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ORIGINAL ARTICLES.

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INFLUENCE OF THE MIND UPON THE BODY.*

BY DR. BAYARD, ST. JOHN, N.B.

GENTLEMEN,—Having been requested, and having *promised* to deliver the address on Medicine before the present meeting of the Canadian Medical Association, I am reminded of the story of a trapper in the far west, who, when relating his adventure with a beaver, declared that he had chased the animal so hard that he ran up a tree. When told that beavers did not run up trees, he scratched his head, thought a little, and made answer that he guessed the beaver had got to do it that time. Now, having promised, I am very much in the position of that beaver—I have to get up that tree. Should I climb ungracefully or "stumble by the way," I hope due allowance will be made for one who is not much accustomed to tree climbing.

I have chosen for my subject, "The influence of the mind upon the body," not with the view of placing before you anything new, but in the hope of reminding you of "a power for good and for evil," which, I think, does not receive at the hands of the profession that consideration which it deserves. I am supported in this statement by Sir B. W. Richardson, who says, "It is remarkable how very little the question of the origin of physical diseases from mental shock or influence has been studied."

In commencing this inquiry, I need only to remind you that the foundation of the "nervous system" occupies and fills the skull and the spinal canal, namely, the cerebrum, the cerebellum, the medulla oblongata and the spinal cord. The cerebrum and the cerebellum are divided into two hemispheres, and proceeding from them for about an inch in length we have the medulla oblongata, and from it the spinal cord.

*Address on Medicine, read at meeting of Canadian Medical Association, St. John, N.B.

Each portion is made up of two kinds of nervous matter, one distinctly white, the other distinctly gray. In the brain the gray is all on the outside, the white matter being enclosed within it, while in the spinal cord the gray is in the centre, and the white outside. All are enclosed in three membranes—the dura mater, the pia mater, and the arachnoid.

In relation to the nerves, some go directly from the brain, the nerves of special sense, to the eye, the ear and the nose. Those which issue from the spinal cord pass off from it in pairs, on each side of the cord—thirty-one pairs, each having two origins, one from the back segment, the other from the front segment of the cord, and dividing into two roots at their start, but soon uniting into common or compound nerves, and with the others from the brain, not destined to go to the organs of sense, are distributed to the fleshy parts, accompanying, ramifying with, and controlling the vascular system.

The cerebro-spinal is one nervous system. There is a second one—the ganglienic —a double chain of nervous matter passing from the brain through the neck and along the front of the spinal column, the masses of which in each chain are twenty-eight in number, the largest the size of an almond. Springing from these central masses, a set of nerves pass off in four directions, many communicating with the nerves of the cerebro-spinal system. In addition to this chain of ganglia, there are other ganglia and plexuses of sympathetic nerves connected with the heart and all the vital organs; and one great ganglia, the "semilunar," receiving branches from the cerebro-spinal system, and which sends off radiating branches to the stomach, liver, diaphragm, kidneys and intestines.

Whenever an external vibrating impression is made on a part of the great terminal surface—as a picture to the eye, a sound to the ear or a friction to the skin—the vibration is conveyed directly away to the communicating centre, telling it, as it were, what has occurred. Or we shall see some indication of will made in a centre, and conveyed from thence to the nervous termination, bidding it to set in motion muscular fibre, and creating for a time motion of body and limb.

All kinds of motor connections from the centre pass through the front columns of the spinal cord, while all counter impressions from the extremities of the nerves to the commanding centres pass through the posterior columns of the spinal cord.

Thus in the cerebro-spinal system we notice the connections between will and the actions of will; the mode by which the special impressions of the outer world are impressed upon the inner man to inspire him while he lives with the life of the outer world, and the mode by which he responds to or reflects back those inspirations.

Should the great centres of the cerebro-spinal system be injured, they cannot receive external impressions, deliver commands in response, or reflect back what they have received, in due time or order.

By a sudden blow or mental impulse of surprise or emotion, the centres of this second nervous system, being for a moment overpowered, the blush of red blood on the cheeks and over the surface of the body will declare that the control over the vessels has been checked as far as the termination of the nervous fibre, while the glands that may be involved in the same shock, and for the same reason, left uncontrolled, will weep and pour out their secretions in copious streams. Should the shock be so extreme as to communicate a vibration from the centres, the nervous fibres will be irritated so decidedly as to close the arterial terminals, and shut off the blood stream in the vital arena. Then sudden and deathlike pallor will seize the surface of the

body; the brain cells, unsupplied, will fail to yield consciousness; a load of blood cast on the struggling heart, the first organ to be robbed by the shock of its arterial blood supply, will sink in its beat, and all the powers prostrate, there will be primary death, syncope or faint.

Pursuing this subject further, we have the "sensory system," specially adapted for bringing the nervous organization into communication with the external world, as exhibited by the "organs of sight," for condensing and focusing light, for receiving a picture on a nervous screen, and for conveying that picture to the brain; the "organs of hearing," for collecting atmospheric waves which cause sound, for receiving the impressions so collected on a nervous expanse, and for transmitting those impressions to the brain; the "organs of smell," a nervous surface for receiving the impulses which odorous particles impart to the nervous sense; the "organ of touch" at the tips of the fingers, a small nervous body containing a little gray matter and surmounting a filament of a nerve for receiving the special impressions conveyed by the delicate pressure of an external object; and lastly, we have the "organ of taste," a nervous expanse in a portion of the tongue and palate for the reception of impressions conveyed by foods, drinks or other substances which may enter the mouth.

Anatomy teaches that in every instance the design is carried out on the same principle, though differing in detail. There is in all instances a collecting part of the organs for bringing together the vibrations that have to be absorbed; a receiving nervous surface for taking up the impressions; a special nerve originating in the nervous receiving surface and going to the brain, for conveying the impression; and a receiving part within the brain itself, by which the impression is finally brought into the physical domain of thought and consciousness.

When we reflect upon this wonderful mechanism of which I have given you a very superficial glance, we can readily understand the influence the mind can exercise over the functions of the body. And our experience teaches us that the effect of an emotion varies with the impression or shock producing it. There are divergent theories regarding the seat of the emotions. Without discussing that point, I shall use the word as expressing the result of impressions upon the brain.

An emotion may, and often does, act upon all the sensations, upon the voluntary and the involuntary muscles, and upon the organic functions.

It would lead me into a discussion beyond the scope of this paper, were I to enumerate the many and various disorders that may and do originate in emotion. It is sufficient to say that it does not directly cause pain, but it often arrests it; that its influence upon the voluntary muscles is seen in joy, fear, grief, anger, etc.; and upon the involuntary muscles by its action upon the heart, the circulation, the skin, the uterus, the bladder and the urethra. It may, and often does, excite, modify, or suspend the organic functions, causing changes in nutrition, secretion andexcretion.

"Pain" is believed to be the result of stimuli applied to the sensory nerves, and its varieties are as manifold as its degrees, depending upon the nerve supply to the part and the excitability of the individual. No satisfactory account has yet been given as to the molecular changes accompanying it, consequently its essence cannot be defined.

Emotional excitement often prevents the perception of pain and occasionally banishes it. Persons have been wounded in battle without being aware of injury until the excitement of contest was over. The severest injuries have been inflicted upon lunatics without their exhibiting the slightest expression of pain.

As an illustration, I may mention the fact of an insane woman who deliberately held her hand in a pot of boiling soft soap, destroying it so as to require its removal. She laughed, sang and talked nonsense during the operation. I need not say that this was prior to the days of anæsthetics. In another instance, when removing the eye of a lunatic he did not exhibit the slightest expression of pain. In these cases the mental pre-occupation must have been such as to prevent the sensory nerves from conveying the impression to the brain.

Many years ago I experienced the effect of the mind upon pain when driving from Sussex on a bright, moonlight night. I was suffering from an attack of lumbago, the pain was so severe that I was compelled to walk my horse. While doing so, three men approached me demanding money. I declined to give any, and having a heavy hunting whip with a brass hammer on its end, I wound the lash round my hand and started my horse. One of the men seized the rein; his act brought him within reach of my whip. I struck him, he fell, and I thought I had killed him. From that moment the pain left me; the man did not die, nor did the pain return.

Most of us are familiar with the effect of mind upon pain when approaching the dentist's chair.

The action of the heart may be increased, become irregular in its beat, or be suspended, under emotional influence or excitement. Weber showed that by irritating the vagus nerve the action of the heart was suddenly arrested; when the irritation was suspended the action became normal. Hunter used to say, "My life is at the mercy of any scoundrel who chooses to put me in a passion." Singularly enough, he died from that cause. It is claimed that a change in the constituents of the blood has been caused by emotional excitement creating an increase in the number of the white globules and a deficiency in the number of the red corpuscles and their hæmoglobin, thereby preventing the oxygenation of the tissues.

Very shortly after I commenced practice I had an unpleasant experience of emotional syncope. A medical friend asked me to assist him in amputating a leg. The moment he saw the blood flow he fell in a faint on the floor, knife in hand. There was no person in the room with us but a very intelligent young woman, and no time to seek assistance. I desired her to do exactly as I told her and all would go well; a better assistant I never had. But when all was over, *she* fell on the floor in a faint. Here her will power supported her; when the responsibility was over, her heart failed her.

We are all familiar with the effect of an emotion upon the "stomach," suspending appetite, causing vomiting, etc.; upon the "skin," causing blush, pallor, perspiration, etc.; upon the "kidneys," causing change in the constituents of the urine, dropsy, diabetes, etc.; upon the "uterus," causing abortion, suppression of the catamenia, etc.; upon the "mammary secretion," an example of which came under my observation. A young mother of a child three months old had a brutal husband. Each time she nursed her infant after the abuse, the child had an epileptic fit. This occurred four times. When the child was removed from her for twenty-four hours after the row, the trouble ceased. Fear or fright has checked the secretion.

It is claimed that gout, chorea, artheroma, angina pectoris, Graves disease, cancer, pernicious anæmia, alopecia, etc., have been caused by emotional excitement.

While the observance of sanitary laws and the improvements in medicine and surgery have lessened the general mortality and prolonged the span of individual life, still we find a large increase of nervous diseases. General paralysis is more common,

and is met with at an earlier age, brain workers furnishing thirty-eight per cent. Professor T. R. Glynn informs us that insanity appears to be on the increase in Europe and America. Dr. Quain reports that diseases of the heart are largely on the increase From Dr. Farr's reports we learn that suicide and morbid conditions of the brain are increasing at a uniform rate; and our consulting room teaches us that *neurasthenia*, with its army of troubles, is daily presented for our consideration.

Is this not largely caused by the age of excitement and hurry in which we live? The horse may be taken as the symbol of former days, the locomotive that of the present. Everywhere there is energy, haste, competition and worry, compulsory education. sensational novels and newspapers. Speculation and unrest represent the business of the day. All rush for the fortune looming in the distance, few achieving it and many disappointed. The middle-aged man of the present day has seen more, done more, and suffered greater vicissitudes than the old man of a former generation. Hence the senses are kept in a state of constant tension. Add to these circumstances the abuse of tea, coffee, tobacco and alcohol, we have ample cause for nervous exhaustion.

We all like the stimulating cup of tea or coffee with the morning paper. Professor Glynn informs us that the tea and the paper appeared in company, for in the *Mercurius Politicus* for September 30th, 1638, there appeared the following advertisement: "An excellent Chinese drink, which is recommended by all physicians, and which is called in China, 'tscha,' by other people, 'the or thè," is sold in London at the Sultan's Head, near the Exchange." Physicians do recommend tea at this day, but *not* as it is too often used—at all times in the day, and upon an empty stomach.

Tobacco acts upon the spinal and sympathetic nervous system, producing a variety of effects injurious to health. The abuse of alcoholic drinks carries with it so many evils that to name them will require more space than my paper or your time will afford.

Another evil of the present day is found in the migration from country to town. Labourers in every field seeking higher wages and social enjoyment, enter the towns, often to engage in a fiercer struggle for existence. The depressing effect of failure, together with the injurious hygienic conditions of town life, predispose them to organic diseases of the nervous system. Dr. Glynn says that in London such afflictions are five times more frequent than in all England. Tubercular disease of the lungs is twenty-three per cent. more frequent, and tubercular meningitis is sixty-four per cent. more common. The same rule holds regarding town and country life the world over.

Our educational system is largely responsible for the nervous exhaustion so prevalent in the present day. It is characterized by the same rush, competition and mental strain that accompany the work of older heads in this high-pressure age.

The child commences at an age when the "Kindergarten" is the proper place for him. The school hours are too long, and in the more advanced young, the number and the character of the subjects they are required to study imposes a tax upon the immature brain that, if continued, must sooner or later lead to exhaustion of both body and mind. Herbert Spencer declares, "When we examine the merciless school drill to which many children are subjected, the wonder is not that it does great injury, but that they can bear it at all."

To have a healthy brain, you must have a healthy body; draw upon either too heavily, and nature, always conservative, will certainly balance the account. When the mind is exercised, the blood supply to the brain is increased, the vessels become more or less distended; continue the distention, and like a piece of India rubber

constantly stretched, they lose their elasticity, and hyperæmia of the brain with its train of evils is the result.

The secret of a thorough education lies in the uniform development of all the powers. One should not be developed at the expense of others. Anatomy and physiology teach us that the brains of children under seven or eight years of age are imperfectly developed. As a rule, they learn from observation and memory, not from understanding. Their bodies and minds require frequent change, consequently they cannot perform long and continued tasks without injury. It has been justly said that a task or lesson of fifteen minutes' duration is long enough for a child between the ages of five and seven years, and twenty minutes for those between seven and ten years.

Daily experience and observation teach us the injurious effects of long-continued and excessive mental strain upon fully developed brains. If such injury is produced, and I think few will dispute it, then how much more injurious must be the effect upon brains, the anatomical structure of which is in no way fitted for the work.

The rule in schools requiring or exacting *all* to accomplish a certain amount of work, regardless of the mental or physical ability to perform it, is *highly wrong*. Indeed, it is cruel to require a feeble and ill-nourished brain to compete with a healthy one. And while a system of rank and rewards, based upon the possession of an arbitrary standard of acquirements, may be desirable as having a stimulating influence upon boys, I think it highly injurious for girls. The eagerness for success, the apprehension of failure, and the dread of disgrace in them, are so much more acute than in boys that they are more easily injured by appeals to these emotions. Well may she sing the song of the school, the last verse of which reads as follows:

Learn, learn, learn,
No time for romp or play;
And what is the gain? a lot of marks
And a public prize, they say.
In the oak-roofed hall, with its polished floor,
A noble lord in the chair,
When on its walls my shadow falls,
'Twill be scarcely visible there.

Let me again quote Herbert Spencer, who says that "physical degeneracy is a consequence of excessive study; how grave is the condemnation to be passed upon this cramming system. It is a terrible mistake from whatever point of view regarded. It is a mistake in so far as the acquirement of knowledge is concerned, for it is notorious that the mind, like the body, cannot assimilate beyond a certain rate, and if you ply it with facts faster than it can assimilate them, they are very soon rejected again; they do not become permanently built into the intellectual fabric, but fall out of the recollection after passing the examination for which they were got up."

Again, I think the health of the teachers, who are largely composed of females, is an element for consideration. It is well known that a large proportion of them fall from a condition of health and energy into invalidism, accompanied by all the symptoms of nervous exhaustion and too often followed by tuberculosis. Many causes aid in producing this condition—impure air in school-rooms, teaching by day, studying by night, the "weary, worrying and wearing duty of going over hundreds of grading sheets," etc., haunted by fear of failure and loss of employment, with the knowledge that they are too often judged, not by their work, but by the verbal memory of the pupil.

From a health standpoint, the half-time system, such as is adopted in some parts of England, is worthy of consideration. It consists in sending the children to school for three hours each day, and employing them at other pursuits, such as learning different trades for the rest of the working hours, six in all. "It has been found generally that children so employed make as good progress in study as those who attend school for six hours each day."

Sir Crichton Brown states that "the results of over-pressure in schools may be altogether unnoticed, but may induceso unstable a condition of the nervous system that some trivial ailment may lead to the genesis of so terrible a disease as dementia.

A perfectly healthy man should not be conscious of mental fatigue. He should sleep well and rise in the morning invigorated. Not so with the "neurasthenic." At the end of his day's toil or care he is tired, depressed, dyspeptic, and deficient in energy. When he goes to bed his mind dwells upon his cares. After sleep, which is disturbed by dreams, he wakens, dejected, unrefreshed and filled with dark forebodings. This trouble does not end here, for he transmits it by consanguinity. Levillain says that "if one parent is neurasthenic the affection may be lost or attenuated in the descendants. If both parents are neurasthenic, or one neurasthenic and the other hysterical, and if the series of alliances between neurotic subjects is continued, the gravest nervous disorders are developed and the family comes to an end in utter mental and physical degeneracy and dies out." Herbert Spencer declares that "on old and young the pressure of modern life puts increasing strain," and that "the parents bequeath their damaged constitutions to their children."

If it is true that the mind exercises a powerful influence upon the body in health and in disease; if it is true that the "mental strain," consequent upon the railroad pace at which we are all moving, is the cause of the large increase of nervous diseases which too often result in physical and mental exhaustion, disease of the heart, insanity, suicide, etc.; and if it is true that our "educational system" tends to produce mental and physical disease in the rising generation, particularly in those who are to be the mothers of our future race; I say if these are facts, and I think few who have studied the subject will dispute them, then my subject is a national one, and as custodians of the public health, is it not our duty to study it, and if possible, to point out a remedy?

Our task, I confess, will be a hard one. We cannot eradicate the unceasing wish for better things. If we tell a man that he must not exhaust his brain to amass a fortune, he will not obey us, declaring that he must work to keep up his corner in the social circle. If we tell him that his brain requires as much rest as the muscles of his arm or his leg, that if he draws too heavily upon either, nature will rebel, he will make answer that the competition is so great he cannot afford to rest. If we tell him that the "nervous exhaustion" under which his daughter is laboring has been caused by excessive mental work at school, that the lateral curvature of her spine is consequence of the sad neglect of that muscular exercise which nature demands, coupled with long, continued and careless sitting posture when studying, and that the myopic state of her eyes is the result of overwork of these organs, in a stooping position and in bad light, he will probably make answer that Smith's or Brown's daughters were at the same school and they were not so affected. Ask him if her mother was nervous or near-sighted? It is likely he will answer, troubled a little with both. You will naturally exclaim, what can we do under such circumstances? All I can say is, to persevere, peg away at his brain; place before him illustrations of the mischief that is being done, and like the work of the sanitarian, good will be the ultimate result.

I wish it to be understood that I do not oppose education; it is one of the blessings of the age. A healthy exercise of the mind is beneficial; it is necessary for the well-being of the individual. But I do not wish to see the body sacrificed to the mind as is too often done in females. Mammas who wish to make their daughters attractive should be advised by Herbert Spencer, who says, "Men care comparatively little for erudition in women, but very much for beauty, good nature and sound sense. How many conquests does the blue stocking make through her knowledge of history? What man ever fell in love with a woman because she understood Italian? But rosy cheeks and laughing eyes are great attractions. A finely-rounded figure draws admiring glances. The livelihood and good humour that overflowing health produces go a great way towards establishing attachments."

In the able work of Dr. D. Hack Tuke we find many illustrations of the effect of the mind upon the body in health and in disease. These, coupled with our own observations and those of Drs. Dale and Robertson, should carry conviction to our minds that such power exists. Then the question for our consideration is, how can this knowledge be practically applied for therapeutic purposes?

It is true that we are daily, often unconsciously, calling to our aid *psycho-therapeutics*. When we gain and retain the confidence of our patient, he sends for us with the expectation or hope of relief, a powerful aid to any remedy we may employ. Many of us must have observed the beneficial effect upon the patient of the consultant's advice, who, without change of treatment, has created hope of recovery and confidence in the medical attendant.

The system of "suggestion," as practised by Professor Bernheim, of Nancy, and which he does not wish to be associated with hypnotism, has produced in his hands some remarkable results. "He asks his patients to prepare to go to sleep, and in a persuasive yet confident tone he suggests the symptoms of sleep. In a few minutes the majority of patients get into a somnolent state, not so deep as ordinary sleep, in which they answer questions, but appear to have less will power and independence than in the waking state. When in this state, Professor Bernheim asserts, with some persistence if need be, that the pain or other affection has gone, and almost invariably the patient accepts the suggestion, and awakens free from all symptoms." By this "psycho-therapeutic" means he claims to have cured very many diseases. Most of us have recognized the effect of suggestion upon the action of the bowels.

The "will" of the individual possesses an influence; it is asserted that it has prevented impending hydrophobia after the bite of a rabid animal, hysteria, etc.

Undoubted recoveries have taken place under the use of Perkins' metallic tractors, hypnotism, mesmerism, homœopathy, religious relics, music, etc. But these results may be referred to the influence upon the mind. And while we must acknowledge this influence, we need not ignore the power of nature, for no one will deny that recoveries have taken place in cases where neither art nor the mind could have exercised an influence. Very many of the recoveries under the use of nostrums, so unblushingly vaunted in the present day, should be attributed to the influence upon the mind and the power of nature.

Now, gentlemen, I shall weary you if I do not close this paper, already longer than I intended. The subject covers so much ground that I have found difficulty in condensing it, nor do I pretend to have exhausted it. Should anything that has fallen from me increase your interest in it, I shall feel that I have done some good.

Aug. 22nd, 1894.

CASE OF SEPTICÆMIA FOLLOWING INDUCED ABORTION.*

By A. B. Atherton, M.D., Toronto,
Surgeon to St. John's Hospital for Women.

March 16th.—M. A., act. 24.—Single, usually enjoys good health. As a rule catamenia regular, ceased two months ago. When the menses did not appear at the usual time she became alarmed, and, suspecting pregnancy, procured some powders from a physician to bring them on. These not producing the desired effect, she says she obtained a gum elastic catheter from a female friend, and passed it into vagina and probably uterus. This was repeated once or twice till it caused considerable pain, and was followed by a flow of blood, which began about two weeks ago and has continued freely ever since, being at times accompanied with large clots. Has been growing weak from loss of blood, and for a day or two has felt quite ill. This led her friends to send for me, even though she objected. During the six hours preceding my visit she had two slight chills. On examination, I found the vagina filled with clots and free blood, the whole smelling badly. Pulse 108, temperature 102°F. I at once gave a whiff or two of chloroform, and, after clearing out vagina, applied equal parts of carbolic acid and glycerine to the interior of uterus through the patulous os several times. Then I scraped out the produce of pregnancy with curette and fingers; afterwards, further applications of carbolic acid and glycerine were made. A vaginal douche of one in a hundred of carbolic acid and hot water ordered to be given every six hours; also, 3 grs. of quinine to be taken every four hours.

March 25.—Since last report, nine days ago, patient has had half a dozen chills or more, some of them lasting only a few minutes, others a half hour, always followed by profuse sweating. They occurred at irregular intervals, sometimes twice within twenty-four hours, and at others they were absent for forty-eight hours. She sweats a good deal also every night during sleep, necessitating a change of clothing. Complains of no pain. Intra-uterine douches of a mixture of one in a hundred of Izal were given for a few days while the discharge was offensive, but now the carbolic vaginal douches are alone used, the discharge having become much less in quantity and very slightly fœtid. The pulse has ranged from 100 to 120, and the temperature from 101° to 103°. The latter varies from day to day. She takes fluid nourishment well, getting 2 or 3 quarts of milk per day, with one or two raw eggs and 4 to 6 ounces of whiskey. Bowels have been moved every two or three days with enemata.

April 10.—Very little or no discharge for last two weeks. Douches have, therefore, been omitted for several days. The chills have been growing less frequent and less severe of late. The sweats have also been less profuse. The pulse runs from 120 to 140; the temperature from 100° to 104°. The bowels became loose a week ago, and from six to twelve movements have occurred every twenty-four hours since then. They are kept somewhat in check by an occasional enema of laudanum, which seems to answer that purpose fairly well. Nine grains of quinine are taken per day; more than that causes deafness. Never complains of pain. Feels a little headache at times, and a little uncomfortable just before bowels move. No tenderness nor swelling about uterus. Is able to sit up a little every day while bed is made, and seems to enjoy it. Takes nourishment and stimulants as before.

*Read before the Toronto Medical Society.

April 13.—Was seized yesterday morning with severe pain in right thorax and shoulder. Relieved by mustard poultices. Not much pain to day. Respiratory murmur less distinct on right side, and it moves less on respiration than the left. Some dulness also on percussing right lower lung. Very little cough. Pulse 140, temperature, 100°. The temperature continues to vary considerably from day to day. Bowels keep loose. Has about forty drops of laudanum per rectum every night to quiet them and aid in procuring sleep.

April 16.—No chills for a week. Sweats less profusely at night also. About half a dozen loose stools per day. Some pain still on right side at times. Moderate dulness and deficiency of respiration also persist there. Pulse 140, temperature 100°.

April 18.—Seems rather better to-day. Sits up every day for a little while, and lies on couch a part of the day. Pulse 128, temperature 102°.

April 21.—Doing well. Pulse 112, temperature 98.8°. Sweats a little yet when asleep. Bowels move only three or four times a day. The laudanum enema to be omitted if they act no oftener than at present. Complains a little of pain in right chest still, especially when she turns in bed. Physical signs about the same. A few friction sounds heard of late.

April 24.—Has had some pain in left chest for a day or two. Some friction sounds heard there, but little or no dulness on percussion. Pulse 130, temperature 101°.

April 26.—Walked downstairs to-day without asking anyone's leave. I found her on lower flat when I made my visit. She looked very pale and much emaciated, but said she felt much better, and thought she had gained every way of late. Pulse 104, temperature normal. Bowels move only twice a day. Appetite good. Chest symptoms remain much the same. Ordered cit. of iron and quinine in place of the quinine.

April 29.—Ate a piece of rhubarb pie, a slice of cold ham and some lettuce last evening, and was awakened by a severe pain in bowels. After these moved, she felt easier. Pain, however, returned to some extent this morning, and was accompanied by a slight chill. Pulse 128, temperature 101°. To have light diet, and stay in bed or on couch. Change back to quinine again.

April 30.—Had some pain in left shoulder and scapula last night. All gone now. Bowels better. Another slight chill this morning, but no sweat after it. Feet and legs considerably swollen for last week. No albumen in urine. Pulse 120, temperature 100°.

May 1.—Pulse 108, temperature 99°.

May 3.—Pulse 104, temperature 99°. Coughs a little of late; some mucus raised. May return to iron and quinine.

May 5.—Has been moving about for a day or two again, and had a chilly feeling once yesterday. Also continues to cough, and has some pain in left shoulder. Pulse 124, temperature 101°. To keep quiet in bed.

May 7.—Rather more cough. Some coarse râles in chest. Œdema of legs continues; also some natural in face. Pulse 140, temperature 104°. Again resume quinine in place of iron mixture.

May 9.—Cough somewhat better. Bowels regular. Pulse 104, temperature 99°.

May 14.—Doing well. Has sat up for a day or two. Anasarca less. Pulse 100, temperature normal. Has been taking iron mixture for a day or two.

May 18.—Downstairs again. It is difficult to restrain patient from doing too much. Pulse 110, temperature 99°. Feels and looks better. Some friction sounds on both sides.

May 24.—When I called to-day found patient had gone out to visit a neighbour a short distance from her home. The day was very fine and warm.

July 3.—Sister reports that patient has been out at work as a clerk for a week or two.

July 13.—Called at my office. Feels well, and has gained a good deal of flesh. Is still pale, however, and catamenia have not yet come on. Cough all gone. Ordered Tinct. Ferri chl.

REMARKS.

Under just what head we ought to classify the above case of blood-poisoning I leave others to decide. There seems to be considerable confusion still, notwithstanding all our advance in bacteriology, in making a satisfactory classification of septic diseases. The long continuance of the rigors and sweats, together with the diarrhœa and pleuritic complications, point to a pretty serious poisoning of the system; and one would have expected that we would have had the formation of some pus depôt in the body during the course of the trouble, but in this we were agreeably disappointed. No doubt septic poisoning had begun before I first saw the patient, and no treatment could at once arrest its progress. The Izal used for the intra-uterine injections seemed particularly appropriate in such a case as this, because of its alleged non-poisonous qualities, as well as because it is a non-irritant to the tissues. In the one per cent. solution used, it produced little or no complaint of smarting; and, as a half per cent. solution is supposed to be equal in antiseptic power to a one-in-twenty solution of carbolic acid, it will be readily seen that it ought in that strength to effectually act as a disinfectant.

LENGTHENED SITTINGS IN LITHOLAPAXY.*

BY J. FRANCIS TEED, M.D., DORCHESTER, N.B.

Up to the time of Professor Bigelow, the teaching was that in lithotrity the sittings should occupy but a few minutes. When, however, that distinguished surgeon gave litholapaxy to the profession, a much longer sitting was allowable, as much as three hours being cited. In the following case, which, with the kindness of Dr. E. B. Chandler, I am able to report, a much longer time was taken, indicating that in suitable cases prolonged careful, intravesical manipulations do not apparently cause any great subsequent distress or trouble.

The patient, I. S., aged 31, a man of fine physique and strong robust constitution, had, for about three months before he came under medical observation, the usual symptoms indicative of stone, and on examination, a vesical calculus, measuring about one and a half inches across, was found. He was operated upon under ether, January 25th, 1889, for stone, having been kept from work ten days preparatory to the operation. This operation lasted three hours. It was believed by us at that time that another calculus was imbedded in the vesical wall, which fact was fully demonstrated on February 10th, when the stone was enucleated by digital work in the rectum concurrently with the use of a sound in the bladder. On February 12th, two days later, litholapaxy was again performed under ether, and a stone was

*Read at meeting of Canadian Medical Association, St. John, N.B., August 22nd, 1894.

crushed, so large as to just go within the grasp of the lithotrite, and so hard as to require to be broken by tapping on the handle of the unlocked male blade, and even then the larger fragments had to be cracked in the same way, and finally crushed in the usual manner, the operation lasting six and a half hours.

The first operation was well borne by the patient, no marked febrile movement nor vesical tenesmus resulting, which facts decided us in favour of litholapaxy as against that of lithotomy for the second operation. From the latter operation the patient rallied quickly, though as he came from under the influence of ether there was some feeling of chilliness, which the application of heat quickly dispelled. He passed a good night, and here, too, but slight rise of temperature resulted from such prolonged intravesical manipulations. At no time was it above 101 2-10°, and then but a few days, making rapid recovery, and has been well ever since.

Drs. Chandler, Sayre and Teed were present at both operations.

A CASE OF REFRACTURE OF FEMUR.

By J. A. Ivey, M.D., Cobourg.

Luther C., æt. seven years, lives some seven miles in country. While at school in December last, and while sliding down hill on a board with several other boys, he was thrown off and sustained a greenstick fracture of left femur about an inch above external tuberosity. The little fellow was taken home and placed in bed, where he remained about two weeks. The parents did not dream that the boy had sustained a fracture, because he could walk on the injured limb, though with considerable pain. Accordingly a physician was not called in. After some two weeks rest in bed, the patient began to move about, when it was noticed that the injured leg was bent considerably outwards, and the boy walked with great effort. Some three weeks after this, and five weeks after the accident, he was brought to my office, and, on examination, I found from a half to three-fourths of an inch shortening on the left side and considerable bowing of the left leg. There was sufficient bowing to account for the shortening of the leg. A moderate amount of callus was also evident just above the external condyle.

I advised refracturing the femur. Dr. O'Gorman concurred in this opinion, and assisted me in the operation as well as throughout the progress of the case.

January 17th, the patient was anæsthetized, and an incision about one inch long was made down to the bone on its outer aspect, and at lower part of middle third, a blunt-edged instrument inserted, and two or three smart raps from a mallet was all that was required. The wound was dressed antiseptically and healed by first intention. The limb was placed in four short coaptation splints and a long side splint, extension being kept up by the "weight and pulley," the weight being five and a half pounds.

The patient made an uninterrupted recovery, the limb is perfectly straight and perfect in length, and five months after the operation the patient is able to walk any distance without the slightest impediment or hitch in his gait.

Reports of Societies.

THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS.*

The annual meeting of this association was held in the Medical Council Building, Toronto, September 19th, 20th, and 21st.

The chair at the opening was occupied by Dr. Hurlburt (St. Louis), Dr. Potter (Buffalo) acting as Secretary. On behalf of the profession of Toronto, Dr. J. H. Thorburn welcomed the visitors.

The Incision in Abdominal Operations, by Dr. J. H. Garstens, was the first paper read. He said that the cause of hernias following such operations was because of the wrong method of closing up the wound. He was opposed to the *en masse* suture, and his paper was an advocacy of the suture by layers—first the peritonæum, then the aponeurosis of the oblique muscles, and it was important to get these edges approximated, then the fat; and lastly, the remaining tissues by means of a buried suture. He dwelt on the importance of making a clean, quick incision so as to do as little harm to the tissues as possible. After the suturing was completed, he would cleanse the wound, and then seal with collodion and leave alone. The patient, as a rule, could get up on the eleventh day, walk on the twelfth, and be out of the surgeon's hands by the fifteenth. He would use the *en masse* suture, however, in closing the incision after tubercular peritonitis, and for a ligature the silk-worm gut. This was because the animal suture was in danger of becoming infected.

Dr. W. G. Macdonald (Albany) said that in cases of appendicitis, where there was abscess formation, he would not use the tier method of suture. In his experience this operation and its treatment by drainage was the one mode often followed by hernia. In Albany they used the through-and-through suture. He had not had the success he desired with the animal suture, and he had found also the buried silk-worm gut somewhat unsatisfactory. Another objection he found to Dr. Garstens' method was the length of time it took to introduce the different rows. It was of great importance that these operations should be completed speedily.

Dr. Cushing (Boston) gave a short history of the tier suture, and the buried animal ligature. He had used it, but had given it up. This was because, first, in spite of every precaution the greater number of the cases did not heal well where the buried suture had been used. The reason was that the running suture used constricts and strangulates the tissues by cutting off the circulation. Another objection to the tier method was the extra number of punctures for sutures that the tier method involved. As little injury should be done to the tissues as possible. He sometimes employed the layer of sutures, as, for instance, where the patient was a fat woman, and it was desirable to approximate the fasciæ together to strengthen the abdominal wall; but he would use the interrupted cat-gut suture. He thought we could not dispense with the *en masse* suture.

Dr. Frederick (Buffalo) did not like the buried silk-worm gut suture because the sharp ends prick the patient and cause pain. Then, too, they were often followed by suppuration, and they were difficult to remove. Such sutures were as unabsorbable as wire. He thought the best results would be got from the use of three or four fine sterilized cat-gut sutures to coapt the edges of the fasciæ.

Dr. Longyear said that one use of the

*We are indebted to Dr. J. N. E. Brown for the report of this meeting.

animal suture was to prevent what the last speaker found—suppuration—but strict asepsis must be employed. By using the *en masse* suture, there was danger of introducing micro-organisms from the skin, and the same danger on their removal. It took six weeks for the fasciæ to become firmly united. The kangaroo tendon would hold it till this time. But the *en masse* suture, removed in ten days, would leave the fasciæ not strong enough to stand the strain. He had used the cat-gut, but had found that it was absorbed too soon, and often produced abscesses. It was more difficult to sterilize than the kangaroo tendon.

Dr. Maclean (Detroit) considered that it did not matter so much what method was used, so long as the operation was done under thoroughly aseptic precautions.

Dr. Tappy favoured the tier method; he had been sometimes disappointed in the kangaroo tendon. Latterly he had boiled it in alcohol, and afterwards in bichloride solution. In its manipulation it was much easier than cat-gut. There was no danger of the knot slipping. It was not the irritant that the silk-worm gut was.

Dr. Garstens, in closing the discussion, said that by the tier method we had the only means of securing direct and perfect approximation of the corresponding tissues. The *en masse* suture was uncertain. A correct approximation could not be expected, especially where the abdominal wall was three or four inches thick. In cases of suppuration, where he had to use the drainage tube, he would not use the buried suture, but the *en masse*.

Perineal Operations was the subject of the next paper by Dr. J. Price (Philadelphia). It was to be noted that the perinæum ruptured in well-defined lines. They must be repaired in the lines in which they occur. Those in the vagina were directed from within, out, and from above, downward; the skin operation, therefore, would be non-scientific. The stitching should commence at the upper end of the tier. Operation was to be done immediately where the condition of the patient would be able to stand it. Silk-worm gut was the most desirable form of suture. As little tissue should be included as possible, so as to avoid strangulation. When the sphincter ani was involved, the ends of the muscle should be brought together. Emmet's method as a procedure in secondary operations stood pre-eminent. The technique was very simple.

Dr. Cushing advocated, where there was a tear at labour, sewing up before the delivery of the placenta. In that way no time would be lost.

Dr. Heyd (Buffalo) said that there was no operation practised that brought about the same results as Emmet's. It was the only operation that picked up the deep fascia and thoroughly restored the perinæum. In a tear after labour if the operation could not be done at once, the wound would heal equally well even eight hours afterward. He thought it would be wise to wait this length of time in order to secure assistance to do a first-class operation if the sphincter ani were involved.

Dr. Cordier (Kansas City) condemned the use of multiple operations for the relief of symptoms which would be relieved by an Emmet's operation. It had done its work better than any other operation.

Dr. Garstens advocated the repair of the cervix and perinæum immediately after labour where it was necessary. If left later he would advise stitching up the cervix, leaving the sutures in for five or six weeks; then sew the perinæum, and after the wound was healed he would take the sutures from the cervix. He advocated the same method of closure in the perineal wound as in the abdominal wound. If done with the buried suture the patient

escaped pain, which was present if the other methods were employed. Asepsis was necessary to a successful operation.

Dr. Potter said he was glad this subject had been revived. Latterly it had not been noticed on account of the special importance that abdominal section had been demanding. He believed obstetricians had been neglectful of the immediate repair of the perinæum. It was necessary that it should be properly done, done in a thoroughly surgical manner. If care were taken in preserving the perinæum, the abdominal surgeon would lose a good deal of his work.

Dr. Glasgow (St. Louis) called attention to the fact that if the perinæum were immediately attended to after labour, in the majority of cases the second operation would not be required.

Dr. Davis (Birmingham, Ala.) agreed with Dr. Cushing that the stitches might be put in before the placenta was delivered. The operation of Emmet, Tait and Martin practically accomplished the same thing. Few men used the buried stitch successfully. He was glad that it had been brought out that pelvic troubles could often be prevented by repair of the lacerated cervix and perinæum.

Dr. Hoffman pointed out that in handling such cases it was necessary that the medical man should have the perfect confidence of the friends. One man in the discussion had spoken of the curette; but to say that every uterus that was lacerated needed curetting was ridiculous. If there was a show of sepsis, it was then time enough to curette. The cervical tears would shrink wonderfully. One half as long as the finger in five hours would not be over one-half an inch long, and in two weeks would hardly be noticed at all. Where there was persistent hæmorrhage after delivery, it was often necessary to clean out and sew the cervix up.

Dr. A. B. Miller (Syracuse) believed the best name for this operation was, "restoration of the pelvic floor." Emmet's operation restored the deep fascia, and in that way a body was got that would support the uterus. Tait's did not do this and did not give good lasting results. It looked very nice in a clinic. In many cases where it was found necessary to restore the perineal body, the condition was seen not to have necessarily followed the parturient act. There might have been no tear in the mucous membrane, but loss of the perineal body through pressure and atrophy.

Dr. Price, in closing, said there were too many women suffering from neglected plastic work; medical men were responsible for it. The pelvic floor should be restored in all cases of laceration where the perineal body was injured. There was no operation that gave such pleasant results. The symptoms were often most distressing—the sensation of everything coming down, of defecation through the vagina, etc. The buried suture was not so common now as it was a few years ago; Emmet himself had changed his method of operating. The scar tissue must be sacrificed. He (the speaker) had seen three women die from malignant disease which had generated from scar tissue. He did not agree with Dr. Cushing about doing the recent operation before the placenta was expelled. There was danger of injuring the wound in the delivery of the placenta. It might introduce dirt. He spoke of the added value of the silver-wire suture—it acted as a splint. He considered operations done twelve or fifteen hours after labour as secondary operations, and that they would not be as successful as those done earlier. The three or four sutures necessary could be introduced in a very few minutes.

Care of the Pregnant Woman was the title of a paper read by Dr. W. B. Dewees (Salina, Kansas), who said it was unnatural for women to suffer as they do during pregnancy and parturition. In

the lower classes, girls were neglected, and in the higher classes they suffered from luxurious indolence. It was necessary that there should be a revival of obstetrical learning, particularly as to the etiology of the difficulties of labour. The advanced study of human biology was the key. Improper posture and dress, excessive sensual indulgence were some of the leading causes of trouble. He believed in a wholesome forbearance from coitus during the period of gestation, and for three months following parturition. More attention ought to be paid to girls about the age of puberty. He advocated pelvimetry. Examination of the urine was absolutely necessary. Too early and too late marriages were deleterious to woman. It was necessary that the parturient woman should observe regular hours, take plain nutritious food and drink. Exercise in the open air and massage, if exercise could not be taken, were recommended. The bowels and skin should be kept acting freely. Puerperal fever, or parturial sepsis, as it would be better called, might be prevented by aseptic precautions at delivery.

Dr. Garstens, in discussing the paper, said that if sexual intercourse were interdicted, as the reader had suggested, it would give the abdominal surgeon much to do in the way of taking out pus tubes. He dwelt on the necessity of strict asepsis in midwifery cases.

Dr. Hoffman considered pelvimetry in practice impracticable. The patients would not submit to it. It would do little good anyway. It was merely a relative thing, for as much depended on the size of the child's head as upon that of the pelvis.

Appendicitis. Dr. Peck (Youngstown) read a paper on appendicitis. It consisted of reports of several cases.

Dr. W. G. Macdonald followed with a paper on the same subject. He maintained that for all practical purposes all inflammatory processes in the right iliac region arose from the vermiform appendix; that the appendix is situated intra-peritoneally; that idiopathic peritonitis does not occur. From the pathological condition and clinical history he would classify: (1) Acute, perforating, fulminating appendicitis with general peritonitis; (2) acute, suppurating appendicitis, with local peritonitis and abscess; (3) sub acute peritonitis. Perforation occurred much earlier than was generally supposed. Prognosis in acute appendicitis was always grave. Operations undertaken when perforation was imminent were very likely to be followed by fatal results, by extension of the inflammation. The removal of the appendix w to be undertaken with great care when it lay in the wall of the abscess cavity. The third group did not require operation during the first attack.

Pus in the Pelvis. This paper was then read by Dr. Hoffman who made special reference to appendicitis. Pus in the pelvis, apart from peritonitis and appendicitis, was rare. Discovery of a swelling near the uterus was usually a sign of tubal disease. Sometimes the ovaries, tubes and uterus were all fixed. In some cases diagnosis was very difficult.

Dr. Morris (New York) said that this disease was an infective, exudative inflammation of the appendix. There was no natural elaborate classification of the disease. Men seldom made mistakes in its diagnosis. He had been misled in one case of tuberculosis and one case of carcinomatous disease. He had examined the contents of the appendix in many cases; foreign bodies were not often present, such as seeds, etc. More frequently he had found little calculi consisting of calcium phosphate and fat, and a little fecal matter. In two cases he had found that the fat amounted to five per cent. of the specimen. It was difficult to account for this proportion of fat. He thought it might have been due to a

retrograde metamorphosis of the lymphoid cells. As to the question of dealing with cases where there was suppuration and adhesions, the procedure should be determined by each operator, who knows his own methods and the results following his technique. For himself, his plan was to separate all adhesions in almost every case of appendicitis upon which he operated. He followed the same plan in searching for every collection of pus; he did it in attempting to straighten loops of bowel; but he considered it would be unsafe to teach this.

Dr. Price said he did not think we could brush aside the foreign body as not being an element in the causation of this disease. He argued that surgeons with pelvic experience of tubal and ovarian disease—gynecicsurgeons—would always have better results in these cases than other men. No operation for puriform disease was complete until all bowel adhesions were broken up.

Dr. Cordier said he differed from the two preceding speakers in regard to the breaking up of the adhesions. There was a great difference between pus found in this locality and pus found in the pelvis. There was a difference in the malignity of the bacilli coli communis and that of the gonococcus. He believed if the adhesions about the appendix were disturbed, there would surely be a greater mortality than if they were left alone. His plan was to make an incision, drain and treat as he would an abscess in other localities; and he had satisfactory results. More attention should be paid to colic; he believed it to be appendiceal trouble often. In the pelvis he would agree that the adhesions should be broken down and the diseased structures removed. The same plan in appendicitis would scatter the pus, so that it could not all be removed again.

Dr. Murphy (Chicago) said this battle of appendicitis had been tested all along the line. It was agreed that cases got well without operation, and also with operation. What cases should be operated on, and what cases should be left without operation? There was no credit due to him who made a record on the recurring variety. The kind they wanted to make a record on was the one in which the patient's life was in jeopardy in the greatest degree — the acute, suppurative variety. The question was, what was to be done, and when was it to be done? What happened in the first attack of appendicitis? Symptoms from invasion with infection of the mucous membrane, or from perforation, or from obliteration. The outcome of these three conditions would be all the pathological conditions found in the abdominal cavity. In the early stage the disease was circumscribed, frequently limited to the cavity of the appendix, a few hours later to the peritonæum. What would be done if pus were forming anywhere else? Let out. When should it be done? "Now — not to morrow; to-day, now!!" If the patient had a sudden attack of pain in the abdomen, followed by nausea and vomiting, with increasing tenderness over the seat of the appendix, it was time to operate. There were few conditions in the abdomen resembling that. Some say they would operate on such and such cases. There was no living man who could make a differential diagnosis of the pathological condition that exists in the abdomen in appendicitis. As to pus, there was a great difference; some varieties were as harmless as water, and others so poisonous that a few drops would kill a dog in a few hours if injected into the peritoneal cavity. If on opening an abdomen the intestines were found to be blistered, it was an indication that the patient would die, and that very soon.

Dr. Garstens said there were cases

where he did not see the need of breaking up the adhesions. He believed in opening the abscess where it had formed, and draining. It was impossible to say what were the mild and what were the severe cases. He was in favour of immediate operation.

Dr. Davis was in favour of treating the acute, fulminating variety just as he would a gun-shot wound of the abdomen—by operating at once. In the hands of the majority of physicians the plan of breaking down the adhesions would be disastrous. If the appendix could not be found by gentle manipulation, it had better be left alone.

Dr. Reed drew attention to the fact that McBurney's point should not be relied on as a means of diagnosis.

Dr. Ross said if the fulminating, gangrenous form had reached the second stage, he thought it best to use tentative measures. If operated upon then the patient was sure to die. But when the patient had reached the third stage, in which the pus was walled off, then the abscess should be opened. He believed in the immediate operation ; but often the surgeon did not see the case early enough.

Dr. Hurlburt said that catarrhal trouble would produce strictures in the appendix as it would in other small mucous passages. *Post mortem* he had noted marked thickening of the circular fibres, and evidences beyond this of the circulation having been interfered with. Beyond the stricture could be seen collections of fluid, which would account for the colic.

Dr. Hartrig said he leaned to the conservative method of treatment, as the greatest proportion of cases recovered without operation.

Dr. Maclean said that to do full justice to the cases he would advise early operation; but in many cases the friends objected. It took a good deal of moral courage to advocate operation in every case. He had known of cases where the friends refused to have the operation performed, discharged the surgeons who advocated the measure, and invited in, in one case, a homœopath, under whose care the patient recovered. This was one of the difficulties they had to contend against.

(To be continued.)

COUNTY OF SIMCOE MEDICAL ASSOCIATION.

The eleventh regular meeting of the County of Simcoe Medical Association was held in the Council Chamber, Collingwood, on Thursday evening, Sept. 27th, the newly elected president, Dr. Howland, of Huntsville, in the chair. The following members were present: Drs. Aikman, Ardagh, Arthurs, Aylsworth, Ball, Bird, Decker, Donaldson, Hanly, Hunt, Large, Lehmann, McGee, McFaul, McLeod, McClinton, McKay, Morton, Nesbitt, Pauling, Peters, Raikes, Ross, Smith, Starr, Stephens and West.

The meeting was opened with a paper by Dr. Hunt, of New Lowell, on the diagnosis and treatment of scarlet fever, which was very fully discussed by Drs. Hanly and Stephens.

Dr. McKay, of Collingwood, presented a patient with an abdominal tumor, giving a full and exhaustive history of the case.

Dr. A. E. Ardagh, of Orillia, read a paper on meningitis in children, which was discussed by Drs. Morton, Stephens and Shaw.

Dr. Starr read a paper, illustrated by numerous photographs, on inflammation of the frontal sinus.

In the absence of Dr. Paul Gillespie, Dr. McGee, of Midland, read his paper on the treatment of pneumonia, which was discussed at considerable length by Drs. McFaul, Stephens, Raikes and Starr.

After an address by Dr. Hanly, of Waubaushene, in support of his candidature for a seat in the Medical Council, the meeting adjourned.

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DIGITALIS IN CARDIAC NON-COMPENSATION.

According to Dr. Huchard, of the Necker Hospital, Paris, who has recently presented the subject of cardiac non-compensation in an admirable clinical lecture, digitalis is the medicament par excellence in the treatmem of that condition. Strophanthus calms the heart, but does not increase its tone, and has but slight diuretic action. Sparteine is a heart tonic, but is not a diuretic. Convallaria is an unreliable diuretic. Caffeine and theobromine certainly do excite diuresis, and may sometimes act favourably on the non-compensation. Oleander, cactus grandiflorus, coronilla, and all the other succedanea which have appeared in recent times, he considers quite useless. As Sydenham once said, that without opium it would be impossible to practise medicine, so, according to Dr. Huchard, without digitalis, cardiac therapy would really not exist at all.

For those physicians who say that it causes accidents, and particularly for those who point to failures resulting from its use in their practice, he quotes the terse advice of Cappivaccio, of Cremona, a sixteenth century physician: "Learn how to prescribe remedies, and you will not be so ready to blame them for insufficient action."

Dr. Huchard admits that there is no such thing as infallibility in the action of drugs, and that digitalis sometimes produces neither a tonic nor a diuretic effect. Failure in such cases may be due to the disease, to the patient, to the preparation used, or, finally, to the physician. Failure under the first head may be due to interference with the circulation, produced by central, peripheral or visceral complications. Central interference with the circulation, an obstacle produced by cardiectasis, is relieved by a general bleeding, 200 to 300 grammes being removed, and digitalis recovers its usual power. The difficulty may be due to a peripheral obstacle, the limbs may be distended by a very resistant œdema, which does not pit on pressure. A few superficial scarifications will remove the peripheral obstacle caused by the compression exercised by the œdema on the capillaries.

If the obstacle is caused by a congested liver, a few doses of calomel, followed by wet cups over the right hypochondrium will enable the digitalis to exercise its usual effects. Of course, if it be a case of hepatic sclerosis with ascites, digitalis is impotent, as its particular râle is in the treatment of cardiac dropsies. Neither should it be used in cases of interstitial or parenchymatous nephritis, though the danger of administering it in diseases of the kidneys has been exaggerated, inasmuch as digitalis acts less on the renal epithelium than on the blood vessels in producing diuresis.

Degeneration of the myocardium is not an absolute contra-indication to the use of digitalis, for the symptoms indicating that such a condition exists in a complete and definite form, may be confounded with the symptoms of a simple cardiectasis. On the other hand, digitalis

produces its maximum effect in cardiac hypertrophy characterized by an early, extensive and deep affection of the heart muscle rather than in valvular affections, in which the change in the cardiac fibre is more superficial, more generalized and more tardy in making its appearance.

Dr. Huchard also combats the view that, because digitalis always increases arterial tension, it is absolutely contra-indicated in all cases in which this state of tension is increased by the existing disease, and he quotes Ferrand, who says on this question: "Digitalis is its own corrective; if it begins by increasing arterial tension, it soon provokes diuresis, which, like a safety valve, re-establishes an equilibrium."

As obstacles due to the patient, Dr. Huchard cites dyspepsia with coated tongue, loss of appetite and pain in the stomach, which are often accompanied with hypochlorohydria. In such cases, a timely emetic or purgative, or a hydrochloric acid mixture will often remove the difficulty.

Then, again, the œdema of the lower extremities, which has been diminished by the digitalis, may not disappear altogether. Dr. Huchard thinks that this sort of œdema of the extremities, which are often a little tender on pressure, is caused by deep varices, the result of an arterio-sclerosis, not confined to the arteries, but which extends to the veins, constituting the condition known as angio-sclerosis.

A cardiopathic patient may, after having been relieved by digitalis of œdema, hepatic congestion, tumultuous action of the heart, pulmonary hyperæmia, dilatation of the veins of the neck, scanty urine, etc., still suffer from dyspnœa. This symptom often yields to a strict milk diet, which probably shows that it results from toxines or ptomaines. Were it of mechanical origin, it would disappear simultaneously with the pulmonary congestion, which is symptomatic of non-compensation.

When digitalis fails to reduce the pulse below ninety or one hundred beats in a minute, as in cases of mitral disease, which have reached the stage of non-compensation, the medicament should be discontinued, for compensation takes place not only at the expense of the heart, which is becoming enlarged, but also by means of the heart-beats, which gain in frequency what they lose in force. In aortic insufficiency also, a moderate increase of the pulse ought not to be interfered with, because this condition offers a barrier to the prolongation of diastolic regurgitation, which is always favoured by slowing the ventricular contractions.

The failure may also be due to the form in which digitalis is used. For various reasons Dr. Huchard prefers crystallized digitaline, which is always invariable in strength, to the other more common preparations of the drug. He prescribes one milligramme at one dose, for one day only, every fifteen days. For a patient who has had several attacks due to non-compensation, he orders every two weeks, on one day only, 30 or 40 drops of a solution of digitaline 1-1000. This practice may be repeated for months, sometimes for a year. Or he modifies the medication as follows: alternately every two weeks, a dose of digitaline, and during three days, from four to six wafers of theobromine, each containing 0.50 centigr. Sometimes he uses the following:

℞ Pulv. digitalis.... }
" scammonii . } aa 1 gramme.
" scillæ ..... }

M. Divide into 20 pills.

Sig. Four or five a day for three or four days.

Finally, the physician himself is to blame for his want of success. He prescribes digitalis timidly, or perhaps over

too long a period. He is afraid of the legendary "cumulative effect," and he orders the medicament in small doses.

Dr. Huchard thinks this is a bad method, the general rule being that a medicament, which is rapidly eliminated, should be prescribed in minute doses if one wishes to impress the organism for a long time; whereas medicines, which are eliminated slowly, should, on the contrary, be prescribed in one large dose, because the very slowness with which digitaline is eliminated, proves that the organism itself takes charge of the subdivision of the doses in the system.

Then another rule is that digitalis should be given singly. Antipyrine, opium and belladonna, which retard renal action, should not be combined with digitalis, which increases it. Neither should the iodides and nitrates, which lower arterial tension, be given simultaneously with a medicament which increases that condition.

THE PROFESSION AND THE PATRONS.

Some of our *confrères* appear apprehensive that, in some way or other, the Patrons are going to work disaster to the profession. We can assure them there is not the least cause for alarm. The good sense of the House will restrain these heaven-born legislators from mischief, nor is the Council in the slightest degree imperilled by the two-page article in the *Farmer's Sun*. The Discipline Committee of the Medical Council is established and maintained quite as much, if not more, in the interests of the public than in those of the profession. This is understood, and there is no danger of the Legislature suffering the Medical Act to be mutilated in any way. The charge has been made that the Toronto oligarchy, by which we suppose is meant the schools and old Council, are at the bottom of the *Sun's* article, although the appearance of the thing just on the eve of the election, and its being mailed from the *Sun* office to every practitioner in the Province might appear to give color to the charge. We do not think the "Toronto oligarchy" had anything whatever to do with it, and we are as thoroughly persuaded that the Defence men are neither directly nor indirectly responsible for its appearance. We think it a pity that outside issues should be imported into the present contest. The Council and the Examining Board and the Medical Act are safe whatever be the result of the coming elections. All are agreed that these institutions must, at every hazard, be preserved. The real questions at issue between the old Council and Defence Association, as we understand them, are: Shall the annual fee be assessed? Shall the suspended coercive clause of the Act be restored? Shall strict economy take the place of extravagance? Shall the Council Building be sold? Ought the profession to be self-governed? We hope that the points at issue will not be complicated by any reference to the Patrons or to the *Farmer's Sun*, and that the votes will be cast as though neither Patrons nor *Farmer's Sun* had any existence. We think that appeals to the fears or to the prejudices of medical men are alike out of place, and ought to be condemned by all.

MEDICAL OUTLOOK IN ONTARIO.

The world moves and we move with it. The times change and we change in them. A new Council will soon be elected and a much changed one it will be. Many of those who sat in the last Council are not in the field for election, and of those who have offered themselves for re-election, most likely some will be defeated. No matter what may be

thought of the Defence Association, one thing remains clear that it has gained considerable strength, and now proves a potent factor in medical politics.

Then there is the medical curriculum. No doubt this will receive attention at the hands of the new Council. There is nominally, though not really, a five years' course. This ought to be made a full five years' course in the most literal sense. There should not only be five sessions, but five full years ought to be demanded of every student. The extent of knowledge in some of the important subjects could be considerably increased, both to the advantage of the student and the public.

We have several times adverted to the overcrowded condition of the medical profession. Any regulations adopted by the Council that would tend to lessen this overcrowded condition would do good. It would direct the thoughts of many a young man into more productive channels than the practice of medicine.

All this may sound a little dreary to some of the schoolmen. With this, however, we have no concern. We are dealing with facts simply as we find them. Anything that the incoming Council may do to raise the standard and lessen the numbers entering on the study of medicine, will merit favourable criticism.

Let us be honest in this whole affair. Let us tell plainly that there are many to-day practising medicine in Canada, the States and Europe, whose incomes are not as good as those of well-to-do artizans.

It is not our intention at the present moment to enter into a discussion regarding the printing contract. But in this, as in all other matters, where a body of men are doing the work of trustees, it is our opinion that the lowest tender ought to be taken, when the security can be put up and the work guaranteed.

Those candidates who will guard with most care the interests of the profession at large ought certainly to be elected. The interests of no school, journal or faction should hold sway.

THE HAMILTON CITY HOSPITAL.

This institution has had considerable trouble for some time in the selection of its staff. It is managed by a committee of the city council. A goodly number of the profession in Hamilton do not favour this plan. They think it is not permanent enough. Until recently, the staff was chosen by the profession. This often gave rise to much ill-feeling. Some think the staff should be appointed by the city council. Then, again, there has been a good deal of fighting over the privilege to attend pay patients in the hospital by others than those on the staff. This has now been conceded. On account of some of the new by-laws, there is considerable difficulty in securing physicians to fill the vacancies on the staff. Large numbers of the medical men of the city would prefer to see the management of the hospital placed in the hands of a Board of Governors. To this change, however, there seems to be strong opposition on the part of the Hospital Committee of the council. It is to be sincerely hoped that in the interests of the profession and the public, a solution of the situation may soon be found.

THE TREATMENT OF BILIARY CALCULI.—M. A. Ranglaret (*Gazette des Hospitaux*, Sept. 4, 1894) lays down the following as the main points in the medical treatment of biliary lithiasis :

1. The first is the treatment of the calculus. For this there is no drug that appears to have much influence against the calculus ; we are almost powerless.

2. The second point is the state of the hepatic secretion. There is often torpid

liver, thick bile, etc. For these conditions we employ the numerous cholagogues with advantage.

3. The third indication in treatment is the relief of the pain. Here we employ analgesics and antispasmodics.

4. The last point in the management of these cases is the attention needed for the inflammation and infection. For this employ the antiphlogistics and antiseptics, the local application of heat and counter-irritants are very useful. If the congestion is very intense, put eight or ten leeches on the right hypochondrium, and repeat them if required. For the condition of angio-cholitis, where there is infection, fever and chills, the salicylates may be employed. Benzo-naphthol is also good. But the best remedy to combat these symptoms is calomel. It must not be given in too large doses. The author recommends four to seven grains every two or three days.

LOCAL TREATMENT OF UTERINE AND VAGINAL DISEASES.—Dr. W C. Wile, of Danbury, Conn. (*New England Medical Monthly*, September, 1894), says that no class of cases gives the doctor more trouble than these female cases. He thinks that most of them are due to a desire to avoid child-bearing, corset wearing, uncleanliness, and too rapid child-bearing. He thinks that surgeons have been far too ready to operate upon this region, and the voice has gone up to call a halt. The days for pessaries are over; and so the day for the knife for every ill in the pelvis is also passing away. Much can be done for uterine and vaginal diseases by the hot douche, followed by an injection of one ounce of hydrozone and one ounce of water, allowing this to remain in the vagina for ten minutes while the patient is recumbent. Wash the vagina out with water, and then place clear to the cervix one of Micajah's medicated uterine wafers. The utmost attention should be given to the general health of the patient. General and local therapeutics will do more for these patients than all other plans of treatment, either surgical or mechanical.

THE TREATMENT OF PTERYGIA WITH THE GALVANO CAUTERY.—Dr. O. G. Hobbs, of Atlanta (*Jour. Am. Med. Assn.*, Sept. 15), recommends the use of the cautery for this condition. A fine cautery point heated by a good battery is applied to the growth near the corneal margin. If the growth extends on to the cornea, the cautery should be applied to this part also. The cicatrix left on the cornea is smaller and more transparent than after the knife or scissors. Secondary pterygia do not occur after this method of operating. If the growth is not adherent to the sclera and cornea, it is well to raise it with a pair of forceps before applying the cautery. The cautery point should be at a white heat when it touches the tissue. A 2 per cent. solution of cocaine should be applied and care taken to avoid the cornea, unless the growth extends to it. The cautery should be carried clear across the growth, and sever all the vascular tissue.

PILOCARPINE IN URTICARIA.—Dr. R. Abrams, of New York (*Med. Record*, 15th September), claims excellent results from the use of this drug in the treatment of both acute and chronic urticaria. Adults should get the drug hypodermically in doses of one-sixth to one-half a grain. Children of one year should get it by the mouth in doses of one-twentieth to one-eighth of a grain every evening at bed time. For children two or three years old the dose is one-fifteenth to one-sixth The writer claims that pilocarpine is almost a specific. By administering the drug with care and increasing the dose gradually no untoward effects need be looked for. It is a good plan to stay with the patient for twenty minutes after giving the drug. Mothers should be in-

structed to give the child a little good red wine if it feels weak.

THE TREATMENT OF SCIATICA.—Dr. Graeme M. Hammond, of New York (*Post-Graduate*, September, 1894), discusses the treatment of rheumatic sciatica or that arising from cold. In mild cases, ten or fifteen grains of phenacetine will usually afford relief; but in many cases this will not suffice. Morphia should be given under the skin, and injected deeply into the part. Enough should be given to afford complete relief, as this seems to have a special action on the course of the disease. Perfect rest in bed will cut many cases short, that might otherwise be very obstinate. The constant application of heat, as in hot rubber bags, is of the greatest value. The constant electric current is also an agent of much value in the treatment of these cases. Patients feel relief after each application.

Items, Etc.

A statue to Claude Bernard will be unveiled at Lyons on the 26th of this month.

The third International Congress of Dermatology will be held in London from July 31st to August 4th, 1895.

The statue of the late Dr. J. Marion Sims will be unveiled in New York on the 13th November. It will be placed on the north side of Bryant Square.

Prof. von Helmholtz, the eminent German physiologist, died September 8th at the age of 73. The ophthalmoscope was his invention, and was made public by him in 1851.

Dr. A. B. Atherton, of this city, operated two weeks ago on a patient aged eighteen, for perforation of the stomach, sewing up the opening. The patient made a good recovery.

We cannot agree with some of the statements made by a correspondent in our last issue, when referring to Dr. Bray, of Chatham, and his connection with the conference held between a committee of the Medical Council and the Defence Association. Dr. Bray was not a member of that conference, and was not present. We believe that Dr. Bray has been a capable and conscientious representative, and has worked faithfully to advance the interests of the profession and elevate the standard of medical education. He is not pledged, as has been asserted, to restore the penal clause of the Medical Act.

In the September number of the *Ontario Medical Journal*, Dr. F. N. G. Starr has a letter in reply to a note which appeared in the September number of the MONTHLY. If fearlessly criticising whatever we may think amiss in the affairs of the Council, the University or the profession, merits the epithet "bumptious," we will, nevertheless, cheerfully accept it. But if Dr. Starr means by the term that we are self-assertive of our attainments, or that certain bumps are large, we have no hesitation in stating that we have never had, nor do we ever intend to have, a consultation with this handsome junior member of the University Medical Faculty in order to secure a diagnosis of our mental and moral condition.

ONTARIO MEDICAL COUNCIL ELECTION. —COMPLETE LIST OF CANDIDATES.—No. 1, Dr. Bray, Chatham, and Dr. Samson, Windsor; No. 2, Dr. Williams, Ingersoll; No. 3, Dr. Roome, London; No. 4, Dr. Graham, Brussels; No. 5, Dr. Brock, Guelph, and Dr. Varden, Galt; No. 6, Drs. Henry and Smith, Orangeville; No. 7, Dr. G. Shaw, Hamilton, and Dr. Heggie, Brampton; No. 8, Dr. J. Armour, St. Catharines, and Dr. D. L. Philip, Brantford; No. 9, Dr. Law, Bee-

ton, and Dr. Hanly, Waubaushene; No. 10, Dr. Barrick, Toronto; No. 11, Dr. Machell, Toronto; No. 12, Dr. Sangster, Port Perry, and Dr. Cotton, Lambton Mills; No. 13, Dr. McLaughlin, Bowmanville; No. 14, Dr. Thornton, Consecon, and Dr. Rutton, Napanee; No. 15, Drs. Spankie and Dickson, Kingston: No. 16, Dr. Preston, Newboro', and Dr. Reddick, Winchester; No. 17, Dr. Rogers, Ottawa, and Dr. Bergin, Cornwall.

SANITARY NOTES.

The English surgeon, Victor Horsley, has recently shown that when a bullet penetrates the skull (1) respiration ceases, the primary cause of death not being syncope, but a stoppage of respiration, the heart continuing to beat; (2) surgical interference is only required to stop bleeding, the latter being, however, but a secondary cause of death.

The first and most important thing to do, is to practise, immediately, artificial respiration, or the Laborde method. This is much more useful, than removing the wounded person to the nearest pharmacy, and applying tincture of iron to the wound. Lecturers on first aid to the wounded should, in future, teach their pupils this simple and efficacious remedy.

At a meeting of the Parisian Academy of Medicine (July 31), a discussion took place, after the reading of a paper by M. Dimbo, on the proper method of slaughtering cattle. The author contended that stunned animals suffered pain, for ten or fifteen seconds, that sometimes several blows were required to produce insensibility, and that from a hygienic standpoint, as the blood of the slaughtered animal first undergoes putrefactive change, the preliminary stunning is unnecessary and injurious, because an animal whose carotids are cut, while it is in a state of complete sensibility, will bleed much more freely than if it were previously stunned.

M. Trasbot contended that at Paris the animal is stunned, with a single blow, (generally), and the subsequent bleeding is painless. If bleeding is done, immediately after stunning, it is as complete, as when it is the only method of killing. It may be increased by pressure on the body of the animal, thus causing a sort of artificial respiration.

If the Jewish method of slaughtering were the better plan for preserving meat from change, the butchers, who are best qualified to judge, would have adopted it long ago. The Jewish method is certainly more cruel than the ordinary one.

At the French Congress of Alienists and Neurologists, held August 6th, at Clermont, the following resolutions were passed:

1. That special asylums should be established for the rational treatment of drunkards.

2. That special legislation should be enacted on behalf of drunkards, who are really a social danger.

3. That alienists should be consulted about the conditions in which inebriate asylums should be erected.

The important question of establishing inebriate asylums in France will also be discussed at the next Sanitary Congress of Lyons.

At a meeting of the Paris Academy of Medicine (September 4th), Mr. L. Petit read notes of three cases of sudden death in bicyclists. Since January 1st, 1894, 32,996 permits to use the bicycle have been granted by the Parisian Prefecture of Police. Adding to these the unlicensed, the number of persons using the wheel in Paris may be placed at 100,000, and among these there are about 100 persons afflicted with heart disease. The latter are exposed to considerable danger, not only on account of the physical fatigue caused by the exercise, but

also from the excitement which it provokes. Mr. Petit concluded that heart disease and old age are contra indications to bicycling; not so Mr. H. Hallopean, who presented a report on the same subject at the next meeting (September 11). After a long discussion the Academy adopted the following conclusions:

1. A medical examination should precede the use of the bicycle.

2. The use of the bicycle does not in any way disturb the cardiac functions of a practised rider.

3. Experience alone can show what influence bicycling can have in producing sudden death in persons affected with heart disease.

4. Bicycling should be absolutely forbidden to persons affected with aortic insufficiency, or a badly compensated mitral lesion.

5. Great efforts made in learning to ride, in racing, or ascending hills ought to be considered as dangerous.

6. The Academy would receive with great favour any communications furnished by physicians on this important question. J. J. C.

Personal.

Dr. Elliott, of Brucefield, has removed to Chicago.

Dr. Warner, of Napanee, will shortly remove to this city.

Dr. C. E. Cochrane, of Omemee, has removed to Vancouver, B.C.

Dr. E. P. Gordon has removed from Bathurst Street to Queen Street East.

Dr. J. N. E. Brown has removed from Church Street to 186 King Street West.

Dr. S. G. Parker has removed from 234 Carlton Street to 539 Sherbourne Street.

Drs. A. P. Caven and R. Stevenson, of this city, have left for a short trip to England.

Dr. Sylvester, late of Galt, has located at the corner of Yonge and Wellesley Streets.

Dr. Herbert J. Hamilton has returned from Europe, where he spent two years in post-graduate work.

Dr. Bruce Smith, of Seaforth, has received an appointment to the Asylum for the Insane, Hamilton.

Dr. Gerald O'Reilly, late of Fergus, recently returned from Europe, and will probably practise in this city.

Dr. T. P. Weir has resigned from the staff of the Toronto Asylum for Insane, and commenced practice at 53 Charles Street.

Dr. H. A. Bruce has resigned his position as Surgeon to the C. P. R. steamer *Empress of India*, and will spend some years on the Continent.

Book Notices.

A Treatise on the Principles and Practice of Medicine. Designed for the use of Practitioners and Students of Medicine. By AUSTIN FLINT, M.D., LL.D., late Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College, New York. Seventh edition, thoroughly revised by FREDERICK P. HENRY, A.M., M.D., Professor of the Principles and Practice of Medicine in the Woman's Medical College of Pennsylvania, etc. Philadelphia: Lea Bros. & Co. 1894.

The issue of a new edition of Flint's classical *Treatise* on the Principles and Practice of Medicine, revised by so competent an authority as Prof. Frederick P. Henry, M.D., is an event of importance to the profession. The history of this great work is of interest in view of its representative position as the foremost American text-book and work of reference. At the date of its original issue in 1866,

the author had already enjoyed thirty years' experience as a teacher and physician, his practice covering all classes and conditions of men in civil and military life, on the frontier, in the city and in the country, in hospitals and dwellings, in the North and the South. Answering the peculiar needs of this continent, the work met with immediate and sustained success, and the rapidly following editions were enriched with the carefully recorded results of a practice probably unparalleled in extent and variety. Gifted with extraordinary powers of clinical observation and with great literary aptitude, Flint was especially fitted to describe disease in a series of literary pictures which will never lose their value since time does not impair the accuracy of a delineation true to life. In the new edition Professor Henry has omitted general sections on pathology in conformity with the present custom of relegating that subject to special works. Space has thus been gained for the necessary enlargement of the paragraphs upon treatment, which have been enriched to represent the great recent advances in therapeutics. The editor has likewise contributed new articles on twenty distinct diseases. It is hazarding little to prophesy that this classic, in its new issue, will easily maintain its honored place and preserve the fame of its author, and we know of no reason why this work, so carefully raised, should not again take its place as a leading text-book on practice of medicine in our medical schools.

A System of Genito-Urinary Diseases—Syphilology and Dermatology. By various authors. Edited by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Genito-Urinary Diseases in the University of the City of New York, etc., etc. With illustrations. In three volumes. Vol. III., Dermatology. New York: D. Appleton & Co. 1894.

The third volume of this system is in keeping with the two which preceded it. It is impossible in a brief review notice to describe or criticize this magnificent work, which stands alone as a monument of great excellency. It is in reality a series of valuable monographs from the pens of the most distinguished dermatologists on this continent. It is well illustrated with cuts and half-tone plates. The photographs in colours and chromolithographs are of exceptional accuracy. Dr. Louis Heitzmann contributes the chapter on the anatomy and physiology of the skin. Dr. W. A. Hardaway deals with etiology and diagnosis; Dr. Prince A. Morrow with classification; Dr. J. E. Graham with the exanthemata. The following well-known writers, specially selected on account of their knowledge of particular subjects, have also added from their fund of learning: Drs. P. W. Allen, H. W. Blanc, J. T. Bowen, E. B. Bronson, W. T. Corlett, J. Dyer, G. T. Elliott, J. Fordyce, G. H. Fox, M. B. Hartzell, C. F. Herzmann, J. N. Hyde, G. T. Jackson, F. Léviseur, R. Matas, H. Piffard, S. Politzer, Andrew R. Robinson, Francis J. Shepherd, H. Stelwagon, E. J. Stout, A. van Harlingen and J. Zeisler.

This three-volume system is entitled to unstinted praise for its scientific, literary and practical worth. May it meet with the financial support from the profession which it so richly merits.

A System of Legal Medicine. By ALLAN MCLANE HAMILTON, M.D., and LAWRENCE GODKIN, Esq. With the Collaboration of a number of Distinguished Physicians and Lawyers. In two volumes. Vol. I., royal octavo, pp. 656. Illustrated. New York: E. B. Treat. 1894. Price, per volume: Cloth, $5.50; sheep, $6.50. Sold by subscription only.

Beyond question this is the very best systematic treatise ever written upon legal medicine. The work has been done by both physicians and lawyers, and we have here an original embodiment of the most

advanced knowledge of the subject. The chapter on "Medico-Legal Inspection and Post-mortem Examinations," was written by A. F. Bristow, M.D; "Death in its Medico-Legal Aspects," by Francis A. Harris, M.D.; "Blood and Other Stains," by Prof. Jas. F. Babcock; "Identity of the Living," by Allan McLane Hamilton, M.D.; "Homicide and Wounds," by Lewis Balch, M.D.; "Poisoning by Inorganic Substances," by Chas. E. Pellew, M.D.; "Poisoning by Alkaloids and Organic Substances," by Walter S. Haines, M.D.; "The Toxicological Importance of Ptomaines and other Putrefactive Products," by Victor C. Vaughan, M.D.; "Accident Insurance," by Mr. C. F. Bishop; "The Obligation of the Insured and Insurer," by Mr. R. C McMurtrie; and "Indecent Assault upon Children," by W. T. Gibb, M.D. This work cannot be too highly commended.

Attfield's Chemistry. Fourteenth edition. Chemistry, General, Medical and Pharmaceutical; including the Chemistry of the U. S. Pharmacopœia. A Manual of the General Principles of the Science, and their Application to Medicine and Pharmacy. By JOHN ATTFIELD, M.A., Ph.D., F.I.C., F.C.S., F.R.S., etc., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. Specially revised by the author for America, to accord with the new U. S. Pharmacopœia. In one handsome royal 12mo volume of 794 pages, with 88 illustrations. Cloth, $2.75; leather, $3 25. Philadelphia: Lea Brothers & Co. 1894.

The introductory pages are devoted to a few leading properties of the elements, and the chemistry of substances met with in vegetables and animals or of similar substances (organic chemistry) is next considered. Chemical toxicology, and the chemical, as well as microscopical characters of morbid urine, urinary sediments and calculi are then given. The concluding sections form a laboratory guide to beginners in the chemical and physical study of quantitive analysis. A long table of tests for impurities in medicinal preparations will be found in the appendix. We know of no better work as a text-book, and its popularity as such is likely to be permanent.

A TREATISE ON DIPHTHERIA. By Dr. H. BOURGES. Translated by E. P. HURD, M.D. Detroit, Mich.: George S. Davis. 1894.

This is one of the "Physician's Leisure Library" Series. This is certainly a very neat little volume. The author is a well-known writer on questions of pathology and bacteriology. What he has to say upon so important a disease as diphtheria will, therefore, be listened to with attention. The translator has added a lengthy, valuable preface. The volume is full of useful information, and there are many formulæ throughout it. These will be of much service to anyone who may consult its pages. We can recommend this work to anyone wishing a careful monograph on the above subject.

Essentials of the Diseases of the Ear. Arranged in the form of questions and answers, prepared especially for students of medicine and post-graduate students. By E. B. GLEASON, M.D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia, etc. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. Price $1.00.

This little work gives in careful form the rudimentary facts of otology, and the author has contented himself with stating the treatment which, in his personal experience, he has proved most efficacious in the majority of cases. The book will supplement the lectures received by under-graduates in the branch.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.
Correspondents are requested to be as brief as possible.

MEDICAL COUNCIL ELECTIONS.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—On the eve of the most important election to medical men ever held in Ontario, I desire to ask my fellow-practitioners a few pertinent questions:

Only two parties in the contest—the Profession and the Schools.

1. Do you understand and appreciate the fact that there are in this contest only two parties—the profession and the schools? Wherever in these elections a Defence candidate is opposed either by a member of the old Council or by a so-called independent man, whatever may be the professions or protestations of the latter before election, he will be found subsequently thereto among the subservient supporters of the school contentions—he will be found voting for an annual assessment on the profession, and in favor of allowing the schools and universities to go as heretofore scot-free; he will be found voting for the reinstitution of Sec. 41 A, which expels from the profession and reduces to the status of a quack, every member of the College who refuses or neglects to pay a tax to be collected and spent by the appointees over whom we have no control; he will be found voting against professional independence and in favor of the expensive and extravagant and irresponsible regime which has hitherto existed. Are you going to vote for the profession or for the schools? Are you at the dictum or solicitation of any man or set of men going to lose this opportunity of casting your ballot in favor of clean, responsible and economical self-government? If not, vote for straight Defence men wherever they are running as candidates.

What use has the profession for independent men?

2. What use has the profession for independent men? Do we ever hear of the schools and universities or the homœopaths sending independent men to the Medical Council? On the contrary, every appointee sent there is selected and appointed because he is known to be a partizan—because, when the occasion arises, he can be relied upon to fight tooth and nail for school contentions and school privileges. And to oppose this compact and consolidated body of appointees, aided and abetted by the equally solid homœopathic contingent, do you propose to stultify yourself by sending there a so-called independent who, I repeat, is only a school supporter in disguise? Even at the eleventh hour, arouse yourself and rise to the measure of your profession's need and vote like a man.

Is your representative to be a man or a jelly-fish?

3. Is your representative to be a man or a jelly-fish? Is he to be a stalwart or a weakling? Have you not yet seen the evil of sending to that Council pliable cartilaginous things that cannot keep a straight spine? Is it not time you were represented there by strong vertebrate manhood? Are the schools still to place and move your representatives like the pawns upon a chess-board? Have you been scared by the charge that Defence men are extreme men? What useful reform—political or ecclesiastic, or municipal, or social, or professional—has ever been wrought by other than extreme men? Extreme men are the salt of the earth, are the strong wine of humanity, are the monitors and the spurs to better things. Do you refuse their aid? You cannot put the tensional electricity of high resolve into a jelly-fish or into a pail of milk and water. The professional house is all ablaze; do you expect to put the fire out by pouring

petroleum on it? Are you going to refuse to extinguish it with water because water is too wet? Or are you going to attempt to quench the fire by squirting at it a half-and-half mixture of coal oil and water in the shape of an independent representative? Have your independent candidates any strong convictions on the burning issues of the hour? If not, what do you want with them? And if they have strong convictions and are afraid to express them, what do you want with them?

You have been assured that the Defence men are hot-heads prepared to imperil the essential features of the Ontario Medical Act. Do you believe it?

4. We affirm the principle of self-government and firmly believe we shall eventually secure it, but we propose to do nothing rashly. We design to proceed warily—patiently and undeviatingly working towards the desired goal and going just as far and as fast as we can carry the whole body of professional and public and legislative opinion with us. We have at our command now means of moulding and arousing professional and public and legislative opinion that were far beyond our reach in the past, and we propose to use them ceaselessly till our end is attained. We have learned that by concerted action on our part we can bring to bear a pressure on the Government, and a force and influence on the Legislature. that assure us of success. Say the emissaries of the schools, "We doctors in Ontario in our Medical Act have a good thing and we do not want to lose it." And this is urged in a manner to imply that we have a superlatively good thing--that we have, in the way of legislation, more than other professions have, and more than justly belongs to us, and that in trying to improve it we run the risk of losing what we have. We deny both these propositions. We deny that we have more than is justly ours, and we deny that we have as much in the way of legislative privileges as other professions have, and we deny that the Legislature could be induced to treat us less justly than other professions, by taking away what we have, or by refusing us what we ask for, always provided we ask only for what is justly ours, and can show that, in granting our requests, the Legislature will be doing nothing detrimental to the well-being of the community or to the interests of the public. Our Association contains hundreds of the most conservative and cautious and clear-sighted men in the profession, and we propose to proceed only as far and as fast as we can develop a general consensus of professional opinion to give weight to our demands and a general consensus of public and legislative opinion in favor of granting the relief we seek.

Have you any guarantee or proof of wisdom and moderation on our part?

5. On that point the history of the Legislation of 1893 is suggestive. Before that was obtained, you were assured on every hand that we proposed to do dreadful things By means of *Medical Journal* editorials, and Medical Council pronunciamentos, and *procured* Medical Association resolutions, and the agony headings of petitions circulated among you, and peripatetic calamity prophets like the independent candidates and old Council emissaries now at work, you were warned and assured that we intended to overthrow the Medical Council, and to destroy the Central Board of Examiners, and to tear down the curriculum, and to upset the Medical Act. And we were told that we could not carry one of the amendments we were asking for. Yet with but one exception, for refusing which there was at the time a strong political necessity, we carried every provision in our bill? Why? Because we were careful to carry with us the public opinion

of the House, and because we were careful to ask for nothing that was not justly ours. The beneficence, and wisdom, and desirability, and moderation of the changes in the law then effected are now generally conceded; and we did not overthrow the Council, or destroy the Central Board, or lower the curriculum, or weaken the Medical Act—and we developed a power and a reserve force that were a revelation to the Council and the schools. We claim that that whole struggle and its result should be accepted by you as evidence that we are not rash and reckless, or powerless, or inclined to weaken or destroy such beneficent features of the Medical Act as the Council, or the Central Board, or the power of maintaining a high educational standard. But for the changes in the Medical Act then secured, you would each of you be now paying an annual five-dollar tax, and the Council would be annually squandering, among its members, $12,000 or $14,000 of the profession's money, and you would be at the close of the year seeking your annual licenses to earn your bread and butter for another twelve months; or failing or refusing to thus humble yourselves, you would promptly find yourselves out in the cold among quacks and fakirs, or boxed up in prison cells among the thieves and murderers, between whom and the recalcitrant members of the College, ex-President Williams fancied he saw some strong points of resemblance.

Which party then are you to believe?

6. On the one side you have the members of the old Council and the independent candidates, all trying to induce you to vote for them by working on your fears, and two or three hundred influential medical men who are the obliged servants and faithful allies of the old regime, and who have powerful incentives to keep things as they are. These men, moved thereto by the schools, insist that we are prepared to wreck everything without rhyme or reason. On the other side you have our past record—the beneficent character of what we have already accomplished—and our positive, our reiterated assurance given to you in printer's ink which cannot fade, that we are resolved not to do anything to jeopardize the Medical Act or the Medical Council, or the Central Board of Examiners, that we seek not to weaken these, but to strengthen and perpetuate them. Which are you to believe? We are your fellow-practitioners with interests identical with yours, and without any possible motive to mislead you. They are those whose material interests, alliances, sympathies and associations are with the schools rather than the profession, and who have consequently powerful reasons to keep things as they are, and strong incentives to deceive you. Which do you think you should believe?

But will not the Patrons do something extraordinary?

7. Probably yes. They belong to that super-intelligent class which is always doing something extraordinary. They are resolved, as a preliminary essay, to regulate politicians, lieutenant-governors, and lawyers and doctors. When that is accomplished, they will proceed to regulate school teachers, dentists, surveyors, university professors, parsons, and other similar small fry. Then they will devote their reforming energies to banking institutions, insurance companies, trust and loan societies and railway incorporations. When this small contract is filled, they will possibly proceed to write a new Bible. And then, having no more worlds to conquer, they will probably retire into private life and spend the evenings of their days in making little *Haycocks*. The only thing I know of that is even more extraordinary than the

Patrons' platform, is the fact that the Toronto oligarchy and its friends have gauged your intelligence so poorly that they are attempting to use that platform as a bug-a-boo, wherewith to scare you into voting for members of the old Council and so-called independent candidates.

But seriously, is there no danger of the Patrons securing the repeal of the attacked clauses of the Act?

8. Not the slightest. There is a good solid substratum of common sense in the Legislature which will render their efforts in that direction utterly abortive. This must be appealed to, and, if necessary, strengthened. There are monopolies and monopolies. There are inexcusable monopolies that may be successfully attacked. There are others like those of teaching, law and medicine, limited within reasonable bounds, and beneficent in kind, which are created and maintained in the highest interests of the community. The Patrons being thirty in a House of ninety members, may give trouble to politicians by throwing their votes *en bloc* on one side or the other, and possibly turning the scale on party issues. But medical legislation is quite outside party lines, and on it the Patrons would receive no material support from either side.

Will it not make your gorge rise to learn that the effusion in the "Farmer's Sun" as well as the Patron platform, as far as it applies to medical legislation, are the results of a disgraceful compact between the Toronto oligarchy and the outcasts of the profession who have been decapitated by the Discipline Committee or are under suspended sentence?

9. In the February number of the *Ontario Medical Journal* there was inserted a letter attacking me anonymously over the signature "Justice." Many surmised at the time that it was written by an unwhipped recipient of mercy at the hands of the Discipline Committee. This summer I was definitely informed that our surmises as to the origin of this letter were correct and that, in virtue of a contract made between the Discipline Committee and its author, more of a similar kind were to follow. The insertion, however, of anonymous personalities, even in the *Journal*, created such a storm of disapproval in the profession that the arrangement fell through, since letters from a professional outcast had to be anonymous or not at all. The two-page production in the *Farmer's Sun* of the 19th ult., over the signature of a university graduate is from the same pen, and is a further outcome of the same contract. It is a bogus attack on the Council—appearing in a form and place where it could not possibly injure the body at which it is ostensibly aimed, but is capable of being used with marked effect to prejudice the election of defence candidates. What do you think of such tactics? Does your gorge rise at the recital? Do you approve of a triple alliance between the "Rumpers," "Professional Outcasts," and the *Farmer's Sun?* Are you to be intimidated by such a silly roorback as this? Will you still vote for any of the members of the "Rump Council" or for fast adherents, the so-called independent men? One does not wonder much at an alliance between the "Rumpers" and professional outcasts, but one is surprised to find the Patrons and their official organ in such disgraceful company.

Finally, do you realize that your only hope of relieving our overcrowded profession, and of stopping the rapid influx into it, lies in the election of Defence men?

10. Upon an average, six new medical men are crowded into each territorial division annually, while only one or two are withdrawn by death and removals. In every town where only a few years ago

there were but two practitioners, there are now four or five; in villages where there was only one there are now two, while in hundreds of hamlets where there were none, a physician is now located. Medical men promise ere long to be fully as numerous as school teachers. To the many our profession now yields only a bare subsistence, and the strain is yearly becoming greater. And the worst feature of the whole is that in the sheer fight for bread and butter, the morale of the profession is being rapidly lowered, and we are sinking, not only in our own esteem, but in public repute. Honorable men have to resort to practices which, but for keen competition and strife to live, they would scorn to stoop to. One trembles to think what will be the condition of things among us ten or twenty years hence unless something is done to prevent the drift into the profession. I tell you, my fellow-practitioners, and my younger fellow-practitioners especially, that if you send or help to send the old members, or so-called independent men, into that Council, there to aid and abet the school men to lower the matriculation standard, and to entice young men and women into the study of medicine, and by multiplied examinations on the instalment plan, and supplemental and simultaneous examinations, to oil the approaches to the profession, long before you will have arrived at middle life you will find that the calling of a first-class mechanic will be both a more lucrative, and a more honorable, and a more reputable vocation than that of a physician in this Province of Ontario.

Now, once more, how are you going to vote? Are you going to cast your vote to please Dr. A, or Professor B, or Council officer C, or wire-puller D? Or are you going to cast your ballot in accordance with your own convictions, and solely for the furtherance of the best interests of yourself and your profession? As my last word to you, let me remind you that you can never again do as much harm or as much good by casting your vote as you can and will do now.

Yours truly,

JOHN H. SANGSTER.

Port Perry, October 2, 1894.

MEDICAL COUNCIL ELECTIONS.

Three Classes of Candidates in the Contest: 1. Old Councillors; 2. So-called Independents; 3. Defence Men—An Incorrect Register—The Issues are Most Important, Let Every Man Vote—A Specimen of Pharisaical Holiness—Should the Official Editor Disinfect his Organ.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—In the coming Council contest, three classes of territorial candidates are seeking the suffrages of the electors:

1. Such members of the old Council as have the assurance to face their constituents with their unsavory record and the same old policy of maladministration, tyranny, extravagance and corruption, without a single change in its platform to commend it to the intelligence of the electorate. This class is asking to be returned to the new Council pledged to perpetuate the same unconstitutional personnel of the old Council by retaining the University and school men, who are not responsible to the electorate and the homœopaths—an outrageous travesty on representative government.

They are pledged to continue the same reckless expenditure in official salaries, committee meetings, per diem allowances, hotel bills, Pullman fares and other petty embezzlements; to hold the White Elephant on Bay Street, the progeny of the real estate deal, with its deficits rolling up at the rapid rate of $5,000 a year, for the accommodation of the refined metropolitan gentlemen; to retain the official organ

to furnish them with sweet songs of praise, if elected; to provide a minstrel at a salary of $600 a year, selected from the "weak-minded," "pachydermatous," "blatant," "disgruntled" territorial representatives, whose rural garb, awkward strides, long hair and primitive manners, so strongly in contrast with gentility, will render him in every respect a type of grinder worthy of his predecessor, and, if he is as prudent, his perquisites from small outside services and tips at the door will enable him to retain his position more firmly by continuing to furnish the usual chromo of the president and the extra copy of his attenuated truths in pamphlet form; to retain section 41a, which provides a robe of different colors, a table-d'hote fit for the gods, a tag to adorn the breast and a damp cell in the common jail; and to retain the assessment clause, section 27. This latter clause will not be a matter of option under the old regime, but a matter of compulsion, and the annual tax will have to be increased from $2 to $25 or $30 a year, and the payment of this large amount enforced by the rigid application of the penal clause to provide adequate means to meet these extravagant expenditures, the additional expense incurred by the increased representation and the decrease of revenue that must sooner or later arise from the falling-off of the students on account of the overcrowded state of the profession.

2. Those candidates who affect independence, and who hope to steal their way into the new Council by this misnomer and by going from door to door, accommodating themselves to all kinds of circumstances, being now youthful and modest in their demands for support, again grey-headed in knowledge and imperious in their demands for consideration, *at times* denouncing or praising the Defence Association alternately with the Council, as occasion requires. These eunuchs in the garb of innocence are dangerous men, "wolves in sheep's clothing," sent out by the schoolmen and friends of the Council to deceive the electorate with their Jesuitical doctrines. They have been challenged many times to prove a single spoken or written word or sentence that, by any method, could be manipulated to mean or imply that the Defence Association is seeking the destruction of the Council. They have not dared to accept this challenge, simply because they know it to be a deliberate falsehood, yet they dishonestly continue to repeat the calumny. Any candidate who knows the history of the profession in this Province, and has read the discussions that have been going on for the past three years, must either with closed eyes swallow the iniquitous policy referred to in the first paragraph, or, otherwise, accept the platform of the Defence Association. There is no intermediate place, and those who assume such an untenable position should be looked upon with the gravest suspicion.

3. Those who, for the last three years, have been fighting the battle for the profession with a view to the reorganization of the Council, so as to place it on a constitutional basis and make it truly the representative body and executive head of the profession, and answerable once in four years to the electorate.

In conducting the business of the Council on these sound principles, all moneys belonging to the profession must be used for the "purposes of this Act," all contracts let by tender and not given to members of the corporation, and no clandestine bills secured to take away the vested rights of the members of the College. These candidates are pledged, as soon as practicable, to reduce the number of representatives in the Council, to equalize in some measure the homœopathic representation, to furnish accommodation that will relieve the profession of its financial embarrassment and bring

the Council within the meaning of the law, to raise the matriculation examination and maintain the professional examinations at a high standard, to abolish the penal and assessment clause, unless after a thorough system of retrenchment the latter clause is considered absolutely necessary in the interest of the profession.

The election is at hand, the voting papers will be sent out from addresses on the register, which is so thoroughly incorrect that it is useless as a guide to any division; therefore, in order to prevent absentee votes and impersonation it will be necessary for candidates to secure for themselves correct copies of voters' lists in their respective divisions. Nomination takes place on the 9th inst. and voting commences on the 16th, and all who are not supplied with voting papers on that date should apply at once to Dr. Pyne, registrar, whose duty it is to supply them. The poll closes at 2 o'clock p.m. on the 30th. Every voter should consider it a duty to exercise his franchise in this the most important election that has taken place since the formation of the Council; but, before doing so, it would be well to divest himself of all prejudice and all influence, whether it be University, school or Council, and consider the issue solely on its merits. Let him compare the three classes of candidates presented here, and then ask himself the question which is most likely to legislate in his own interest, the interest of the profession and the public. and mark his ballot as his judgment dictates, in which case the profession will secure purity and efficiency in its government and the Defence Association the object for which it was organized. In No. 13 there is no uncertain sound. Dr. McLaughlin's nomination paper is so universally signed that another candidate would find it difficult to secure a nomination. No Council or hypocritical middle-man has up to date been found, to "peddle the pamphlet of misrepresentations and the chromo" of its author from door to door; but I regret to learn that one of the latter class is meandering in Division No. 12, misrepresenting Dr. Sangster and the Defence Association. The question in this contest is not youth or age. It is a question of policy and the honour, ability and experience of the candidate seeking the suffrages of the electors; and surely in the case of No. 12, where there is not the remotest comparison between the candidates, Dr. Sangster's return by a large majority is more than certain.

At this point the subsidized organ arrives with Dr. Campbell's letter, in which he poses as "an honest man and a gentleman," full of virtue and extreme goodness. Were the members of the profession not cognizant that, from his public utterances he has been proven guilty of gross misrepresentations and malicious falsehood, they might believe the many nice, tender little things he has said about his private life—a subject that has been studiously avoided by the Defence, and which I do not intend to discuss here. But I would like to ask Dr. Campbell, if it ever occurred to him that the first essential of a gentleman is truthfulness, that no man can be honest without veracity, and that, once convicted of falsehood, his word must be taken *cum grano salis*. All the delicate compliments he has lavished upon himself may be true, but they are out of harmony with his public utterances and are in direct conflict with evidence given by several of his comrades in the Council.

I would advise the Editor of the subsidized organ that before publishing such vile productions, out of consideration and respect for his readers, he first submit them to the Board of Health for disinfection.

S. C. HILLIER.

Bowmanville, Oct. 1st, 1894.

DR. SANGSTER'S REPLY TO THE EX-PRESIDENT'S LETTER.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Clarence Thomas Campbell, the gifted ex-President of the Council, writes in the last issue of the *Journal* a short letter in self-vindication. He declares that he has not read any of the flattering things said of him. This seems incredible, but Dr. Campbell has a reputation for saying incredible things, and, perhaps, some people believe him. As he has not read the very complimentary terms in which I and several others have referred to his marvellous skill and nerve in making and administering high potency "moral attenuations," he is not, of course, bound to know that he has omitted all reference to the chief foible with which he is charged. This is unfortunate, as until he clears himself from the serious imputation which rests upon his veracity, his certificates of character, whether issued in behalf of himself or others, are not worth the ink with which they are written. It may be as he declares, that he has never skulked through a medical college or received his degree without full attendance on medical lectures. It may be as he avers, that he has never paid his creditors with judgments instead of money. It may be as he asserts, that he has never defrauded a man or wronged a woman. It may be that he is free from all the sins of the decalogue, but the profession does not particularly care whether he is or not. All this does not touch the question at issue. The particular moral delinquency with which he is specially charged, and which has earned for him the contempt of honest men and the scorn of virtuous women, is the pitiful weakness which won notoriety for Ananias and Sapphira of old. Until the accomplished ex-president shows that he can, on occasion, speak the truth, his self-attestation on all other points can be accepted only *cum grano salis*. We have nothing whatever to do with him as a private individual, but when he says that as an officer of a corporate body—the Council—he has tried to do his duty as an *honest* man and a gentleman, we smile. His reputation with respect to honesty and truthfulness is widely known, and his letter is conclusive as to his claim to the status and instincts of a gentleman.

Many of the respectable homœopaths of the Province are naturally vexed at the cloud raised between them and the general profession by this cocky individual's meddlesome interference, and are understood to abhor the tactics he has pursued. It may be presumed, therefore, that as a step towards the restoration of good-feeling, they will, in the coming contest, leave him at home. He thus passes back into the obscurity from which he did but temporarily emerge. Not even as the champion "moral attenuator" of the Province will either the profession or the public care to remember him. *Exit* Clarence Thomas Campbell.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, October 2, 1894.

THE "YOUNG MEN" CRY IN ANOTHER FORM.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Dr. Sangster's opponent, in his personal canvass, has, I am informed, on several occasions made an attempt to prejudice the young men in the profession, in Division No. 12, by telling them that the aim of Dr. Sangster and his friends is to break up and destroy the Medical Act; that as a result the homœopaths will regain their licensing powers, and the country will be flooded with doctors. And now the Council's $600 edi-

(Continued on page 36.)