. Past and present experience proves, that this condition cannot be fulfilled. It has also been suggested that the expedient of putting the pumping station on the Island would prevent the ingress of bay water by suction. Granting the correctness of this opinion, would not our condition be perilous if, owing to pressure, the submerged pipe under the bay were to burst, particularly during the winter? The difficulty is increased, when we reflect, that the bottom of Toronto Bay can never be cleaned by dredging. Persistent dredging would, doubtless, remove a considerable portion of the dangerous organic matter from the bed, where it has been accumulating for the last fifty years or more; but, during the operation, enough would escape, through the openings of the scoop, to seriously pollute the waters of the bay again.

Indeed, we do not think it possible, that the enormous amount of organic matter, lying at the bottom of Toronto Bay, can be removed, in such a manner, as to restore the bay to a reasonably clean condition; so that, even if the sewage of Toronto were to be disposed of by a trunk sewer, and ultimately by precipitation or filtration, the sewage of former years, which has accumulated along the track of the pipe, by which the lake water reaches the pumping well, would be a constant and regular source of pollution of Toronto's water supply. As to the extent of that pollution, there is a difference of opinion between Dr. Pyne and Prof. Heyes, both of whom have examined and reported on

samples of water, taken from the intake, the pumping well and the city taps. These analysts agree, however, that ammonia and albuminoid ammonia are present in the city supply, in large quantities, and this fact alone is a valuable indication of recent contamination by sewage.

What is the remedy for this dangerous state of affairs? Obviously, until a supply of pure water is obtainable, Torontonians would do well to forego the use of water, drawn directly from the tap. In every house, a certain quantity of water should be boiled every morning, set aside to cool, and used as the water supply for the day. If necessary to improve the taste, it may be aerated, by pouring it a few times from one vessel to another. Toronto people, from long usage may have become immune, or a good many of them have doubtless already had typhoid fever; but, during the winter season particularly, many young people from abroad flock to the city, and, if the precautionary measure just alluded to is not taken, they will be likely to fall victims to this dangerous and wholly preventable disease.

Hamburg, too, may thank her polluted water supply, for this year's terrible visitation. Her supply is taken from the Elbe, and, even before the comma bacillus was introduced by the Russian emigrants, it was well known, that unboiled Elbe water was poisonous to strangers. As in Hamburg, the cholera epidemic at Buda-Pesth has been due to a polluted water supply. Their supply is taken from the Danube. Dr. Fraenkel, writing from Hamburg, says, that while that city has been scourged with the terrible cholera epidemic, the two cities, Altona and Wandsbeck, closely connected with Hamburg in all their business relations, with the same classes of inhabitants living in the same ways, have had only isolated cases of cholera, and these were imported from Hamburg. Altona and Hamburg take their water supply from the same sources, but Altona has a central filtration system, that supplies her inhabitants with water almost free from germs, while the citizens of Hamburg have to drink the water as it is taken from the river, badly polluted with sewage. Wandsbeck, too, has water of good quality from her new system of water works, completed last summer, which takes its supply from springs. In 1890, the Senate of Hamburg voted to erect filtering works to cost seven million marks (\$1,750,000). The late mis-

fortune to the city will be likely to hurry up the execution of this work, or some other.

Typhoid fever, which is pre-eminently a foul water plague, we have with us always in Toronto, showing, in a convincing manner, that our water supply is regularly polluted with bay water. Cholera we may have, if the germ is introduced. Under present circumstances in this city, the factors for an epidemic would be the advent of a few cases of this plague, the commission of their excreta to the sewers, and the use by the citizens of unboiled water. Cholera has been very aptly called the great sanitary inspector of nature. When gregarious man too openly defies the laws of health, and wantonly falls into beastly habits of filthiness, the cholera starts on its inspecting tour, and inculcates the laws of healthy living, with an emphasis, that is best measured by the graves which it fills.

To consider, fully, all the sources, from which pure water could be brought to Toronto, is scarcely within the scope of this article. To any of our readers, interested in that phase of the question, we would recommend the perusal of a report "on the extension of the water supply, and on the disposal of the sewage of the city of Toronto, made in 1889 to the City Council by Messrs. Hering and Gray." At that time, these engineers strongly advocated the present system, its principal merits, in their opinion, being "proximity of the intake to the city, while it is sufficiently protected by the Island, from pollution by the surface waters of the bay, and the two rivers, the Don and the Humber." They doubtless, took it for certain that the water of the lake could be pumped into the mains without admixture of bay water. Needless to relate, this opinion is now known to be fallacious, and there is every reason to fear that as long as the present system continues, so long will an impure water be supplied.

For manufacturing purposes, protection from fire, etc., the supply is ample. It simply remains for the citizens to insist that it shall be pure. In view of these facts, then, would it not be wise to call for the speedy introduction of a large filtering plant in connection with our water supply? It is satisfactory to know that by the use of some of the most modern artificial systems of water filtration, an inferior can be converted into a first-class water.

Some of these have for several years been in operation in several cities of the United States. At St. Thomas, Ontario, three Hyatt filters, with a filtering capacity of 1,500,000 gallons, are now in operation. A bacteriological examination of the St. Thomas water, made by the laboratory officials of the Provincial Board of Health, both before and after filtration, shows a very high degree of efficiency in these filters. We cordially recommend this suggestion to the consideration of the Local Board of Health of Toronto.

SENATE OF TORONTO UNIVERSITY AND THE MEDICAL REPRESENTATIVES.

At a meeting of the Senate, the Standing Committee to strike the standing committees for the year reported the following committee for the Faculty of Medicine: Chancellor, Vice-Chancellor, President, Revs. Drs. Caven and Sheraton, Hon. J. A. Boyd, Drs. J. E. Graham, L. McFarlane, and I. H. Cameron. It was moved by President Loudon, seconded by Dr. Cameron, that the names of Prof. Galbraith, Mr. Hoyles, and Hon. S. H. Blake be substituted for Drs. McFarlane, Graham and Cameron, on the Committee on Faculty of Medicine. A division took place as follows:

For The President, Principal Sheraton, Dr. I. H. Cameron, Profs. McCurdy, Pike, Hutton, Galbraith, Dale, Vandersmissen and Ellis, Messrs. Houston, Clark, Hoyles, Seath, Spotten, Ballard, Henderson, Hoskin—18.

Against—Chancellor Burwash, Dr. J. E. Graham, Father Teefy, Prof. Baker, Mr. Moss, Dr. J. L. Davidson, Dr. L. McFarlane, Dr. A. H. Wright, Dr. W. H. B. Aikins, Rev. Dr. Burns, Prof. Blair, Dr. Maclaren—12.

It will thus be seen that all the medical representatives reported on the committee were struck off and others substituted for them, so that the committee is now composed of the President of the University, a professor in the School of Practical Science, five lawyers, and two clergymen. At the same meeting, Dr. I. H. Cameron gave notice of motion: That the Medical Faculty of the University be requested to appoint an advisory committee to confer with the Standing Committee on

the Medical Faculty on all subjects of a technical character upon which the latter may desire advice.

The correct principle in the abstract for the government of the University is that every person who is entitled to vote should have a direct voice in the management of its affairs, that all its legislative and executive powers should be exercised by aggregate votes. General suffrage, however, being impracticable, the University Act has provided that the constituents and those bodies federated or affiliated with the University, should do by their representatives what is impracticable to perform in person. By virtue of such legislation, there was and is imposed upon these respective representatives, not only a general duty to look after the interests and affairs of the University as a whole, but a special trust and obligation to look after the particular wants and interests of those whom they respectively represent, to be well informed concerning the same, and to advise the Senate upon all matters specially relating to those who appointed them.

When the graduates and the Toronto School of Medicine exercised the franchise conferred upon them in electing their representatives to the Senate, they understood well that the purpose of the legislation in giving them representation was that their interests should be guarded and furthered by those whom they selected to represent them, and knowing what was expected from such representatives, and the duties and trusts devolving upon them, they selected such as they considered would best perform and carry out those duties and trusts. The Senate, acting by majority in striking out the names of the medical men reported by the standing committee from the Faculty of Medicine Committee, ignored the principle and purpose of the Act constituting the Senate, and have in effect decided that medical graduates are incapable of looking after affairs medical in connection with the University, and, indeed, of exercising the franchise intelligently, in that they have elected representatives whom the Senate cannot trust with matters relating to the medical education given under the provisions of the University Act. One would imagine that those who understand medicine, medical work and medical education are the persons best qualified to be upon the Committee on Medical Faculty. The Senate has in fact acknowledged the principle, for

it has appointed on the Board of Legal Studies lawyers only, and on the Board of Medical and Dental Studies physicians and dentists alone, with one exception. The Senator who gave notice of motion that the Medical Faculty of the University should be requested to appoint an advisory committee to confer with the standing committee on the Faculty on all subjects of a technical character upon which the committee may desire advice, also acknowledged the necessity of the committee having the assistance of professional knowledge and experience in medical matters. Surely the medical representatives on the Senate were, by the very constitution of the University and the principle of responsible representation, the right persons to advise the Senate of the University in reference to all matters relating to medical education and teaching.

The Act constituting the Senate did not contemplate the interference of outsiders or others having a voice directly in the management of the affairs of the University. Suppose a Faculty of Law were established in the same way as the Faculty of Medicine, what would lawyers say if the Senate in its wisdom decided that the committee directly looking after the affairs of the Faculty was to be composed of those who were not conversant with law, legal studies or legal education? Undoubtedly the lawyers would at once resent it as an insufferable indignity, and the JOURNAL fails to understand why the Senate rejected from the Committee on the Medical Faculty the names of the medical men who were reported by the Standing Committee, namely, Drs. J. E. Graham, L. McFarlane and I. H. Cameron. Was it because they were not to be trusted? Two of these were elected by the medical graduates and were trusted by these graduates, one by the Toronto School of Medicine Corporation who reposed in him confidence. Why then could they not be trusted by the Senate? Only two reasons can be supposed, either on account of their incapacity, or on account of their want of integrity and honesty, or was there some hidden scheme? It may be suggested that the Senate was influenced by the fact that a medical man who was reported by the Standing Committee upon the Medical Faculty Committee was one of the movers to have the names of all the medical men struck off that committee. If one who, by

his acts, indicated that he did not wish to be on the Committee for some unfathomed cause, that is no reason why he should discredit others, or why the Senate, influenced by him, should stamp the others as unworthy of being on that committee. Every one knows that the men who can best advise on matters of medical education, and all medical education is of a technical character, are the accredited professors and practitioners of medicine and surgery, yet the Senate did not see fit to accept any of the medical representatives, and, whether intentionally or otherwise, subjected them to a slight which the JOURNAL considers they and the graduates and others who elected them might very well resent.

If the committee be left as it is, none of the members of which are representatives of the medical graduates and consequently cannot be called to account by and are not responsible to the members of the medical profession whose interests they are supposed to further and guard, there will likely result similar difficulty, trouble and injustice to that which previously resulted from a similarly constituted committee, and which has been pointed out by the JOURNAL in its August issue. The committee will either have to act and advise in matters concerning which it has no professional instruction or experience, or it will have to receive information from outsiders and base its advice upon whatever may be told it by such irresponsible persons—persons not responsible to those who have the greatest right to a voice in the matter, the medical graduates and profession. If the notice of motion which has already been referred to is carried through the Senate, there will result the anomaly of a Senate creating and regulating a Faculty of Medicine, of that Faculty of Medicine through their committee advising and guiding the Faculty of Medicine Committee, and of that Faculty of Medicine Committee acting on the advice thus given, instructing and informing the Senate who will thus disinterestedly legislate upon and administer the affairs of the Faculty of Medicine.

Dr. Bray, of Chatham, has almost entirely recovered from his late severe illness. We hope that his trip to Toronto and his duties on the Discipline Committee will not do him any harm.

OVERCROWDED PROFESSIONS.

The *Mail* of December 9th has a very able editorial under the above heading, and while many of the statements are strictly correct and worthy of consideration, there are others not altogether justified by the facts.

The profession is not more overcrowded in Canada than in Great Britain, and not nearly as much so as in the United States. The charge that this overcrowding is due to the schools, we do not think can be proven. School men, or rather teachers in schools, are not in a position to entice men into the profession, neither do they do so. The first-class school system which we have in this Province is largely responsible for the influx into all the professions. It is much easier for many a father to give his son a good education and place him in one of the professions, than to endow him with a farm or start him in business.

The cause of the larger influx of students during the past year is due to the fact that all entering the profession after the 5th of last November will be required to spend five years in professional study. The amount of fees and the income to the schools from students is also overstated. The average for most of the schools for their course of four years' study is under \$300. And as to preliminary education, it is away above what is required in Great Britain. The English medical standard for 1892 is as follows:—

The examination must embrace the following subjects:—

1. English Language, including Grammar and Composition.

2. Latin, including Grammar, translation from specified authors, and translation of easy passages not taken from such authors.

3. Mathematics, comprising (a) Arithmetic; (b) Algebra, as far as Simple Equations, inclusive; (c) Geometry, the subject matter of Euclid, Books I., II. and III., with easy deductions.

4. One of the following optional subjects:—

(a) Greek, (b) French, (c) German, (d) Italian, (e) any other Modern Language, (f) Logic.

The entire examination must be passed at one period.

The object for which the Council was established was not to raise a wall around the profession which will only allow the sons of the wealthy

to come in. Its duty is to see that the public are supplied with good medical men—men in whose hands they can with confidence trust their lives.

Neither can we see any objection to the schools of this Province, which are not state aided institutions, but private corporations, educating those who desire to go abroad to practise medicine. Many young Canadian medical men who are practising not only in the United States, but in various parts of the world, are a credit to their Alma Mater, and the country from whence they came. Who, we would like to know, has the right to say to any young Canadian or any Briton, you shall not study theology, medicine or law? Every man has a right to choose his profession; and if he is a man of ability he will make his mark in the world.

That the medical men of Ontario do not become rich is in part due to other causes than lack of work or overcrowding. There is no class of men who do so much for nothing, who travel so many weary miles at midnight to see a suffering patient from whom they know they cannot recover any compensation.

In this the State is at fault. It is her duty to look after the lives of her citizens who are in indigent circumstances; and it is also her duty to see that medical men are paid for those services which are rendered largely in the interest of the State.

EDITORIAL NOTES.

M. Pasteur will be seventy years old on Dec. 27.

The number of medical students in Toronto this session is put down at 550.

Wales is to have a medical school. It will form the medical department of the University College of South Wales at Cardiff.

At a meeting of the directors of the ONTARIO MEDICAL JOURNAL CO. (Ltd.), Dr. W. B. Nesbitt was elected President, and Dr. J. O. Orr, Vice-President of the Company.

The British Medical Journal states that *The Times* recently refused an advertisement from the Electropathic Belt Establishment of the value of \$400, a course worthy of the high and honourable traditions of that journal.

The total number of medical students in Dublin for the session 1892-93 is placed at 475. Last year there were 552—a substantial and desirable decrease.

Mild revolutions among medical students seem to be epidemic in Europe. The students of the University of Athens are indignant because of an increase of the fees for examination and graduation. The Barcelona students are in trouble owing to a deficiency of clinical instruction, and the clinical clerks of Paris are worried over an alleged injustice to one of their body. It will now be in order for the medicals of Toronto University to go on strike on account of the eviction of six of their number from University residence.

We have been credibly informed that several members of the Medical Defence Association were summoned by Dr. McCully to give evidence on his behalf before the Discipline Committee of the Medical Council. Evidently the course taken by them had led Dr. McCully to believe that they would give such evidence as would assist in keeping his name on the Medical Register. The genial face of Dr. Sangster could be seen in the court all day last Saturday, but as time went on and the evidence became considerably more than compromising, even more than unprofessional, the sage from Port Perry very wisely came to the conclusion that it would not be well, either for his own reputation or that of the Association whose cause he has championed, to remain. He informed the solicitor for the defendant that he could be of no service to him, and took his departure on the understanding that he was not to return.

A press despatch of Dec. 9th, gives the information that "Dr." Hale, alias Murray, who was arrested a short time ago in Belfast, has been sentenced to eighteen months with hard labour for fraud. After being driven from this Province some time ago, through the exertions of Mr. Wasson, detective for the Council, he proceeded to Great Britain and found to his sorrow that English law would not treat him so leniently as Canadian. It will be remembered that he and Dr. Anderson were arrested, the one in Ottawa, the other in London,

Tye, Lambeth; Carrie Pearson, Brantford; Catharine Smith, Mitchell Square; Martha Graham, Boston Mills; Lottie Phair, Brantford; Hannah Atkinson, Caledonia; Mary Awde, Toronto; Sara Gordon, Cumming's Building; Rachel E. Jackson, Toronto; Isabel Turner, Millbrook; Agnes McRae, Bracebridge; Helen Melville, Toronto; Mary Kilgour, Guelph; Elizabeth Millar, Thorold; Eleanor Cossford, Aurora; Isabel McTavish, Bala; Jessie Nellis, Caledonia. Miss Mary A. Snively is superintendent of the school, and Miss Lilla Shepard, assistant superintendent.

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. McGUIGAN, Associate Editor for British Columbia.

BRITISH REGISTRATION.

A good deal of dissatisfaction exists in this Province at the present time on account of the way the law stands for the registration of certain British practitioners. The Medical Act of 1886 and amended Acts give power to the Medical Council of British Columbia to examine all persons who wish to practise medicine in this Province, provided they can show diplomas from some college that required a course of study of three years, and on the payment of a fee of one hundred dollars. This law has been applied to all graduates hitherto, whether British or not; but latterly a practitioner from the east, who was in the British Medical Register of 1886, refused to submit to the examination, and on the Council denying him registration, took legal proceedings to force it to do so. He was sustained by the courts on the grounds that all persons registered in Great Britain previous to 1886 are legally entitled to practise in the colonies, subject, we believe, to any local laws that may exist in these places. We believe this is a very unfair law, as it places a class of practitioners on a footing to which we think they are not entitled. All registered British practitioners who had the misfortune to have been enrolled after 1886 must submit to all the regulations, and the

same may be said with regard to our own Canadian graduates who wish to practise their profession in their own country. How to remedy the matter is the question for consideration. We are of the opinion that a general law for the Dominion would be a move in the right direction, as it is a great hardship for medical men when moving from one province to another to have to pass examinations and pay high fees whenever they wish to change their location. If Canadian practitioners were allowed registration in Great Britain on the presentation of their diplomas, with the *privileges* which the same brings with it, it would be some compensation for the rights now granted by the present British Medical Act. It was understood at the time of the passing of that Act that some provisions were made with this object in view, but whether anything practical has come out of it we have not yet learned. If any of our readers can enlighten us we would be glad to hear from them.

We have a large number of British practitioners in this Province who are most estimable gentlemen and able practitioners, but we do not think that they are any more in favour of the discrimination we speak of than their fellow-practitioners who possess only Canadian qualifications. As things are, however, this anomaly must be borne with patiently till some remedy can be devised for its removal.

The associate editor of the JOURNAL in British Columbia greets his fellow-practitioners in the Province and wishes them all the compliments of the season. In taking upon himself this department he did so very reluctantly, and it was only on the promise that ample assistance would be given him that he consented to do so. We think that this department can be fully utilized by the British Columbia practitioners. It will be a medium of communication between the various members of the profession, which cannot fail to be both interesting and useful. We trust that every member of the profession in this Province will contribute something to its columns every month. To those in the far east to whom British Columbia is a sort of a *terra incognita*, a knowledge of how things medical are flourishing out here should at least be interesting, if for nothing else than on the ground

of the remoteness of our situation, and to us, many of whom were formerly residents of eastern provinces, it will be a pleasure to hear from our brethren on the other side of the mountains.

We have received a communication from Drs. Hassell and Wade, of Victoria, urging the formation of a branch here of the British Medical Association. We cannot urge too strongly the immediate establishment of such an institution in this Province. We believe this is the only province in the Dominion that has not yet formed a branch of this great association within its borders, but we trust that this shall not be said of us much longer. Those who have received the blank forms accompanying the letter should fill them at once and send them to the gentlemen we have mentioned. It is to be hoped at the next issue of the JOURNAL that something definite may be announced in the way of formation.

MEDICAL AND LEGAL FEES.

Dr. D. W. Montgomery, on retiring from the presidency of the San Francisco Medical Society, delivered a short address to his confreres and colleagues, which is published in the *Pacific Medical Journal*. The following extracts will be read with interest :

The complaint of the member discontented with the fee-bill ran, that we showed marked favouritism to surgeons. 'Tis a matter deeply to be regretted that the services of a physician can never, from the nature of things, be so well paid as those of a surgeon. The services of a physician are less obvious, less ostentatious, less full of dramatic effect, and the world has been willing in all ages and in all countries to pay for dramatic effect. Furthermore, a surgeon can say, "It is necessary to perform an operation to cure you. The operation requires skill and experience, and it will cost so and so much." And he can add that "people being always more willing to pay for what they expect than for what they have had, you will please pay the fee before the operation is performed." A physician is unable to do this.

It may be urged that as this fee-bill is largely for use in the courts for the guidance of lawyers and judges, educated gentlemen, and presumably

appreciative of the value of professional services that the schedule ought to be raised to a degree more becoming the knowledge required, in order that the legal profession may allow fees to doctors in some measure consonant with the valuation they place on their own work. But, unfortunately for us, they do not take this view of the situation. A lawyer naturally tries to get all he can for his services, and a judge is usually inclined to allow a lawyer's demand, for, as Bryce says : "The judge who has recently quitted the ranks of the bar remains in sympathy with it, respects its views and desires its approbation." A physician, seeing his legal friend's success, makes a request before a tribunal for a comparatively modest fee, only to see it cut down.

It is all nonsense to say, as many lawyers do, that it requires a peculiar kind of talent, the legal mind, to be a lawyer, and that its rarity is the sole reason they receive, and justly, such enormous fees. All pre-eminent mental work is the result of aptitude in a particular direction, and if legal talent is the best paid it is because of some of the following reasons : they often make their bargains before commencing suit ; having won, they often have the money in their hands and can attach their portion of it ; and, best of all, the judge, whose word is practically final, and who is the only uncontrolled power in the commonwealth, is a lawyer, who, with our elective judiciary, may shortly be practising himself. We ourselves know that the successful physician must have much the same type of mind as the successful jurist, although developed on somewhat different lines ; he must have the same industry in looking up data, and in recognizing, appreciating and sifting out a fact. The lawyer's reflective faculties and the power of putting his thoughts clearly and concisely into speech or writing are usually better developed than with us, but, on the other hand, the physician's powers of observation are sharpened to the extreme. It often happens that a doctor, who it may be has an Apachelike power of observing and tracing symptoms, when asked to tell or write his experience makes a complete failure of it. Take the same man at the bedside or get him heated in discussion, and you will strike the true fire out of him. It is here where the value of the discussions in medical societies is most apparent,

in training the medical man to speak of what he has seen and done.

But brighter and brighter days are coming to us. We can see them in that most beautiful of all the mirrors of public opinion, in the writings of great authors. Moliere, Rabelais, and Le Sage hold up doctors to scorn as ignorant charlatans or pedants, while Emile Zola gives us, in his last novel, *La Debacle*, the helpful, humane and intelligently patriotic doctors Bouroche and Dalichamp. And we may rest assured that in spite of a prejudiced judiciary and a press which, from business motives, is unfavourable to us on every possible occasion, we will soon reach here in America the position the profession has already attained on the Continent. And when we have won that position the fees will take care of themselves.

SIXTH ANNUAL BANQUET OF THE UNIVERSITY OF TORONTO MEDICAL COLLEGE.

The annual dinner was held at the Rossin House on December 1st, and was a most decided success. The presence of His Excellency the Governor-General, His Honour the Lieutenant-Governor of Ontario, Hon. Chancellor Boyd, Messrs. Justices Rose and Falconbridge, Hon. Richard Harcourt, Acting-Minister of Education, and Vice-Chancellor Mulock added eclat to the interesting proceedings. In addition to these and the members of the teaching staff, the following guests were present: Principal Caven, Principal Dickson, Principal MacMurchy, Mr. W. F. McLean, M.P., Prof. Alfred Baker, Prof. Dale, Prof. Badgeley, Dr. C. O'Reilly, Mr. E. E. Sheppard, Mr. W. S. Lee, Mr. Spotten, Dr. J. B. Willmott, Mr. Embree, Mr. Torrington, and Drs. E. E. King, Price, Brown, R. B. Nevitt, H. H. Oldright, Milne, Fotheringham and W. H. B. Aikins.

Mr. W. P. Thompson, B.A., made an excellent chairman. In proposing the toast of the "Medical Faculty," called upon the Dean, Dr. W. T. Aikins, Dr. J. H. Richardson and Mr. Irving Cameron to reply.

Lord Stanley and His Honour Lieut.-Governor Kirkpatrick arrived about eleven o'clock, and were received enthusiastically. The Governor-General made a most felicitous speech, and brought

down the house when he referred to himself as a "state-aided institution." The Lieut.-Governor also spoke in an appropriate manner. Hon. Richard Harcourt, Acting-Minister of Education, replied to the toast of the "Local Legislature." The chairman, when proposing the toast of "Toronto University," cordially congratulated Mr. Mulock upon his re-election to the position of Vice-Chancellor of the University. Mr. Mulock was very warmly received and spoke as follows:

"It is with great hesitation that I venture, in the presence of so many medical gentlemen representing, doubtless, various ideas concerning medical science, to refer to the subject from the standpoint of a non-professional observer; and if my opinions differ from those of my hearers, that circumstance should be some recommendation to them, with a profession which amongst its own members recognizes such latitude of opinion. Speaking, then, of medical science, I have been given to understand that until a very recent period medicine was regarded almost wholly as a curative art, with the result that the course of medical education in the old world as well as the new was limited to that aspect of the subject. Medical schools might multiply in number, but still they continued as mere imitators of an early prototype, imparting education but not aspiring to advance the science. Thus conducted, there was much in the contention that such institutions engaged simply in qualifying students to pursue an ordinary calling of life, and retaining for themselves the profits of the enterprise had no claim upon the public purse.

"But, sir, the inquiring, active and restless mind of the last few years has told the world that medical science involves more than the mere curative art, and already the searchlight of medical science has revealed great truths of nature whereby, under a scientific management, various classes of disease are preventible, and the well-grounded view obtained that this branch of research has scarcely been entered upon and the old notion of medical science, having to do with the curative art only, and even that not upon the most scientific basis, has been universally abandoned before the irresistible testimony furnished by the great discoveries of Pasteur, Lister, Koch and other great philanthropic searchers after light in the fields of scientific investigation. Sir, following on the dis-

coveries of these great men, this University some fifteen years ago endeavoured to incorporate scientific into the ordinary medical education, and we gave ample opportunity to the medical schools to show their practical sympathy with such policy. Suffice it to say, to-night, that the strongest opposition to such movement came from a gentleman, who, speaking in this hall forty-eight hours ago, deprecated the establishment of our Medical Faculty, and advised the re-adoption of that policy which he had assisted to make abortive. No, Mr. Chairman, this University is a progressive, but not an aggressive, institution, and taking only safe-holding ground, holds what it takes, and I think I voice the sentiment of the whole University when I say that the University having tried the policy in question, and having been compelled to move upward to our present position by reason of the attitude of him who now asks us to retrace our steps, the Medical Faculty of Toronto University is now here to stay. But, sir, it is said that I have had the misfortune to be in advance of public opinion as to what should be the relations between the state and scientific medical education. I concur in the view that medical schools conducted on the old lines have no claims upon the public exchequer, but when it comes to dealing with preventive medicine, and also to seeking to apply to the curative art all the advantage derivable from a thorough scientific education, and to give in fact to those who may intend to practise medicine a thorough scientific education, which in their after life will, or at least may, be productive of vast benefits to society, a wholly different principle is involved, and I venture to say that if the principle has not yet received public recognition, the time has arrived when it should. Mr. Chairman, let no one suppose that I advocate a draft on University funds for our Medical Faculty. I do not. The other demands of this growing and expanding institution require all her resources, but my contention is that the application of public money in the maintenance of the public health is not only legitimate and proper, but an imperative duty on the part of the state. And if it be that scientific and preventive medicine is reasonably calculated to attain that end, then it is entitled to at least as liberal treatment as is awarded to other efforts towards preventing disease. For example, the Province, at

the public expense, with general approval, maintains a Bureau to prevent the outbreak of disease, as, for example, by requiring proper regard to be had to certain sanitary rules. Again, in the case of disease, it at the like expense endeavors to prevent the spread of disease. Again, it maintains quarantine regulations to prevent the introduction of disease from without. And so on, in various ways the advisability of preventing disease is recognized as a public duty. But we are told by the head of a proprietary medical school that this duty does not exist towards this faculty of medicine, belonging to the whole people, if it should happen that its graduates at the same time require a technical scientific training entitling them to better qualify themselves for some calling, in this case the practice of medicine. Well, sir, let this criticism be extended, and away go all existing provisions whereby largely at the public expense the state is educating men to-day as mining engineers, mechanical engineers, electrical engineers, civil engineers, provincial land surveyors, architects, sanitary scientists, agriculturalists, and so on. But I fancy I hear the contention that the reason for objection to state aid towards medical science is that medical education is being conducted by other institutions at no expense to the state. Well, sir, we should neither discourage nor minimize the results of such voluntary efforts, but at the same time let us not be blind to the fact that no merely self-sustaining institution to-day can efficiently deal with preventive medicine or furnish a scientific basis for the effective practice of the curative art.

"Therefore, I would say that whilst no university money is now being expended or is intended to be expended on medical science, still the public interest demands that medical science receives due recognition at the hands of the state. And if public opinion is not yet sufficiently advanced to warrant such recognition by those in authority, it devolved upon all those who desire to make this institution worthy of our claim to be a provincial university, to seek to educate public opinion in such a direction as will enable this university to play her proper part in promoting the general welfare."

Professors Baker and Dale also replied to the same toast.

The toast of "Other Professions" was responded

to by Chancellor Boyd, Judges Rose and Falconbridge, and Rev. Dr. Caven. Prof. Badgeley, of Victoria, and Dr. Willmott, of the Dental College, replied for "Sister Institutions"; Dr. O'Reilly and Mr. W. S. Lee for the "General Hospital"; Dr. H. A. Bruce and Mr. E. E. Harvey for the "Graduates and Graduating Classes"; Dr. James McCallum and Mr. W. P. Thompson for "Athletics," the outside college representatives for "Sister Institutions"; Mr. E. E. Sheppard for the "Press"; Mr. W. McArthur for the "Ladies," and Mr. H. A. Macklem for the "Freshmen."

During the evening several of the students contributed to the enjoyment of those present by musical selections, vocal and instrumental.

The officers of the dinner were:—Honorary member, Dr. John Caven: President, Dr. W. P. Thompson, B.A.; First Vice-President, J. Crawford; Second Vice-President, T. W. C. McKay; Honorary Secretary, J. A. McNaughton; Committee, fourth year, F. G. Grant, J. H. Shouldice; third year, J. D. Curtis, W. C. Laidlaw, E. B. Fisher; second year, J. R. Lancaster, M. O. Klotz, E. T. Kellam; first year, W. T. Tait, H. M. Cunningham, W. F. Callfas and A. H. Macklem.

ANNUAL DINNER OF TRINITY MEDICAL COLLEGE.

The sixteenth annual dinner was held at the Rossin House on the evening of November 29. About three hundred students and their guests sat down to an excellent repast. Among the guests present were: Chancellor G. W. Allan of Trinity University, His Lordship the Bishop of Toronto, Mr. Barlow Cumberland, Dean Geikie, Dr. Graham, Dr. Grasett, Mr. Walter S. Lee, Principal MacMurchy, Dr. Ryerson, Dr. Sheard, Dr. Davison, Dr. G. A. Bingham, Prof. Ellis, Principal Dickson, Dr. A. J. Johnson, Rev. Provost Body, Rev. G. M. Milligan, Dr. O'Reilly, Dr. T. Dunfield, Dr. R. B. Orr; Dr. Miller, of Hamilton; Dr. Harris, Brantford.

The officers of the dinner were: Chairman, J. R. Bingham; vice-presidents, E. L. Proctor, J. G. Lemont, V. A. Hart; toaster, W. J. H. Ross; hon. secretary, C. C. Field; committee, W. W. Andrus, R. T. Corbett, C. H. Brereton, H. E. Armstrong, J. G. Battell, A. H. Marks, R. H. Foster.

Representatives of sister colleges were present

as follows: Dr. Graham, Toronto University; and Messrs. Charlie Thompson, Toronto Medical School; Austin, Queen's University; Tompkins, McGill College; McNally, Bishop's College, Montreal; Weston, Western University, London; T. W. Powell, Trinity University; Coughlan, Dental College; Cross, College of Pharmacy.

Mr. J. R. Bingham, fourth year, presided. The toast of the evening was "Trinity Medical School," to which Dr. Geikie replied.

Dr. Geikie, after a few preliminary words, said that most of those present would know that, in 1887, as well as for many years before and ever since, Trinity Medical College has preferred to conduct her affairs under her own independent charter. We ask, and we think wisely, who can manage our own medical affairs better, or even as well, as ourselves?

We maintain as a principle, proved by the experience of many years to be sound, so far as Ontario is concerned, at least, that to be fully successful, a teaching medical college must be self-governed and most carefully governed. We have no complaint, whatever, to make against any Senate. These are mixed bodies, composed of gentlemen of leisure—business men, clergymen, lawyers, with a doctor or two thrown in, or perhaps left out now and then.

How can any such composite, although learned body, legislate in matters purely medical—*e.g.*, in the regulation of a Medical Faculty in giving a medical education to its students?

We have seen the experiment of such a mixed body undertaking to manage a Medical Faculty in Ontario more than once, even twice or three times, and failure, utter failure, has always resulted. A Senate may say that it cannot let a Medical Faculty alone when it forms an integral part of the University—and this is true, for the University is liable, unless extraordinary precautions have been taken in making every arrangement, for the expenses incurred.

We know what happened in 1887—we remained just as we had been and as we are to-night—an independent college, if not with our drum beating and our flag flying, at least very prosperous and full of hope for the future.

Our sister institution saw fit to suspend her charter, and in doing so ran, as we think, the

serious risk of hanging herself. As for ourselves, we thought that there were very good reasons for objecting to our Provincial University deliberately de-provincializing herself by making any one of our medical schools her teaching Faculty in Medicine, and thus dwindling into one of several competing medical teaching bodies, instead of continuing to be a Provincial affiliating centre, as she had been for so long, at which any student, wherever educated, might, if he wished, take his degree. Indeed, our own charter was obtained with the special view, as may be seen in its preamble, of having our affiliation with the Provincial University permanent. We had therefore good reason to complain—yet we made the best of it. Government pledged itself that we might rest assured that no public money would be used in connection with the newly-formed Faculty. True, we heard the very reverse of this from many interested quarters, and it was very often repeated, and for two or three years, although of late, this sort of talk has fortunately ceased. Our motto has always been, and is now, "*Fair play for all our medical colleges, but no favours paid for out of the public purse for any one of them.*"

You all know, for it is a matter of very recent history, how, in spite of the many and solemn pledges given in all good faith by Government, and without the knowledge of the government, or of the Senate, or of the trustees of the University, what was clandestinely done—how very large sums of University public money were spent for medical teaching purposes—sums large enough to seriously cripple the University in her vitals, viz., her Arts and some of the Science departments, for years to come. You know how we have again and again, year after year, exposed what was going on, and continued to do so, till at length the Government, the legislature, the people all over the Province, and even the friends of University College itself, were roused at the injustice to which we directed public attention—justice, not only to the Arts and some of the Science departments of the University, but to all the self-supporting medical colleges in the Province. The wide-spread sensation produced by the exposure will not soon be forgotten. The Government when once roused to action, lost no time in asserting publicly, a few months ago, through the proper channel, "*that the action taken*

in these matters being in contravention of their understanding and intention, policy and pledges, could not be maintained, and that the existing arrangements must be modified." And they have been modified, by having interest charged annually on the amount of public money said to have been expended for medical teaching purposes, and also a charge made for maintenance as well. This is only fair and right. If the University of Toronto, or the Government, were to build for us, or for the London or the Kingston Medical College, any one of them would expect to be charged for the outlay of capital.

We want now—and we have never wanted anything else - only what is fair, fair to others, fair to the Arts Department of the University, fair to ourselves. The arrangements just referred to, made last summer, while tending in the direction of fair play all round, and so far so good, are by no means wholly satisfactory from our point of view, for they have not gone far enough, nor do they appear even to have entirely pleased our friends of the sister College. Indeed, the longer the matter is considered the more one is persuaded that the true way of meeting every reasonable aspiration of the University of Toronto to have a Medical Faculty of some kind, and at the same time to keep the exchequer absolutely safe hereafter, from being either openly or secretly depleted for other purposes than the legitimate maintenance and extension of her General Arts and Science Departments, would be to make such a change as would admit of the late Toronto School of Medicine resuming her former position, and to create a Medical Faculty on the model of the Faculty of Law as that is at present constituted in the University.

In striking contrast to the Medical Faculty, that of Law does not cost the University or the public one farthing for buildings or for anything else. The law professors in the University—except in the case of the professor of political economy, whose subject is as much of general as of professional interest—are *unsalaried* and *honorary only*—and the occasional lectures they give are of so general a character as to be regarded as a desirable part of a good education. Let the members of the proposed Medical Faculty be selected from the best names in the various teaching Medical Faculties in the Province, say, two from each, and two from the

general profession. The position assigned to these gentlemen need not, and should not, interfere with their relations to the medical colleges to which they may respectively belong. Such a Faculty would act as University examiners in medicine, and being Provincial in character, would be in keeping with the nature of the University, and would attract students for examination from all quarters, besides being entirely free from the great danger, now so keenly felt, of bringing the University into financial trouble, great or small. Any lectures such a Faculty might give would be special as well as optional and open to everyone, and on subjects of such general interest as would be useful to the profession and to the public. The expensive buildings recently erected secretly, but at the public cost, chiefly for medical teaching, may, in the near future, be utilized for other University purposes, and with the Victoria Arts students, now and hereafter in attendance, all extra room will be in demand. This Faculty would be paid for acting as examiners, but the fees of candidates would considerably more than cover this outlay which would be the only expense incurred, so that the Faculty thus formed, would cost the University nothing.

This suggestion, if carried out, would at once restore to the University her lost provincial character in medicine, and would in no way interfere with the most thorough teaching by the University of any branch of Science of value in a thoroughly good general education. Such teaching would, as it should in a State University, sustained by and for the public, be equally and on the same terms open to every student in Ontario. No costly buildings or equipments would be required for the teaching of any subject in the medical course, for this would be relegated, absolutely and wholly, to the several Medical Faculties which exist for no other purpose, and which can, as has been abundantly proved, carry on their work efficiently without public help of any kind. There would then be no danger of the University in any coming time, as under existing circumstances is sure to happen, being openly or clandestinely drawn into financial trouble in directions in which she should neither be asked nor expected to expend her public funds, and for purposes on which it is not right, nor in her interest, nor in the interests of the Province, to spend even one dollar of these funds. She would

be free to use all her resources where they are much needed, and can only legitimately be expended—on her Arts and General Science Departments—which are her special work, for she was intended to provide for the youth of our province the very best general education, but by no means to furnish them with training in learned and lucrative professions. A very large number of our young medical graduates every year go to the United States and to other countries to settle. Is it right that the people of Ontario should pay for the professional education of doctors for the United States or for any other foreign country?

I would refer in a sentence or two to discussions in regard to the Medical Council which are going on. Those who speak of the representatives of universities and of medical colleges as really governing the Council are entirely incorrect. There is not the slightest foundation for such a statement, although it is made to do duty as a special charge against the Council. Having had many years' experience as a member of that body, I state most positively that I have never known a university or medical college representative either ask or receive a single favour—nor have any two or more of these representatives ever combined to carry any matter. Not long after becoming one of its members, I am on record as having written out a motion to increase the number of territorial representatives, which no college or university representative opposed, and only last session of the Council another motion I had the honour of making, was recorded as follows:—

“That the committee appointed under Dr. Williams' motion to amend and consolidate the Medical Act be instructed, first, that the Act be amended so as to provide that no annual dues be levied on medical practitioners for years during which they have not resided in Ontario. Second, to provide that no Institution or Body, which neither teaches nor examines in medicine, shall be entitled to representation on this Council. Third, that no by-law of the Council shall be valid which in any way interferes with the most perfect fairness and public character of the election of members representing territorial divisions. Fourth, that the annual certificate shall be called hereafter 'annual receipt,' so as to meet a very serious sentimental objection.”

I am certain that all the university and college representatives were in sincere sympathy with the spirit of these motions, and that not one of them has any object or wish apart from the interests of the general profession. As far as the Faculty of Trinity Medical College is concerned, we only wish as teachers to serve the profession by providing it with young men well educated professionally, in every sense of the word.

The desire of the Council is to see the general profession as fully represented as they could wish to be. But to exclude representatives of the universities or medical colleges, which are engaged in examining or in teaching medical students, from a body whose duties largely consist of regulating medical studies, is absurd on the very face of it, and can never be carried out so as to work satisfactorily.

As to any cliques or rings which may have existed, or which now exist in the Council, none know better than the one or two members of that Body who have once or twice spoken in the Council in any unfriendly manner of our Medical Colleges and of their representatives, that these representatives have had nothing whatever to do with such rings or cliques, but have uniformly acted on the Council to the very best of their judgment as members of the general profession, in every matter coming up for discussion.

Under the head of "Affiliated Universities," Hon. G. W. Allan and Provost Body spoke on behalf of Trinity, Prof. Alfred Reynar for Victoria, Prof. Ellis for the University of Toronto, J. E. Graham for the University Medical School.

Walter S. Lee and Dr. O'Reilly responded to the toast of the "Toronto General Hospital, and Dr. Nevitt to that of the "Women's Medical College."

Mr. Powell spoke on behalf of "The undergraduates of Trinity Arts Department," and Mr. C. W. Thompson responded to the toast of "The University Medical School Undergraduates."

Mr. Austin, of Queen's College, Kingston, made a neat speech as a representative of his Alma Mater, and Mr. Wilson followed, speaking for the Western University at London. Mr. Tompkins was the delegate from McGill University and made a neat speech, as did Mr. McNally for Bishop's University, Montreal. Dr. Harris, Brantford, made a very able

speech, dealing largely with the success of Trinity Medical School, and concluded by telling one of his original stories which convulsed the house with laughter. Dr. Shaw, of the city; Dr. Mitchell, Enniskillen, and Dr. Orr, Parkdale, spoke on behalf of the learned professions.

COMMITTEE ON DISCIPLINE.

TWO DOCTORS ON TRIAL.

The committee is composed of Dr. W. H. Day, of Belleville, chairman, Dr. J. B. Bray, of Chatham, and Dr. Geo. Logan, of Ottawa. Mr. Wallace Nesbitt appeared as counsel for the prosecution. Mr. Alex. Downey acted as stenographer. There were two cases referred to them by the Council, upon which they have to take evidence and report to the Council whether the charges made are proven or not. The first case taken up was that of Dr. Anderson, of London, who did not attend, but sent a long letter denying the accusations against him, and explaining his absence by the statement that he could not afford to come to Toronto. The case arises out of Dr. Anderson's connection with what was extensively advertised during the latter end of last year, and until August of the present year, as the "college of eminent physicians and surgeons," the head centre of which institution appears to have been John Murray, alias W. H. Hale, who is now in jail in Liverpool, having been found guilty of fraud and of illegally practising medicine with a man known as A. W. Miller, whom the Liverpool police are anxious to find. Briefly, Dr. Anderson is charged with entering into fraudulent conspiracy with Murray for the purpose of deceiving suffering people; allowing his name to be used as a registered practitioner for the purpose of carrying out the fraudulent scheme, and of evading the Ontario Medical Act; representing to the various patients who came to consult the alleged staff of eminent physicians and surgeons that he could cure their cases whether he knew the cases were curable or not, and giving guarantees to that effect; stating on oath in the Toronto police court that he personally examined all patients in order to save Murray from conviction under the Ontario Medical Act, Detective Wasson's evidence showed that the staff of "eminent physicians" was composed of Murray, who

was not a registered practitioner. Dr. H. O. Martin was connected with the Toronto office for a short time.

After considerable evidence had been taken, both professional and lay, Mr. Walter Nesbitt, counsel for the prosecution, completed his case against Dr. Anderson, of London, by putting in the evidence of Dr. Martin, who was with the "eminent physicians" for a short time subsequent to their prosecution in the police court here. It is now for the committee to consider the evidence, a verbatim report of which has been made by Mr. Alex. Downey, and report its finding to the Council.

The case against Dr. McCully, whose name is familiar to almost every medical man on account of the disgraceful means of advertising used by him, was then taken up. Dr. McCully with his counsel, Mr. Walter Cassels, Q.C., were present, and made a vigorous fight to maintain his professional existence. He is accused of "infamous and disgraceful" conduct by inserting advertisements in the newspapers containing scandalous and defamatory statements regarding the medical profession, and various institutions connected therewith; by publishing the details of his professional practice, the names of his patients, the particulars of their diseases, and statements regarding alleged cures by his treatment, thereby deluding the public by representing that he was and is better qualified for the practice of the medical profession than other registered practitioners, and that he had cured patients whom other registered practitioners had failed to cure, and by guaranteeing cures in cases, whether they were curable or not, giving his assistants instructions to deceive and defraud patients who might apply for treatment. The rest of the charges also contain a number of specific cases in which cures were guaranteed for incurable diseases.

Dr. Brent, of 380 Wellesley street, who three years ago discontinued the practice of his profession to accept a position in the Toronto postoffice, was called upon by Mr. Nesbitt to give evidence for the prosecution. Dr. Brent said that in the fall of 1884 he was assistant to Dr. McCully.

"Dr. McCully's directions were that we should take all the cases we could get and charge as much as possible—the tariff, if possible, more if we could get it, and if not take less. First, we were

to find out what a person was worth and charge accordingly. Cures were to be guaranteed in all cases unless it was apparent that the person was actually dying. The first duty was to make an examination of the patients to find out what their standing was as regards wealth."

"Do you know of any cases in which money was extorted?" Mr. Nesbitt asked.

"I remember a case in which a tumour was removed. It afterwards turned out to be a cancer and the patient died. The body was not allowed to be removed from Dr. McCully's house until the charges for services were paid."

"You left his employ?"

"Yes, because I was disgusted with the way his business was conducted. I considered his place a sort of bleeding establishment."

"By the use of the knife?"

"No, by the use of the pocket. I thought the business was scandalous."

He considered Dr. McCully's methods unprofessional and disgraceful, and said that he ought to be ostracized.

Dr. Brent was submitted to a close cross-examination by Mr. Cassels.

Mr. John Ross Robertson said that he had given instructions, after examining McCully's advertisements, that no more advertisements of that nature should be accepted for publication in *The Telegram*.

Dr. I. H. Cameron was asked his opinion of the conduct of a professional man who inserted such advertisements as those of Dr. McCully.

"It is not the conduct of a professional man," replied Dr. Cameron. "It is the conduct of a charlatan and a quack. I would say it was infamous. It is set down in our code of ethics as being highly reprehensible."

Dr. Cameron said that from a professional standpoint Dr. McCully's advertisements were inconsistent with professional dignity, while from a public standpoint the publication of the particulars of diseases was indecent. Such advertisements were designed to gull the public. In cross-examination Dr. Cameron expressed the opinion that any advertising by doctors was, to say the least, unbecoming from a professional point of view. Among the witnesses called on Saturday were Rev. D. J. Macdonnell and Rev. Dr. Parsons,

who expressed very strong opinions regarding Dr. McCully's methods. Mr. Macdonnell saw nothing morally wrong in a man advertising in any way he chooses to the facts of his practice, although it might be professionally objectionable, but for a man to advertise in the public press in a glaring and conspicuous manner the details and descriptions of the various diseases he professed to treat was extremely objectionable. He would also apply the term disgraceful to it.

"What do you say of the conduct of a man who, after treating the case of a woman, refuses to give up her body upon her death until the charges are paid?" asked Mr. Nesbitt.

"If there is any stronger word than disgraceful or contemptible," replied Mr. Macdonnell, "I would like to use it."

"'Infamous' is said to be a little stronger."

"Yes, that will do."

"Have you had any opportunity of judging the effect of such advertisements as that of December 10th, upon the public, as a guardian of the public conscience?"

"Yes, I have had abundant opportunity. I think a man who advertises so is an unmitigated humbug and the enemy of society."

"Might that man continue to have the badge of respectability attached to him by holding the diploma of a respectable college?"

"I have no hesitation in saying that I would regard it as being in the interests of humanity, as well as of morality in Toronto and Canada, that any authority that has power should stop the course of a man who has been issuing advertisements such as I heard read yesterday, and such as I saw and read in the newspapers before yesterday, on the two main grounds: (1) Of his gross slandering of his fellow-practitioners, and (2) of his absurd and false pretence of curing all diseases."

Rev. Dr. Parsons took much the same ground as Mr. Macdonnell. He considered such advertising as that of Dr. McCully disgraceful, unprofessional and harmful.

Drs. Richardson, Graham, Ross and McPhedran also expressed disapproval of Dr. McCully's way of carrying on his business.

Dr. James Richardson expressed his opinion very freely, and characterized Dr. McCully's con-

duct, dealing largely and expression in English language.

When the Committee met on Monday morning, Dr. McCully, being called on for his defence, submitted through his solicitor the following statement and undertaking to the Committee, and asked the Committee to report the same to the Council when reporting hereon:

"I admit that the advertisements complained of herein and any others of the like effect or nature are unprofessional, and the publication thereof by me constitute infamous and disgraceful conduct in a professional respect within the meaning of the Ontario Medical Act.

"I submit myself to the action of the Council in the premises, and admit that I am liable on the evidence to have my named erased from the Medical Register.

"I undertake and agree to not further offend in the premises, and ask the Council to suspend action on the report of the Committee so long as I, in good faith, comply with the above undertaking.

"It is agreed that the charges other than those which charge the advertisements to be a breach of the Act are to be considered as undisposed of and untried.

"(Signed) S. E. McCULLY.

"(Signed) WALTER CASSELS.

"Toronto, Dec. 12th, 1892."

This completed the work of the Committee, and it adjourned to meet on Monday, the 12th of June, the day before the Council meets, when all the evidence will be gone into carefully and a report submitted thereon to the Council.

THE ANGLO-AMERICAN VIENNA MEDICAL ASSOCIATION.—The Anglo-American Vienna Medical Association fulfils a useful function towards English-speaking students who visit Vienna for purposes of study. It is difficult for a stranger to arrange his work to the best advantage without the advice of those who have already studied in Vienna for some time. The Association keeps a list of the best lodgings, and thus smooths the entry into the Viennese school. Information may be obtained from the Secretary of the Society, No. 12, Landesgerichtsstrasse, Vienna.—*British Medical Journal*.

Personals.

Dr. R. McGee was in Toronto last week, and reports favourably of Midland City.

Dr. Miller, of Hamilton, paid a short visit to Toronto last week, and attended the annual dinner of Trinity Medical School.

At the annual meeting of the subscribers to the Toronto General Hospital, Mr. Walter S. Lee was unanimously re-elected trustee for the coming year.

Dr. Olver, of Mimico, is entitled to the sympathy of the profession in his affliction, two of his children having fallen victims to diphtheria.

Dr. W. Stewart Philp (McGill, M.D., C.M. '89, M.C.P.S., Ont.), who is spending the winter in Florida, has been accepted a member of the Florida Medical Association, after passing a creditable examination.

Dr. Harris, of Brantford, Chairman of the Educational Committee, attended the Trinity dinner. He told one of those original stories of his at the table, which convulsed the house with laughter, and gained for him a reputation amongst the students which will not soon be forgotten.

Dr. H. W. Day, of Belleville, the Chief Justice of the Discipline Committee, conducted the business of the court with the care and astuteness of a lawyer. He is now the only territorial member of the present Council who sat at the first Council Board in July, 1869.

Dr. Geo. Logan, of Ottawa, one of the members of the Discipline Committee, has been for nearly twenty years a faithful member of the Council. He was President during the year 1883-84. He states that the profession in his district are in entire sympathy with the Council.

At a meeting of the Board of Trustees, held on Wednesday, November 30th, 1892, Dr. G. E. de Schweinitz was, on the unanimous recommendation of the Faculty, elected clinical Professor of Ophthalmology in the Jefferson Medical College. At the time of his election, Dr. de Schweinitz was Professor of Ophthalmology in the Philadelphia Polyclinic, and Lecturer on Medical Ophthalmology in the University of Pennsylvania.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.—The following officers were elected for the ensuing

year:—President, Dr. James Stewart; 1st Vice-President, Dr. E. P. Lachapelle; 2nd Vice-President, Dr. James Bell; Secretary, Dr. Kenneth Cameron; Treasurer, Dr. J. A. MacDonald; Librarian, Dr. T. D. Reid; Council, Drs. F. Butler, F. W. Campbell and T. G. Roddick.

Correspondence.

The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

DISSECTING ROOMS AND OBSTETRICIANS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR, As a pathologist, I will answer Dr. Mewburn's question, Is the practice of midwifery by men or women connected with the dissecting room, post mortem room, etc., etc., dangerous or not?

No! Most emphatically, No!

Do you believe in antiseptics? Do you believe that you can go from one labour case to another without carrying infection from case to case? *Would you* see in consultation a case of puerperal fever, making a digital examination, and then attend one of your own cases within a week, knowing that all will be right, provided your antiseptic precautions have been thorough?

Would you refuse to see any infectious disease case—scarlet fever, diphtheria, erysipelas, etc., etc.—because you expected within twenty-four hours to have a labour on hand, or, having seen such cases, *would you* refuse to attend a confinement?

Dead-house contamination is not the only means of septic infection. The probabilities are that a few, very few, cases of puerperal fever can be traced to such a source (using the term puerperal fever to designate all the puerperal sequelæ caused by sepsis). How many cases occur in the practices of men who never see the inside of a dead house, as compared with the anatomists or pathologists?

I am sure the danger lies more among the class of practitioners (and they are many) who will drive up to the patient's door, blanket and hitch their horse, perhaps giving him a friendly pat, or rearrange some part of his harness, enter the sick room, wash their hands, I say wash (?), and without hesitation enter the genital passages, thinking they are clean because they have not been exposed

to the contamination of the dead-house, at the same time having an accumulation of debris under and around their finger-nails, that would afford a profitable investment for any farmer looking for a good chance to buy rich fertilizers.

It would not be advisable to go direct from the dead-house to a case of labour, nor would it from any infectious case, but let a man change his clothes, and sterilize his person, and he might a hundred times better have his hands in a pus cavity or cadaver one hour, and in the uterus the next, and not have the slightest apprehension as to the result, than to go from a septic puerperal case to a labour. How many obstetricians would hesitate to do the latter, relying on their antiseptics to prevent trouble?

Yet these same cases are the ones the pathologist dreads most to become infected with.

Let a pathologist or anatomist conscientiously sterilize his hands and arms, when through with his dead-house work, and by this I mean the same painstaking care that he would in preparing for an abdominal section (and to tend any labour case without so doing is little short of criminal), spending fifteen or twenty minutes in doing so, change his clothes, and he may attend a labour case or enter an abdominal cavity with as much impunity as any other man, no matter what his specialty may be, "Billroth," one of Europe's foremost surgeons, as well as pathologists, being a shining example of this, carrying on, hand in hand, abdominal surgery and pathological research.

Antiseptics does not mean an occasional mercurial ablution, a dipping of the finger tips in some solution or other. It calls for a conscientious and continuous care of the hands and person. Such care has been proven by Dr. Welch, of the Johns Hopkins, to have a lasting effect. This he recently showed in a series of interesting observations.

Some European surgeons (thorough antisepticians) on a visit to this country, allowed him (Dr. Welch) to make a bacteriological examination of the scrapings from their hands, and though they had not washed in mercurial solutions for some weeks, the retained mercurials prevented the growth of any pathogenic organisms whatever (we must have these organisms to produce sepsis).

How many general practitioners, including

among them a few obstetricians, would yield the same result, were their hands examined?

Dr. M. continues: "To prove it is not dangerous, we must at the same time prove that of all humbugs medical science is chief." Not so, Doctor—I beg to disagree with you. To allow your side of the controversy to be proven, would be a virtual acknowledgment of the inefficiency of antiseptics and sanitary laws. This would place us on a par with our great grandfathers. A man who knows he has been exposed, is, in almost every case, more careful in the care of his hands and person than one who has not been so exposed, probably, however, to any other kind, and who, ninety-nine times out of a hundred, is reeking with ptomaines and leucomaines, his only trouble being he does not know it. *This is the place to look for danger*, not in the men who have been exposed knowingly, and therefore take the proper precautions.

You have gone too far down the line, Doctor. You should turn your attention to the *embryo obstetricians* long before they receive their sheepskins. Use all your powers to have established in the various medical schools professorships on *personal hygiene*, where these men may be taught *how* and *when* to bathe, to change their linen, the value of soap and water, and several other well-known solutions. For there is a very great chance of their becoming obstetricians years before they become surgeons, anatomists, or pathologists, and rest assured that men or women, holding the positions you referred to, will know enough to keep their hands and persons clean—I mean surgically clean.

Yours, etc.,

Dec. 1st.

RICHARD SLEE, M.D.

TWO THOUSAND CASES OF MIDWIFERY.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—My attention has been directed to Dr. Harrison's address, and to the remarks thereupon as reported in your paper.

As a practitioner of above thirty years in active practice, with a record of two thousand cases of midwifery, I may be allowed to have an opinion founded upon some experience in England and Canada.

For the benefit of the junior members of our profession, it is far better to discuss in your journal such a daily and common matter as the proper

treatment in labour, than to fill pages with records of exceptional cases which it is unlikely we shall be called upon to treat.

I am sorry not to agree with Dr. Harrison, with reference to the use of the forceps. My practice shows that as a younger man I used the forceps far oftener than I do now. The mistake made by the young men in the present day is a too free use of instruments. They forget the first axiom in obstetric practice, viz., that labour is a natural process, and that in the vast majority of cases that same old dame is quite equal to the work. The gradual dilatation of the parts and the gradual alteration of the shape of the head is best performed by nature, and with less violence and less danger than by artificial means. One is not warranted in the use of the latter unless in a case of urgent necessity, such as malformation of pelvis, malformation of the head or misplacement, or as long as the head advances at all, and the woman is not exhausted and no untoward symptoms appear beyond a somewhat protracted labour. I look upon the forceps, however, in many cases as superseding the necessity for craniotomy. I trust to chloroform and patience if there be any fair chance of natural delivery.

As to rupture of the perinæum, I quite agree with the speaker, in the fact that it is generally unforeseen and unavoidable. Five cases have occurred in my own practice, one being a forceps case. They all recovered without any great trouble. They occur even when one is exercising all the preventative measures at one's command. Mine all happened when the woman was in the left side position, and none when upon the back. This fact may be worth noting.

As far as craniotomy is concerned, the necessity of saving the life of a mother of a family in preference to that of a child seems to me to admit of no argument, except with theological cranks. I certainly think Cæsarean section gives the mother a poor chance. I proposed it once with regard to a woman who had just died of convulsions, but was not allowed by the husband; and it was once proposed to me in consultation with a young doctor, when one hand and the cord was presenting, but, as you may imagine, I preferred turning, and did so. The worst of craniotomy is that it is a very easy operation, and a safe one, and this may be a temp-

tation to some to perform it without such dire necessity as to justify the act.

I have never found much trouble about the placenta. I generally, after giving the child to the nurse, if there be no pulsation in the cord, remove it at once; but if not loose after about half an hour, I insert my fingers, if necessary, behind it, and take it away by as gentle means as possible, but it must come.

If flooding should ensue after birth of the child, I immediately apply cold water externally, and after dipping my hand into cold water insert it into the uterus, extract the placenta if there, and allow the uterus to expel the hand, which it nearly always does. The worst case was one of quasi hour-glass contraction. Of placenta prævia I am glad to say I have had less than half a dozen cases. I am fond of administering chloroform, or rather the mixture A.C.E., during the last ten minutes or so of labour, but not pushed to its full extent. Except in rare cases it does not check the pains, and it certainly saves exhaustion. I never found it cause after hæmorrhage unless given to excess.

I have seen four cases of puerperal convulsions in consultation, all of which died, and I have myself had five cases, three of which lived. I have much reliance upon subcutaneous injections of morphia and pilocarpine, care being taken not to choke the patient, as I nearly did in my last case, from too large a dose of pilocarpine, causing such an accumulation of mucus, that the patient, in a comatose state, could not readily eject it. I am not afraid of giving ergot with feeble contractions exhausting the patient, provided the head presents and there is room for it; but I only give it in exceptional cases. I think it is used far too carelessly. A dose of hot sling will often improve the pains quite as well with less harm ensuing.

After the birth I never sit by the patient grasping the uterus as some advise. Unless the patient has a large flabby abdomen, I prefer not disturbing the woman to adjust a bandage for an hour or two. I am particular in insisting upon plenty of nourishment after confinement, for I am sure this is often neglected.

Out of two thousand I never lost a case during or directly after labour, nor from hæmorrhage, and can remember but six deaths from bad nurs-

ing, exhaustion, fever, etc., not reckoning those I have seen in consultation.

I quite agree with Dr. Wright and Dr. Dickson as to douches. They do more harm than good, and I do not use them except for unusual offensive discharges, or for cause, as the lawyers say.

It may shock some listerian and bacterium believer who carries corrosive sublimate about with him, to hear that I never in midwifery used any antiseptic, nor took any precaution beyond simple cleanliness. Can he show better results? I do not ignore the great value of antiseptics in their proper place, which is not a healthy vagina and uterus performing a natural function.

These disconnected remarks I give for what they are worth.

Something is due to luck, but I attribute a good deal of my success to my carrying out the principle of "nature before art," which Dr. Harrison stigmatizes as "irresolute, undecided, and indolent."

The proof of the pudding, however, is in the result.

I am sir, yours faithfully,

BRINSLEY M. WALTON, M.D., M.R.C.S., Eng.

Manitoba, Dec., 1892.

SOME REMARKS ON MEDICAL FACULTY, TORONTO UNIVERSITY.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—It seems to me that the readers of the ONTARIO MEDICAL JOURNAL should have their attention drawn to some of the recent events that have taken place in the Senate of the University of Toronto regarding the Medical Faculty.

The Senate met on 11th November, and elected Mr. W. Mulock Vice-Chancellor, and chose a Striking Committee to bring in a report on standing committees. This Striking Committee consisted of Messrs. Mulock, Loudon, Cameron, Burwash, Caven, McFarlane, Sheraton, Galbraith, Dale, King, Houston and McLaren.

This committee nominated the following to be the Standing Committee on Medical Faculty: Hon. E. Blake, Mr. W. Mulock, President J. Loudon, Revs. Drs. Cavenand Sheraton, Hon. J. A.

Boyd, Drs. J. E. Graham, L. McFarlane and I. H. Cameron.

Over this committee there was a long and heated debate. It ended in Drs. Graham and McFarlane being retired from the committee. The vote, I am told, was taken at 1.30 a.m., and was recorded by request of Dr. W. H. B. Aikins.

President Loudon moved, and Dr. I. H. Cameron seconded,—That the names of Hon. S. H. Blake, Mr. N. W. Hoyles and Prof. Galbraith take the place of the three medical men proposed by the Striking Committee. It will be seen from the above that Dr. Cameron helped to vote Drs. Graham and McFarlane off the Standing Committee on Medical Faculty.

I cannot say how many medical graduates of the University differ from the above action of Dr. I. H. Cameron. For my own part, I take liberty of speaking out with no uncertain sound that I do not approve of it. These three medical men should have been on the committee, and it looks very strange to see Dr. Cameron voting that all the medical men be dropped from the committee. He had a perfect right to retire himself; but, it seems to me, he ought to have done so in the Striking Committee, for he was a member of it. We leave medical men to judge for themselves.

There is a strong feeling growing up that the Committee on Medical Faculty should be abolished altogether, as it is likely to degenerate into a standing committee of patronage, whose main duty may be to look well after the interests of friends.

I am informed that at the Senate meeting of November 25th, a strong appeal was made that Dr. John L. Davison, who represents Trinity Medical College, be put on the Committee on Examinations. This was not granted, although Drs. Graham, A. H. Wright, L. McFarlane, W. H. B. Aikins and J. L. Davison were in favour of this name being added to the committee. This alone shows how unwilling the Senate is to concede to an affiliated medical college what many would regard as fair play. Trinity has a right to send students up for examination, and ought to have some say in the selection of examiners. Victoria has two representatives on this committee, while Trinity has none.

These are only a few of the side-lights that illuminate some of the things that take place in

the Senate. They are sufficient, however, to make us all watch this scene of action with a good deal of care.

Yours, etc.

Toronto, Dec. 12th.

ALUMNUS.

MR. SURGEON.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—At the dinner of the Medical Department of the University of Toronto, the Chairman called upon "Mr." Cameron to respond to a toast. Let us hope that this was only a slip. If it was done as an attempt to introduce the British custom of calling a surgeon by the title "Mr.," we do hope it will not be repeated. It will be high time to ape such customs when Confederation has been completed between Britain and her colonies. It is quite enough to have in this country an occasional "Sir," when it comes as the result of genuine merit; but imported "Mr. Surgeon" is too much, and gives rise to an exceedingly uncomfortable feeling in the region of the solar plexus.

Dec. 8th.

Yours, etc., M B.

Book Notices.

Hand-Book of the Diseases of the Eye. By H. A. Swanzy, A.M., M.B., F.R.C.S.I. London: H. K. Lewis, Gower Street. 1892.

Mr. Swanzy's well-known work appears in a fourth edition with much new material added, and having been carefully revised, is well up to date. An accurate description of Holmgren's method of testing for colour blindness has been added, rendering the work useful to the Railway Surgeon. It is also very full of detailed information on the diseases of the superficial structures of the eye, which should render it of service to the general practitioner.

G. S. R.

Manual of Practical, Medical and Physiological Chemistry. By CHARLES E. PELLEW, E. M. New York: Appleton & Co.

This work is based on a course of laboratory work given by the author at the College of Physicians and Surgeons, New York. It consists of a series of thirty lectures or lessons with laboratory

experiments based thereon. The work is almost entirely physiological in its character. Considered as a text-book on physiological chemistry, the work is certainly to be recommended to medical students and physicians: the lessons are short, concise and clear, and the experimental part has a direct bearing on practical medicine.

The lessons on milk and on digestion are good, but special mention must be made of those on urine. Both the chemical and microscopic examination of urine is taken up and treated in a way which must commend itself to every working practitioner. A feature of the book, which is also of interest, is the introduction of a lesson on water analysis, in which the ordinary methods for the chemical examination of water are given. This need is sometimes felt when a well water is suspected and analysis cannot be easily reached. We cannot agree with the author, however, in the low estimate he places upon the value of a bacteriological examination of water. The quantitative estimation of the bacteria in a sample of water is certainly only an indication of the character of the water, but with the reasonable care which is necessary in all bacteriological work, it is as valuable as is an estimation of the free and albuminoid ammonia.

J. J. M.

International Clinics, Quarterly, on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology and Dermatology. Edited by DRs. J. M. KEATING and JUDSON DALAND, of Philadelphia, and J. M. BRUCE and D. W. FINLAY, of Britain. Published by The J. B. Lippincott Company of Philadelphia.

This volume opens with a short but careful and feeling sketch of the late Dr. D. Hayes Agnew, from the pen of John Ashurst, jr. It is accompanied by a fine plate, which will recall to every one who may have had the pleasure of meeting the distinguished surgeon, his honest, thoughtful, strong, yet kindly face. It may well be said, in the words of the author, that "as a consultant, teacher and operator combined, the name of Agnew will long be spoken of as the type and glory of Philadelphia surgeons."

Then follow two lectures on myxœdema, one by D. W. Finlay, and the other by Thomas Oliver. These lectures are of value in several important directions. They throw some light on the functions

of the thyroid body through the study of this disease, as has been seen in previous cases. Finlay's case was benefited by Jaborandi, and Oliver's by the injection of thyroid juice into the circulation. Another fact made prominent is the deficient excretion of urea in this disease.

"Dropsy" is dealt with fully by P. H. Pye-Smith. He condemns the rush after new remedies to the neglect of those that long experience has shown to possess real value.

Prof. J. M. Anders, in his lecture on "cardiac dilatation," goes over the main points in the treatment of such cases.

Passing over a number of excellent lectures by I. E. Atkinson, F. P. Henry, A. H. Carter, and F. Taylor, we come to one on "The tonic treatment of Indigestion." It is gratifying to find that Thomas J. Mays, in this lecture, recommends to his class some of the good and well-tried remedies for indigestion, such as gentian, columbo, quinine, strychnine, hydrastine, iron, myrrh, etc. If more attention were given to this plan of treatment, and less to the use of the artificial digestives, the interests of patients would be better conserved.

M. Allan Starr has a lecture on "Epilepsy of organic origin, and motor aphasia." The lecture is of value as giving some additional proof, if such were needed, of the correctness of the theory of critical localization, notwithstanding Eugene Dupuy, of Paris, and a few others to the contrary.

B. Sach's lecture on "General Paresis of the Insane" is of much importance.

James Tyson has a lengthy lecture on "Diabetes mellitus."

In Alexander J. C. Skene's lecture on "Chronic Ovaritis and its treatment," we meet with the wholesome advice, from one well able to give it, not to be in too great a hurry to remove the ovaries. "I have not been satisfied to have my patients simply survive the operations; I require that they be cured." These words ought to be well weighed. It is a serious matter to induce the menopause prematurely; and thus subject the patient to a long chain of nervous troubles that are worse than the pelvic pains, for the relief of which the operation was performed. In many cases the pain returns in the stump.

Charles H. Burnett, in speaking on "Acute

Inflammation of the middle ear," recommends the use of dry heat instead of poultices.

Joseph L. Bauer has a good lecture on "Deformity after hip joint disease."

Robert Saundby has a good lecture on "Stone in the Kidney." In speaking of the prophylaxis and treatment of these cases, it should be noted that he advises the use of alkalies. His directions, however, are altogether too indefinite. The author omits the statement that it is during the fasting hours of sleep, towards morning, that uric acid is precipitated in the pelvis of the kidney. Now, no amount of alkalies, during the day, will prevent this acid wave during the night. The time, therefore, to give the alkalies is on going to bed; and for this purpose thirty to sixty grains citrate of potash in a tumblerful of water, at that hour, is the best time and mode of administration. The question is not that of giving alkalies, but giving them at the proper time.

The volume, as a whole, is good. There is much excellent wood in it; but there is also a considerable amount of waste-tissue. These lectures are delivered to students, but printed and sold for the practitioner's use.—J. F.

BOOKS AND PAMPHLETS RECEIVED.

Bulletin of New Medical Text Books. P. Blakely, Son & Co., 1012 Walnut St., Philadelphia.

Harper Hospital Bulletin. Dr. GEO. DUFFIELD, 25 Washington Ave., Detroit, Editor and Publisher.

Annual Announcement of British Columbia Medical Council, 1892. Dr. GEO. L. MILNE, Registrar and Secretary.

Register of Physicians in the State of Washington. State Board of Health, Olympia, Washington. G. S. Armstrong, M.D., Secretary.

Proceedings and Addresses at a Sanitary Convention held at Holland, Mich. Supplement to the report of the Michigan State Board of Health. Lansing: Robert Smith & Co., 1892.

On Hospital Federation for Clinical Purposes. A suggestion. By JOHN ERIC ERICHSEN, LL.D., F.R.S., F.R.C.S., Eng. and Ire., M.C.H. London: H. K. Lewis, 136 Gower St., W.C., 1892.

Notes on the Clinical Examination of the Blood and Excreta. By SIDNEY COUPLAND, M.D., F.R.C.P., Physician to the Middlesex Hospital, and Lecturer on Practical Medicine in the Medical School; Late Examiner in Medicine at the Examining Board for England. Third edition. London: H. K. Lewis, 136 Gower St., W.C.

Births, Marriages, Deaths.

BIRTH.

HARRINGTON.—On Monday, November 13th, the wife of Dr. A. Jerome Harrington, of a daughter.

MACHELL.—At 95 Bellevue avenue, Toronto, on the 7th December, the wife of Dr. Henry T. Machell, of a son.

MARRIAGE.

MACNAUGHTON—BLEZARD.—At the residence of the bride's father, Thursday morning, Nov. 10th, 1892, by Rev. S. B. Phillips, P. MacNaughton, M.D., Westwood, to Janet Helen, eldest daughter of Thos. Blezard, Esq., M.P.P., Otonabee.

DEATHS.

OLVER.—At Mimico, on November 25th, Maggie Scott, youngest daughter of Dr. J. B. Olver.

OLVER.—At Mimico, on December 8th, Wm. Henry Hall, youngest son of Dr. J. B. Olver, aged 15 years.

Miscellaneous.

ON THE DIGESTIVE FERMENT OF THE CARICA PAPAYA IN GASTRO-IN- TESTINAL DISORDERS.

BY DR. FRANK WOODBURY.

During the past year, having devoted considerable attention to the clinical applications of papoid, especially in digestive disorders, I have had the satisfaction of witnessing a number of very interesting results, to which I wish briefly to direct attention. The successful application of physiological data must be my excuse for again directing attention to a remedy which has been studied by such eminent investigators as Wurtz and Bouchet, Finckler, Rossbach, Roy and Wittmach, and one, furthermore, the physiological and therapeutical actions of which, at the present day, may be re-

garded as pretty fully established. If I have little of novelty to offer as regards the agent employed, I may at least point out very briefly some of the clinical uses and the conditions of its successful employment. If I accomplish this modest task the labour will not be in vain, since success in therapeutics depends upon the pharmaceutical preparation and mode of administration, in many instances, as much as it does upon the selection of the proper remedy.

There were two considerations that especially led me to study the clinical applications of the juice of the papaw to disorders of digestion. The first was the relatively large number, both in private practice and clinical service, of patients otherwise enjoying good health, but complaining of digestive disorders. The second was the following statement of Lauder Brunton's, which I encountered some years ago:

"In the West Indies a tough beefsteak is rendered tender by rubbing it with the juice of a fresh papaw fruit, which contains a ferment, having an action very much like the trypsin of the pancreas."

The line of argument that would naturally be followed by the mind after receiving such a statement would be this: "A tender beefsteak is more easily masticated and digested than a tough one; consequently an agent possessing the power of making this change must be of considerable value as an aid to digestion when weakened from any cause."

Before considering the therapeutics of this unique remedy, however, I may briefly summarize its physiological actions and other properties.

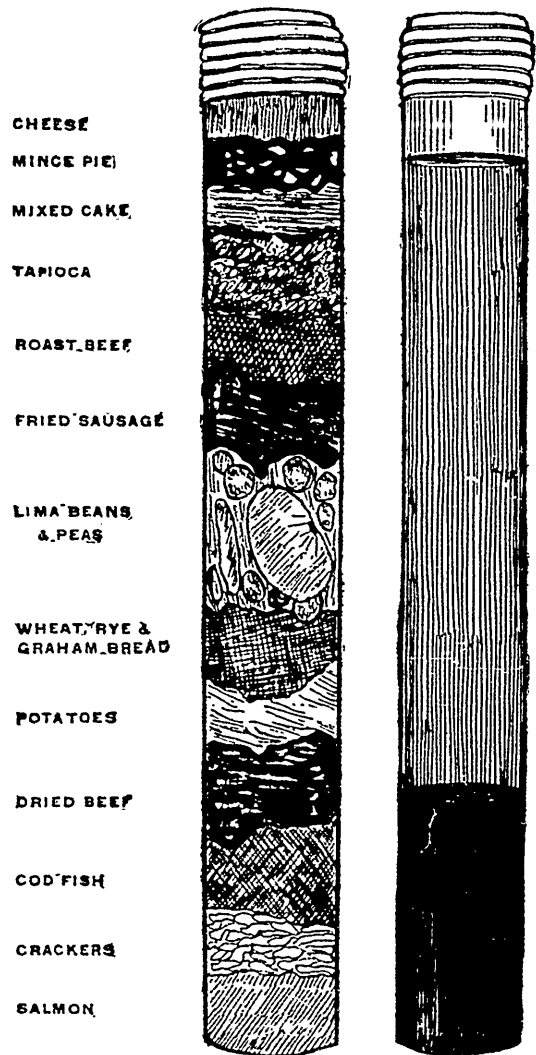
Papoid is a fine, cream-white powder, almost devoid of odour and taste, freely soluble in both water and glycerine, and claimed to be of uniform digestive activity. The physiological actions of papoid as a digestive agent have been thoroughly established. It acts upon albuminoids, hydrating them and converting them ultimately into peptones, as fully demonstrated by George Herschell. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. Moreover, Herschell declares that it has a direct tonic action on the stomach, stimulating the secretion of gastric juice or pepsinogen. Papoid, according to the same authority, is distinctly

antiseptic in its action, and prevents abnormal fermentative processes from taking place in the stomach and intestines. An important point is, that it can be given in conjunction with true antiseptics, such as salol, when necessary, without its digestive action being checked; even corrosive sublimate in diluted solutions does not interfere with its digestive powers. It acts at all temperatures, but attains its maximum activity at a temperature of about 130°F. In several important points it differs from pepsin. Papoid acts best in an alkaline solution, but also can work in fluids with an acid or neutral reaction; pepsin requires an acid solution. Papoid is freely soluble and is most active when in concentrated form; pepsin requires free dilution. Herschell also points out the greater digestive power possessed by papoid than either pepsin or pancreatine, and states that "it can be used when pepsin is contra-indicated or powerless." Finally, it should be stated that papoid has no action upon living tissues, and is positively innocuous when swallowed in any quantity that is likely to be administered.

Therapeutically, confining these remarks strictly to digestive disorders, papoid is useful when digestion has been overtaxed, or when the secretion of gastric juice is absent or deficient. Experiments of my own and others have satisfied my mind of the remarkable digestive activity of papoid. For instance, in one of the experiments referred to, portions of the constituents of a hearty dinner of bread, meat, potatoes, peas, mince pie, and other substantial were placed in a large test-tube and treated with papoid and bicarbonate of sodium and a small amount of water. The result was very satisfactory indeed; the meat rapidly softened and the other ingredients gradually disintegrated, forming a pultaceous mass which finally separated into a grumous sediment and an overlying albuminous, dark-coloured liquid.

Since papoid acts in alkaline solutions even better than in acid media, it is evident that it is specially useful where there is indigestion due to deficient secretion of gastric juice or of hydrochloric acid (achlorhydria). In such cases, the administration of an alkaline solution of papoid favours gastric digestion both directly and indirectly—first, by digesting albuminates and softening masses of food; and, secondly, by the

action of the papoid in stimulating the secretion of the pepsin gland, while the alkali induces the secretion of a more acid gastric juice. Moreover, it retards the fermentation of the undigested masses of food in the stomach and prepares them for intestinal digestion. In fact, in such cases a



ILLUSTRATING ARTICLE BY PROF. WOODBURY ON
PAPOID.

compressed pill of papoid, bicarbonate of sodium, and extract of nux vomica has given me excellent results. In the contrary case, where there is an excess of hydrochloric acid, and where the stomach contents poured into the duodenum are so acid

that they prevent the action of the trypsin, papoid prevents duodenal indigestion by taking the place of the pancreatic ferment. As Herschell points out, it is obviously of no use to give pancreatine by the mouth, as it is at once destroyed by the action of the stomach, and it is practically impossible to administer sufficient alkali to neutralize the excess of acid, and it would, moreover, be unwise, because it would stimulate still further the secretion of the acid. Papoid is of the greatest use here, because its activity is not materially affected by contact with acid.

In gastralgia, which often accompanies the condition just named, papoid, with bicarbonate of sodium, gives immediate relief. On account of its well-marked sedative action, it is also useful in irritable stomach, nausea, and vomiting. In seasickness, I have not had an opportunity as yet of using it, but I would anticipate decided relief from its administration. In gastric catarrh and the catarrhal conditions of the intestinal tract, popularly known as biliousness, papoid administered in hot water fifteen minutes before meals, or upon rising in the morning, cleanses off the mucus and places the mucous coat of the digestive organs in a good condition for secretion. Constipation, especially in children, is often caused by imperfect digestion. In infants, for instance, the fecal masses consist largely of caseine. Here, a digestive agent is the rational remedy to administer, and, in fact, I have used papoid with good results in just such cases, even in very young infants. On account of its sedative action, it is very efficient for the relief of colic in infants, as well as persistent vomiting. Its antiseptic action and its ability to digest in the presence of antiseptic agents makes it useful in the treatment of irritative diarrhoea in young children, to whom it may be given in combination with salol or salicylate of bismuth. In aepsia of young children, or in that form of deficiency of the gastric juice in adults due to atrophy of the gastric follicles as the result of chronic catarrhal processes, the glycerin solution of papoid (1 to 20), is especially effective. It is permanent and retains its activity for a long time, whereas watery solutions should be freshly made or they will not keep their digestive power. (This may possibly be explained on the ground that in the presence of water, papoid, being an albuminoid

body, partly undergoes hydration and digests itself.) Furthermore, as already stated, watery solutions of papoid, like other albuminous fluids, are apt to become attacked by bacteria and undergo decomposition after standing for several days.

The uses of papoid in treating disorders of the digestive organs may be summarized somewhat as follows :

1. In actual or relative deficiency of the gastric juice, or its constituents.
 - (a) Diminished secretion of gastric juice as a whole. Aepsia. Anæmia and deficient blood supply. Wasting diseases.
 - (b) Diminished proportion of pepsin. Atonic dyspepsia. Atrophy of gastric tubules.
 - (c) Diminution of hydrochloric acid. Achlorhydria. Carcinoma.
 - (d) Relative deficiency of gastric juice. Over-feeding.
2. In gastric catarrh.
 - (a) Where there is a tenacious mucus to be removed, thus enabling the food to come in contact with the mucous membrane.
 - (b) Where there is impaired digestion.
3. In excessive secretion of acid.
 - (a) To prevent duodenal dyspepsia.
4. In gastralgia, irritable stomach, nausea or vomiting.
5. In intestinal disorders.
 - (a) In constipation due to indigestion.
 - (b) In diarrhoea, as a sedative.
 - (c) In intestinal worms. (This claim the writer has not personally verified, but as the intestinal mucus which shields the worms is removed by papoid, it is easily understood that their removal would naturally result after its administration.)
6. In infectious disorders of the intestinal tract.
 - (a) Where there is abnormal fermentation; by its antiseptic action, which may be heightened by combination.
 - (b) Where there are foreign substances present, its detergent effect may be utilized in cleaning out the debris from the intestinal contents by digestion.
7. In infantile indigestion; here papoid not only readily peptonizes cow's milk, but the result-

ing curds are also soft and flocculent, resembling those of breast milk.

The dose of papoid, ordinarily, is one or two grains, but five grains or more may be used, the only objection being that of useless expense and waste except where very prompt effects are desired, in which case even larger doses of the remedy may be administered. In case of obstruction of the œsophagus by an impacted piece of meat and gristle—such as has been recently reported—a paste of papoid and water with some soda would produce softening in a very few minutes.—*New York Medical Journal*, July 30th, 1892.

THE DUTIES OF THE PRACTITIONER OF MEDICINE.—There is no calling, not even that of the priest, which demands more imperatively a high standard of duty, a pure code of honour, and a stern sense of moral obligation. We are trusted as no other men are, by the force of circumstances as well as by the relations of mutual confidence which grow up between patient and medical man. Enormous power for good or evil falls into our hands, on our discretion depends frequently the happiness and welfare of families. These are matters to be borne in mind from the moment when you devote yourselves to the practice of medicine. A loose student career, habits of indulgence in alcoholic stimulants, excessive smoking, late hours of going to bed and getting up, are no fit preparation for the upright, self-denying, self-contained life you will be called upon to lead if you are to be worthy members of the profession.

I am thankful to say that medical men, as a rule, rise to the height of their responsibilities and that examples are rare of breach of trust or violation of confidence. The late Canon Liddon, speaking of the sobering influence of the duties which attend the exercise of the medical profession, said that a grace as of ordination appeared to fall on its members after they were qualified and entered upon practice.

Once numbered in the ranks of the profession, you are under special obligations to every other member of it. Besides your duties to the community as good citizens, besides your sacred relations with the patients who place themselves and their families under your care, you owe particular respect, consideration, and regard to all your

professional brethren. It is not without reason that we adopt the French term "*confrères*" and call each other "brother practitioners." We are bound up together, and if our individual interests clash—as they will sometimes—we must give each other credit for good motives, and be ourselves actuated by good feeling, and see that the republic of medicine suffers no injury at our hands.—*Dr. Broadbent in British Medical Journal*.

HEREDITARY TRANSMISSION OF MUTILATIONS.—Upon the subject of hereditary transmission of mutilations, some interesting observations have recently been recorded by Dr. C. G. Lockwood, of New York. He says: "I selected a pair of white mice on account of their rapid breeding. I bred them in and in for ninety-six generations, as they breed every thirty days, and when they are thirty days old they are able to reproduce themselves. I destroyed all sickly and defective ones by breeding only the fittest. I bred all disease out of them and had a pure-blooded animal, larger and finer in every way than the original pair. In breeding their tails off, I selected a pair and put them in a cage by themselves, and when they had young I took the young and clipped their tails off. When old enough to breed I selected a pair from the young and bred them together; and when they had young I clipped their tails. I continued this breeding in an, clipping each generation and selecting a pair of the last young each time, in seven generations. Some of the young came without tails, until I got a perfect breed of tailless mice. I then took one with a tail and one without a tail, and bred them together, and by changing the sex each time—a male without a tail, a female with a tail, and next a female without a tail, and a male with a tail—I was finally rewarded with all-tail mice." So far as they go, these experiments appear to be conclusive of the hereditary transmission of mutilations, but more evidence is greatly needed upon the subject.—*Medical Press*.

THE BEST CODE.—The bulk of the profession is feeling more and more every day that the best code is one that can be expressed in the fewest clauses, and that the individual or community is best governed which is governed the least, and that the unwritten law which governs gentlemen is all that is necessary for any educated gentleman in any calling.—*Charlotte (N.C.) Medical Journal*.

THE ELEVENTH INTERNATIONAL CONGRESS will meet in Rome, Italy, from September 24th to October 1st, 1893. By an official letter, dated August 22nd, 1892, and signed by Professor Guido Baccelli, President, and Professor E. Maragliano, Secretary-General, Dr. A. Jacobi, of New York, has been directed to form an American sub-committee. Its membership is not yet complete, but on it are already found, beside that of the Chairman, the names of Drs. William Osler, of Baltimore; S. C. Busey, of Washington; N. S. Davis, of Chicago; Charles A. L. Reed, of Cincinnati; William Pepper, of Philadelphia; F. Peyre Porcher, of Charleston; James Stewart, of Montreal; and Alexander J. C. Skene, of Brooklyn, N. Y. In the interest of facilitating the trip to Italy and reducing the expense, arrangements will be made with the steamship companies. According to a communication from the Central Committee—contained in a letter of the Secretary-General's, dated September 24th—the North German Lloyd proposes to reduce the fare to Genoa by twenty per cent., and that of the return trip by ten per cent. It is expected that still more favourable

terms will be secured.—*Buffalo Medical and Surgical Journal.*

A VOICE FROM THE ARCTIC.—Dr. F. A. Cook, who was with Lieutenant Peary on his famous North Greenland expedition, and which resulted in the closest approach to the pole yet attained, writes the following letter to the Antikamnia Chemical Co., which will be of interest as showing how an approved product becomes far-reaching in its work :

NEW YORK CITY, N. Y.,
338 W. 55th St., Nov. 2, 1892.

GENTLEMEN,—The Antikamnia which you sent for use in the North Greenland expedition, I used with gratifying results.

For Rheumatism, Neuralgic pains, as well as the pains which accompany the Grippe, it has no equal. Yours respectfully,

F. A. COOK, M.D.,
Surgeon and Ethnologist of the North
Greenland Expedition.

[From Notes on New Pharm. Prod., Nov., 1892.]

[OVER-

When you prescribe an Emulsion of Cod Liver Oil you should prescribe the best.

SEVEN REASONS WHY

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Meets all the requirements of a perfect Emulsion.

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Sample of Slocum's Oxygenized Emulsion delivered free to any Physician in Canada with our Fever Temperature Charts.

A NOVEL LOVE POTION.—The coloured race furnish some very peculiar ideas on the subject of love potions and powders, but the following is one that is entirely new to us. A dark-coloured damsel mixed some of her menstrual blood with the coffee of the coloured gentleman she wished to influence. The explanation she gave for so doing was that it would keep him true and excited. We can readily see how the latter effect might be produced were he cognizant of the nature of the material taken.—*Lancet-Clinic.*

THE CANTHARIDIN TREATMENT OF TUBERCULOSIS.—F. Coccia gives the following as the conclusions at which he has arrived after a trial of Liebreich's treatment of tuberculosis (by cantharidinate of potassium): (1) The injections are very painful, and the method is therefore difficult of application in the case of patients who have to attend to their employment; (2) doses of 0.0001 g. are not dangerous in the case of any kind of patient; (3) doses of 0.0002 g. are sufficiently dangerous to be contra-indicated in cases of advanced phthisis; (4) the injections, when frequently repeated during a long period of time, cause physical prostration and serious mental depression; (5) in the last stage of the disease the treatment is absolutely inadmissible; (6) in incipient cases the injections may be used with the view of modifying the bronchial mucous membrane and the expectoration, and relieving cough; (7) the night sweating and the general state may be favourably influenced by the treatment in the early stage; (8) the injections have no effect on the fever, and hæmoptysis seems to be made more frequent by them; (9) neither the pulmonary lesions nor the bacilli are in any way modified by the treatment; (10) tuberculous ulcers in the larynx are not affected except that in the very early stage they show a slight tendency to become cleaner.—*The British Medical Journal.*

THE IMPORTANCE OF THE SALIVA upon the digestive act has been generally underrated, because physicians usually think that its action is brief, being the time employed in mastication, and that said action terminates upon its entering the stomach. The fact that Morse's Diastase acts as promptly when exhibited one hour after the ingestion of

food as during mastication, proves conclusively that ptyalin is *not* destroyed by the gastric juice, and probably not even held in abeyance during its passage with the food through the alimentary tract, and it is now possible to estimate the importance of the digestive enzymes by experiment with Morse's Diastase, a definite and measurable diastatic agent, *not* an artificial product due to the interaction of the principal constituents of malt, and which do not represent its molecular arrangement. Morse's Diastase is the only preparation of malt which presents these constituents in their normal condition, and, therefore, properly a therapeutic agent deriving its value from germinated grain.

The ordinary syrupy extracts of malt are commonly concentrated in an open pan at a temperature of 212°F. The result is to destroy the diastase which is rendered inactive by any heat over 180°F, imparting a burnt taste and producing a syrupy extract, composed almost entirely of maltose, the substance formed by the action of the ptyalin of the saliva on starch. Now, what is wanted is the *ptyalin* in a *normal* state, and *not* the product of the completed action of the ptyalin on the starch, as is usually dispensed in ordinary malt extracts. Realizing the value of the diastase of malt ever since the introduction of maltopepsyn, in 1880, a preparation containing the precipitated extract of diastase (*dry*) and pepsine, Mr. Hazen Morse, of International Bridge, Ontario, formerly of Toronto, has endeavoured to perfect the process of concentrating malt four times more reduced than the syrupy extracts, and yet to make an extract of the density of an ordinary fluid extract, doing away with the syrup or maltose, and presenting the ptyalin in its most active and normal condition. The value of Morse's Diastase is far ahead of the ordinary malt extracts, which have met with such general favour that it is unnecessary to bring forward the many testimonials from high authorities regarding the value of malt in therapeutics.

Believing this new candidate for favour to be ahead of anything he has before presented, Mr. Morse earnestly solicits correspondence with co-workers, and is ready and anxious to furnish any reasonable quantity free to all physicians desiring to make a thorough test. Address, Hazen Morse, International Bridge, Ontario.