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THE
Canadian Medical Review.

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VOL. V.

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No. 5

Original Communications.

Notes on a Case of Concurrent Scarlatina and
Enterica.*

By FREDERICK FENTON, M.D., C.M.

Demonstrator of Histology, Trinity Medical College.

GENTLEMEN,—The case of which I have notes came under my care during the summer of 1894, but I refrained from publishing it, being unable to find any similar case reported, and inclined to doubt the possibility of two such serious infective diseases developing in any individual at the same time.

In the *British Medical Journal* of January 16th, Dr. E. MacDowell Cosgrave records five cases of concurr. ~~nt~~ scarlatina and enterica which occurred in Cork Street Fever Hospital during 1895-96, and mentions some seven cases which have been recorded by other observers.

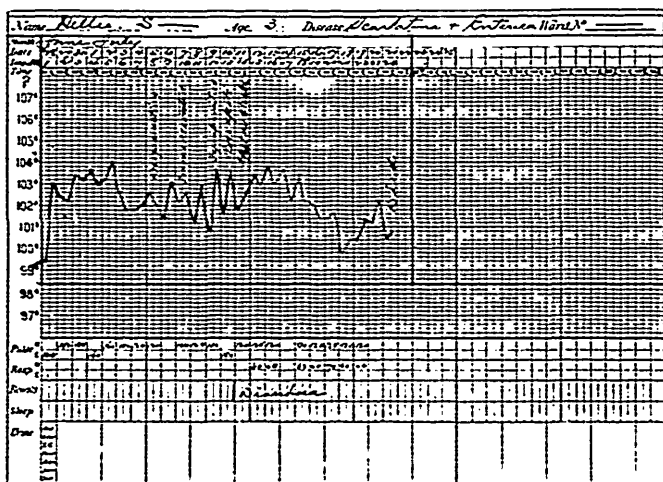
This patient, a girl of three years, was exposed to scarlatina in company with her sister on June 15th. She became ill with vomiting,

* Read at meeting of Toronto Clinical Society.

sore throat, headache, etc., on June 20th; her pulse was rapid (120), temperature 100° , and tongue coated with white fur.

Next day (21st) throat was still very sore and there was some slight enlargement of the cervical glands; her tongue was beginning to clean from the tip, leaving the reddened papillæ very prominent; the pulse was still rapid but no rash had developed, and her temperature was normal. During the rest of the week no change in her condition occurred other than a gradual return to the normal pulse rate, and a complete clearing of the tongue, leaving prominent the swollen and reddened papillæ.

On the morning of the 22nd her sister was taken ill with the same initial symptoms, and subsequently passed through an ordinary attack of scarlatina.



On the 27th the first child again became ill, being irritable and restless, and having some headache and vomiting; temperature 99.3° . Next morning her throat was sore and pulse rapid (144). The tongue did not become recoated, but retained its red strawberry appearance. Towards evening the typical scarlatinal eruption made its appearance on the chest and quickly extended over the whole body; temperature 103° . The subsequent range of temperature and pulse rate are best described on the accompanying chart.

But for very severe cervical adenitis the case was uneventful till the end of the first week, when the temperature, which had fallen to 100.4° , began very gradually to ascend. The child became dull and listless with delirium at night, and the bowels were inclined to be loose.

On July 5th, or eighth day of disease, desquamation began. The cervical glands were incised on July 7th but no pus was found, and no relief to symptoms obtained. The tongue became recoated with a dirty yellowish fur, leaving the sides, tip and centre clean; a slight cough developed and abdomen became markedly tympanitic.

On July 10th rose spots were found on abdomen, chest and arms. The cough now became very troublesome, and on examination marked consolidation was found at base of left lung with bronchial breathing and moist rales. A second incision was made into glands of neck on July 15th, when about an ounce of watery pus was evacuated.

On July 18th the temperature, which had been gradually falling, reached 99.4° , when unfortunately the weather became most oppressively hot and a choleraic diarrhœa accompanied by hæmorrhage set in and the child died on the 21st, being twenty-four days from the beginning of the second, and thirty-one from the first occurrence of initial symptoms of scarlatina. Unfortunately I was unable to obtain consent to a post-mortem examination to verify the diagnosis.

There are one or two points in this case to which I would like to draw attention:—

1. The occurrence of initial symptoms of scarlatina five days after exposure, not followed by a rash or elevated temperature, and the complete relapse of these symptoms, with the exception of the white tongue, one week later, this time being followed by the ordinary symptoms of the disease:

2. The rose spots of enterica first appearing on the tenth day of July make it probable that the disease began during the first three days of July, and places the date of infection, probably, between the 15th and 20th days of June, or within a day or two of the time when exposure to scarlatina was known to have occurred. Thus the two diseases were *probably* in the stage of incubation between the 20th and 27th days of June, and *possibly* from the 15th to 27th, for, as we have seen, the typical scarlatinal eruption did not appear till the 28th.

3. Scarlatina beginning on June 28th would usually have completed its course by the 6th or 7th of July, and, as mentioned above, typhoid probably began between the 1st and 3rd; for several days the two diseases ran concurrently.

There are, I am ready to admit, circumstances connected with the case which cast a doubt upon the diagnosis:

- 1st. The sister taking ill on the 22nd makes it possible that this child received her infection at that time, the disease developing five days later; the first illness being merely one of those febrile attacks to which children are so liable.

With regard to the second attack, however, I think there can be no doubt, if there be anything in clinical history at all as a means of diagnosis.

Again, the fact of the occurrence of marked consolidation of the base of one lung and suppuration of cervical glands might, I suppose, explain the continuance of fever, and it is to get an expression of opinion on this point that I have brought the notes of the case before you to-night.

61 Charles St., Toronto.

THE TREATMENT OF NEURALGIA.—The following application is recommended (*Jour. de Med. de Paris*):

R Menthol	}āā	15 grains.
Guaiacol			
Absolute alcohol			5 drachms.

A small quantity of this mixture is gently rubbed over the painful spot, which is then covered by a piece of cotton. This can be repeated two or three times in the twenty-four hours.—*Therapeutic Gazette*.

THE BABY'S BATH.—The hand is an unsafe guide by which to determine the temperature of the water. This should always be determined by the thermometer. A bath thermometer should, therefore, be a part of the equipment of every nursery. This consists of any ordinary thermometer of large size, set in a wooden case. The following table shows the proper temperature of the bath for various periods during the first two years:

TEMPERATURE OF THE BATH AT DIFFERENT AGES.

At birth	100° F.
During first month	97° F.
One to six months	95° F.
Six to twelve months	90° F.
One to two years	86° F.

Soap employed for the baby's bath is of importance. Soap containing an excess of alkali may seriously irritate a child's delicate skin and predispose it to erythema or eczema. The best grade of white castile soap is the most suitable for baby's-use. The oatmeal soap of a good make, may also be employed. Dr. Griffith regards the German soap known as Basis Seife as the best. It can be obtained through most druggists. A dusting powder is not necessary when the skin is in normal condition and is properly dried after the bath. One of the chief objections to its use is the fact that nurses are prone to rely upon it, instead of taking proper care in drying the surface. When properly used there can be no objection to it.—*M. A. Practitioner*.

Society Reports.

Toronto Medical Society.

THE regular meeting of the Society was held on the 25th of March, in the Council building. President, Dr. Wilson, in the chair.

Two thousand Gall-Stones.—Dr. J. F. W. Ross presented a large number (probably two thousand) of gall-stones which he had removed on the date of the meeting from a clergyman. The calculi varied in size from a grain of sand up to a small bean. They were black in color and faceted. The patient had been prepared for operation before at Johns Hopkins, but as his colicky attack passed away upon the administration of olive oil and the phosphate of soda, operation was deferred. On the 21st ult., the patient had a sharp attack of colic—the two hundredth—and was anxious for operation. The attacks latterly had been accompanied by fever and jaundice. Dr. Ross described the technique of the operation. The stones were partly removed with a scoop and partly washed out. The gall-bladder was fastened into the wound and a drainage tube inserted. The case was progressing favorably at the time of reporting.

Safety-pin in the Stomach.—The second case reported by Dr. Ross was that of an hysterical girl who had swallowed a safety-pin two and a-half inches in length and opened. She thought she felt it stick in her œsophagus twice before reaching the stomach. The question among the medical men attending the case was, whether the girl was telling the truth or not. But as the pain seemed intense, and the retching was constant, and there was continuous spasm of the diaphragm, operation was done. The stomach was opened, and the pin was found sticking in the anterior wall. It was removed. A good recovery was anticipated.

Dr. Macdonald said that if the stream of water was directed well down into the bladder the gall-stones would be washed out, thus avoiding the necessity for using the scoop. He had used the scoop when he had inadvertently left his irrigating apparatus at home. With reference to the second case reported, he thought that the X-rays would be of great service in establishing a diagnosis.

Dr. Greig asked what prevented the small gall-stones from passing into the duodenum. He asked if, in the second case, it were not possible that the pin might have passed if left alone. Would it not

be better to allow it to do so if skilled assistance were not obtainable? The circumstances he believed justified in operating by Dr. Ross.

Dr. Palmer advised that where such cases fell into the hands of the general practitioner he should always call in the abdominal surgeon.

Dr. Ross replied.

Treatment of Abortion.—Dr. Albert A. Macdonald read a paper on "Treatment of Abortion." He prefaced his paper by drawing attention to the text-book difference between abortion, miscarriage and premature labor. His paper referred to the first, the treatment of inevitable abortion before the fourth month. It was necessary to keep the causes in mind. These might be attributed to disease in the man or wife, disease of the uterus, appendages, or in the ovum itself. Excitement, fatigue, traumatism, were other causes. Then it might be brought on artificially with criminal intent. In such cases where the ovum was expelled intact the most that could be done was to keep the genital tract clean; there was usually little hæmorrhage. It was astonishing how far a patient might go towards an abortion, *provided there was no diseased condition of the uterus, membranes or foetus*, and then recover. The cardinal point in the treatment of cases was complete rest. Viburnum had been highly spoken of, but his experience with the drug had not been gratifying. Pot. chlor. had in one case seemed to give good results. All displacements should be corrected. When the symptoms of pain, uterine contraction, and hæmorrhage continue, abortion would inevitably take place. As long as the ovum remained in the neck there would be no bleeding; but as soon as the sac ruptured there would be hæmorrhage. Active treatment, then, was called for, the antiseptic douche, dilatation of the cervix, curettement, and possibly tamponage, as the case required. The essayist discussed the technique of curettement in these cases. His preference was for an irrigating curette, which, with some others and a Kelly's cystoscope which he used for tamponing, he passed around for examination. For curetting, the patient should be thoroughly anæsthetized, and the work done most thoroughly under strict antiseptic precautions. He found the tenaculum useful in drawing down and steadying the uterus during the operation. The gauze tampon might be left in six days. The patient should be carefully watched.

Dr. A. W. Wright said that he agreed with everything Dr. Macdonald had said in his paper. He believed chlorate of potash in say ten grain doses did have an effect in preventing abortion. Two doses daily would probably be sufficient. Where there was pain and hæmorrhage there was nothing better than complete rest and the

administration of opiates. He was not able to say whether viburnum was of any use or not. He always gave it, combined with opium. He did not know what influence it had. In one case he had treated a uterine hæmorrhage for weeks, suspecting for a time the patient was pregnant. He then gave up that idea, thinking he was mistaken. Lost sight of the patient for some time. She came under his notice again, being called to see her in labor. A fœtus five months developed was expelled. Another patient had been married eight years; she suspected she was pregnant. In about the third month hæmorrhage came on. It was very severe. She was confined to her bed for eleven weeks. She had hæmorrhage, according to her story, more or less severe during this time. In parenthesis the doctor stated that hæmorrhage during abortion threatening was not usually severe; but hæmorrhage for a long time, even in small quantities, would cause great prostration. The medical man who attended her in Montreal before he saw her said that she had a false conception. Shortly after the hæmorrhage stopped she came to Toronto. The question was, was she pregnant? She thought it was not possible. There was an enlargement of the abdomen. In the course of time she gave birth to a healthy child. The woman had been worried so with doubts as to her condition that she was only fully convinced when she heard the cries of the child on delivery. After abortion was found to be inevitable another line of treatment than the one pursued should be followed. Then the uterus must be cleaned out as soon as possible, and as the reader of the paper had said, there was no better instrument than the clean finger usually. But if the hæmorrhage was severe, and the os was undilated, what was to be done? He thought there was nothing better than the old fashioned tampon. Of course the New York school, if he might so use the expression, was in favor of other measures; they did not believe in that. The believe in immediate dilatation and emptying of the uterus. He was not prepared to teach students that; he would not recommend practitioners to do that. But there were certain cases where they dare not delay. Where the hæmorrhage was exhausting the patient, or there were symptoms of septicæmia, the uterus should be emptied as quickly as possible and then cleansed. The spoon presented by the reader of the paper was about the right size for abortions; for curetting the uterus at full term a larger one should be used. He had tried the irrigating curette, but had given up its use. One disadvantage it had was its inflexibility. He felt that it was a little dangerous on that account. If one made an examination and found the membranes were not ruptured,

say in the second month or early in the third, where the egg was intact, with practically no after-birth—this was the class of case which should be interfered with as little as possible. The egg acts as a plug to prevent the bleeding. If left alone and ergot administered, the uterus would likely empty itself. During the first three or four months the influence of ergot was to expel anything in the uterus. After that he thought the action different; it tended to tetanic spasm and to some extent prevented the expulsion of the contents of the uterus. The doctor said that if one had introduced his finger into the uterus and found there were contents he could not get at unaided, it was most important that an assistant should be sent for, chloroform administered, and the work of emptying the uterus done thoroughly, and as quickly as possible, and under the strictest antiseptic precautions.

Dr. J. F. W. Ross said there was not the slightest doubt but that abortion could be prevented if it were not due to syphilis. If syphilis were the cause, the administration of iodide of potash would tend to check abortion. He cited cases which showed this to be the case. In cases due to endometritis it was necessary to treat that condition. He thought the chlorate of potash administered did good. He had called attention in a recent paper to the differential diagnosis between threatened abortion, gonorrhœal endometritis and ruptured ectopic gestation. He cited the history of a case where pregnancy was associated with a pelvic tumor which produced miscarriage. The case was a serious one; it was with great difficulty that the uterus was emptied. In cases where criminal abortion had been tried, he usually advised, where there was a high fever and rapid pulse, the cervix being undilated, that the uterus be left alone. He believed medical men should not burden themselves with the responsibility. The doctor said he had found the placental forceps serviceable in some cases.

Dr. Forfar said that his method was first to prepare the patient under chloroform by washing the vulva with green soap, to scrub parts with a nail brush, wash out the vagina with the tincture of green soap first, then thoroughly with a solution of 1-4000 bichloride solution; dilate the os with Hank's dilators until the reflow catheter can be inserted to wash out the uterus, then curette, going over the surface of the endometrium twice; then wash again, then insert a canula and introduce a ten per cent. drain of iodoform gauze, tying a string to the gauze to facilitate its removal.

Dr. W. J. Greig said he supposed that in cases where the fœtus was delivered, the cord separated, the placenta retained with a contracted.

os, the proper method was to give chloroform, to dilate the os, and remove the placenta, using antiseptic precautions. In certain cases the forceps would not bring everything away; and in cases it was difficult to dilate the os. He had found the dilators often did not work satisfactorily. His method was to plug the vagina with an antiseptic plug and give large doses of quinine. Sometimes he administered good doses of sulphate of magnesia. A number of times he had removed the placenta in that way without any particular difficulty.

Dr. W. J. Wilson said he had given the chlorate of potash with good results in a few cases. In cases where the dead fœtus was seemingly about to be expelled, he had been able, by administering this drug, to carry the woman over some months, and have the child come all right. The last time he had given chlorate of potash the woman developed albuminuria. He was not sure whether the drug had anything to do with it or not. For scraping out the uterus he had used the dull curette, but had found that even after he had gone over the ground carefully, yet in the course of a week or two he had noticed pieces of the after-birth come away. That had made him doubtful of the good effects of the dull curette; he much preferred to get his finger in, the patient being under chloroform. He could then explore the whole interior. He had given ergot as a routine treatment.

Dr. Macdonald, in replying, said he did not advise packing in every case; it was not necessary for the purpose of restraining hæmorrhage even every time. It was necessary sometimes for that purpose. Especially was this true in cases of uterine engorgement, caused say by heart disease, such as mitral stenosis. He had had such cases where the hæmorrhage was truly alarming. Packing was absolutely necessary. He did not use a curette any duller than the one presented, which he found worked satisfactorily. Each operator became accustomed to his own instrument. The doctor reported a case where a small portion of placenta left behind had caused hæmorrhage for months. It was easily detected and removed by the curette under chloroform, with complete subsidence of the hæmorrhage. In such a case as Dr. Greig described he thought under the chloroform the finger might act as a satisfactory dilator. In regard to that class in which syphilis was the causative agent, he thought prevention was the point in the treatment. No man who had syphilis should marry until his medical adviser gave permission. He had not found the placental forceps very satisfactory.

Dr. Jas. MacCallum read a paper on "Hysterical Deafness." It was discussed by Dr. Palmer.

The Society then adjourned.

Editorials.

British Medical Association.

THE sixty-fifth annual meeting of the British Medical Association will be held in Montreal, Tuesday, Wednesday, Thursday and Friday, August 31st, September 1st, 2nd and 3rd, 1897.

PRELIMINARY PROGRAMME.

President, Henry Barnes, M.D., M.R.C.S., F.R.S.E., J.P., Physician Cumberland Infirmary, Carlisle.

President-elect, T. G. Roddick, M.D., M.P., Professor of Surgery in McGill University, Montreal.

President of the Council, Robert Saunby, M.D., F.R.C.P., 83A Edmund Street, Birmingham.

Treasurer, Charles Parsons, M.D., Dover.

Addresses will be delivered as follows: Medicine, Dr. W. Osler, F.R.C.P., Professor of Medicine in the Johns Hopkins University, Baltimore, U.S.A. Surgery, Mr. William Mitchell Banks, F.R.C.S., Surgeon to the Liverpool Royal Infirmary. Public Medicine, Dr. Herman M. Briggs. The scientific business of the meeting will be conducted in eleven sections, as follows, namely: Section A., Medicine.—President, Stephen Mackenzie, M.D., London. Section B., Surgery.—President, Christopher Heath, F.R.C.S., London. Section C., Public Medicine.—President, E. P. Lachapelle, M.D., Montreal. Section D., Obstetrics and Gynæcology.—President, William Japp Sinclair, M.D., Manchester. Section E., Pharmacology and Therapeutics.—President, D. J. Leech, M.D., Manchester. Section F., Pathology and Bacteriology.—President, Watson Cheyne, F.R.C.S., F.R.S., London. Section G., Psychology.—President, R. M. Bucke, M.D., London, Ont. Section H., Ophthalmology.—President, Edward Nettleship, F.R.C.S., London. Section I., Laryngology and Otology.—President, Grenville Macdonald, M.D., London. Section J., Anatomy and Physiology.—President, Augustus D. Waller, M.D., F.R.S., London. Section K., Dermatology.—President, Malcolm Morris, F.R.C.S.Ed., London.

Following is the programme :

Tuesday, August 31st—10 a.m., Cathedral Service; 11.30 a.m., Address by the President-elect, Dr. T. G. Roddick; 2.30 p.m., Address in Medicine by Dr. Wm. Osler; 4 p.m., Garden Parties, etc.; 9 p.m., Soiree at Laval University.

Wednesday, September 1st—10 a.m., Opening of Sections; 3 p.m., Address in Surgery, by Mr. W. Mitchell Banks; 4.15 p.m., Excursion down the St. Lawrence, etc.; 9 p.m., Reception.

Thursday, September 2nd—9.30 a.m., Sectional Meetings; 3 p.m., Address in Public Medicine, by Dr. Herman M. Briggs; 4.30 p.m., Excursion across the Island; 7.45 p.m., Annual Dinner.

Friday, September 3rd—9.30 a.m., Sectional Meetings; 1.30 p.m., Lunch on the Mountain; 3.30 p.m., Concluding General Meeting; 4 p.m., Excursions, Garden Parties, etc.; 9 p.m., Soiree at McGill University.

Saturday, September 4th—Excursions, etc.

With a programme such as the above the success of the meeting is already assured.

Medical Council Representation.

THE death of Dr. Rosebrugh, who sat in the Medical Council as representative of Victoria University, has rendered an office vacant, which ought not to have existed, and brings naturally forward the fact that another institution, which does not now exist, continues to swell the numbers of the Medical Council. Of course we mean the Toronto Medical School, which went out of business ten years ago. The cry throughout the length and breadth of the Province is, that the Council is too large a body.

Before the next meeting something should be done to reduce the membership. A favorable opportunity appears to present itself at this juncture to consider the question of right of a defunct medical school, and a University that neither teaches medicine nor grants degrees having representation in this body. Will not some member agitate this subject?

Amalgamation of Medical Colleges.

WE notice by the *Medical Record* and *New York Medical Journal* of recent dates, that the Bellevue Hospital Medical College has joined forces with the Medical Department of the New York University. This is as it ought to be. In Canada and the United States there have been far too many medical colleges. It is now high time that some steps were being taken to correct this evil. The fact that an old and popular medical college like the Bellevue Hospital College

can see its way clear to give up its autonomy is going a long way towards a solution of the problem that there are far too many medical colleges.

Whether the motives leading up to such an important change were selfish ones or not, matters nothing to the main question. The fact that must stand out above all others is the one that two such strong colleges have united. The results of such an action on the future history of medicine in the United States cannot be over-estimated. It is pointing out the course that will, no doubt, in due time, be followed by other colleges. Why there should be two or three to a dozen or more medical colleges in cities like Buffalo, New York, Baltimore, Philadelphia, Chicago, St. Louis, Detroit and Cincinnati, no one could give a better answer than that they were started in the first place by some one out of purely personal ambition, or to promote personal ends.

The whole study of medicine has undergone great changes during the past fifteen years. A small college, lacking in appliances, defective in clinical material, improperly manned as to staff, can no longer meet the requirements of the present day. The student who graduates from one of these inferior colleges finds that he has not had the necessary opportunities, and must forthwith go to some place more efficiently managed. Would it not have been better to have gone to a good centre of education when he began his medical studies? Instead of finishing off with a short period in some college of high standing, it would have been of much more value to him to have spent his entire college career in a college of the highest possible attainments. When we are looking into life work, and what it all means, we must be thorough and we must be practical.

It would, along the above lines of argument, be hard to show why there are three medical colleges in Toronto, three in Montreal, one in London, one in Winnipeg, one in Halifax and one in Kingston. Too many medical colleges, with all the rivalry and competition that they cause, and a strong tendency to lower the standard in order to catch the ill-prepared or lazy students, have done much to overcrowd the medical profession. It is not going too far to say that in the past, and to a great extent at the present, they have been and are little less than diploma mills. It is true the student has to attend so many lectures, is supposed to read a certain number of books, and spend a certain number of years on the work; but, all said and done, the great desideratum is the fees he pays. This being duly attended to, there is not much fear but that the diploma will be forthcoming.

We are quite conscious as we write that these views will call forth

the shout to arms! to arms! from the college men, or at least some of them; but we are speaking in the interest of the medical practitioner of to-day, and the student of the future. Reforms must always hurt some one, yet reforms must be made. When a medical college will issue such a circular as the following, it shows the bid that is being made for students. When these circulars are returned duly filled, no doubt great attention will be paid these prospective medicos, both by announcement and letter.

TRINITY MEDICAL COLLEGE.

Please enter on this form, name and address of gentlemen who to your knowledge, have the study of medicine in view.

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Street, No.....

Mr.....
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Mr.....
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We think we are not saying one word beyond the truth when we say that if the medical colleges did nothing for the next five years but finish the tuition of the students now attending the medical colleges, it would be a good thing both for the profession and the people. True, the professor might not receive as much at the end of the year; but what of this when the great bulk of the profession would be the gainer, and none more than the present and future students. Once more we call the attention of the medical profession to the influence in its possession by advising young men to do something else with their time and money than spending them at a medical college.

WE notice that one of our "leading daily papers," the *Mail and Empire*, is distributing free samples of kidney pills, etc. We suppose that their general news items are at least as reliable as their advertisements. In some countries newspapers are made responsible for lies told in their columns by advertisers.

SCHOOL JOURNALS.—We notice in the April number of the *Canada Lancet* an editorial in which exception is taken to the use of the term "School journals" by the MEDICAL REVIEW. The REVIEW has nothing to retract nor fear. We are of the opinion that when any medical practitioner takes up the *Canada Lancet* and finds that fourteen of the staff of Trinity Medical College are on the staff of the *Lancet*, he will agree with us that it may fairly be called a "School journal." If it be not a "School journal," we ask it to repudiate the circular, in the interests of the medical profession, which we publish in another column. We regard the term "School journal" as appropriate to more than one publication in this country.

ONTARIO MEDICAL ASSOCIATION.—This is the list of papers promised already for the coming meeting: Discussion of "The Present Status of the Radical Cure of Hernia," led by C. A. Bingham, Toronto; "Serum Therapy in Medicine," led by J. L. Davison, Toronto; "Albuminuria of Pregnancy," led by R. W. Garratt, Kingston, followed by G. Gordon, Toronto. "The Clinical Value of Inflation of the Stomach," H. Elsner, Syracuse, N.Y.; "The Treatment of Ulcers," Seneca D. Powell, New York City; "Nevo-motor Dyspepsia," H. J. Hamilton, Toronto; "Treatment of Eclampsia," W. J. Wilson, Toronto; "Report of Case," J. W. S. McCulloch, Alliston; "Injury to the Spinal Cord," report of cases. G. A. Peters, Toronto; "Remarks on Modern Therapeutics," J. T. Fotheringham, Toronto; "Streptomycosis," J. C. O. Hastings, Toronto; "A Case of Gangrene of the Rectum," L. Teskey, Toronto; "Two Unnamed Diseases," James Samson, Windsor; Paper by B. E. McKenzie and H. P. H. Galloway; "A Severe Case of Gonorrhœal Irido-Cystitis," G. A. Burnham, Toronto; "Report of a Case in Midwifery," J. Arthur Williams, Ingersoll; "Pain and Some of its Aspects," D. C. Meyers, Toronto; Paper by A. Hanks, Blenheim; "The Cottage Sanitarium Treatment of Pulmonary Phthisis," N. A. Powell, Toronto; "Should the Medical Profession of Ontario be Self-Governed?" J. W. McLaughlin, Bowmanville; "Abscess of the Lung," report of case, J. S. Hart, Toronto; "A Plea for Radical Operation for Hernia

Among the Insane," A. T. Hobbs, London; "The Value of Aseptic Methods in the Treatment of Pus Cavities," A. Primrose, Toronto; "Tuberculosis of the Liver," R. W. Whiteman, Shakespeare; "Pneumonic Infection," H. B. Anderson, Toronto; "Leucocytosis," H. W. Parsons, Toronto; "Experience with Gall-Stones," J. F. W. Ross, Toronto; "Pathological Card Specimens," W. Oldright, Toronto; "Experiences with the Schott Treatment of Heart Disease," H. Walker, Toronto.

Results of Examinations.

TRINITY UNIVERSITY, M.D., C.M.

J. S. McEachern, gold medal and certificate of honor.

M. MacGregor, silver medal and certificate of honor.

Passed: F. A. Scott, R. W. Large, E. S. Worthington, C. N. Callander, C. J. Copp and A. J. Brown (equal), W. N. G. Aspland and G. Cairns and H. Maw (equal), C. A. Campbell, J. G. Clarke, S. Moore, W. L. Post, R. W. Percy, P. H. Morgan, T. A. McCormick, R. T. Rutherford, N. E. Farewell, C. M. Stewart, R. B. Chisholm, J. A. Butler, J. Shuttes, G. G. Newberry, W. Hackney, A. F. Oakley, P. A. Lewis, G. H. Wade, Miss A. M. McFee, W. M. Pirt, J. M. Pearson, R. Mackenzie, W. E. Graham, J. B. Wilson, A. G. Ludwig, Miss K. L. Buck, A. A. Ross, R. B. J. Stanbury, E. P. Kelly, H. D. Weaver, T. M. Hart, J. A. Jackson, W. T. Rush, W. H. Field, Miss H. M. Cockburn, P. Bradley, R. Spear, H. O. Boyd, Miss L. E. Armstrong, J. J. Langford, T. A. Young, W. T. Yeo, H. Y. McNaught, G. R. Clemes, J. N. Livingstone, H. J. Le Barre, J. A. Deyall, W. Brent, H. E. Shaver, W. C. Poussette, W. R. Alway, J. H. McConnell, J. C. Richardson, C. C. Stanbury, J. A. Tanner.

GRADUATES IN MEDICINE, QUEEN'S UNIVERSITY.

The following gentlemen, having passed all the examinations and fulfilled all the other requirements, have been granted the degree M.D., C.M.: P. G. Bannister, V. Barber, A. W. Bellamy, W. E. Carscallen, H. E. M. Douglass, J. Dunning, C. B. Dyde, B.A., S. H. Gould, B.A., J. Hart, F. L. Hill, F. G. Huffman, A. S. Knight, W. G. Kelly, A. Letellier, G. W. Mylks, J. H. McArthur, A. W. P. A. McArthur, M. F. McDermott, A. F. McLaren, D. B. Neish, A. E. Ross, B.A., W. B. Scott, H. Walker, S. J. Drummond.

HALIFAX MEDICAL COLLEGE GRADUATES, 1897.

M.D., C.M.—Robert Grierson, Martha M. Brown, Charles R. Gates, Alex. Fraser, H. A. Payzant, R. D. Bentley, V. C. Dorman, E. E. Bissett.

MCGILL UNIVERSITY, FACULTY OF MEDICINE.

The following gentlemen, seventy-six in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University: J. Barclay, W. K. Brown, C. L. Brown, B.A., R. H. Burrell, B.A., I. G. Campbell, D.V.S., S. L. Clindinin, T. J. J. Curran, F. W. Delmage, B.A., J. J. Doyle, W. R. Dunbar, E. M. Von Eberts, G. M. Foster, A. L. Foster, F. W. Gilday, G. S. Gordon, T. A. Gourley, C. C. Gurd, B.A., E. S. Harding, F. C. Harvey, E. W. Hayden, H. H. Hurdman, J. A. Johnston, W. Johnston, A. C. Jost, B.A., C. B. Keenan, R. A. Kerr, H. S. Kirby, I. H. Laidley, A. L. Laing, H. Lennon, B.A., J. R. LeTouzel, J. L. Lockary, H. F. Lyster, E. C. MacCallum, D. J. Macdonald, G. P. McDougall, J. G. McDougall, A. S. McElroy, F. W. McKinnon, A. A. McLennan, D. A. McLennan, W. P. McNally, J. D. McRae, W. R. McRae, N. Malloch, M. J. Maloney, E. A. Merkle, C. H. Morris, B.A., I. H. Morse, B.A., R. J. Midgley, J. A. Milburn, W. T. Pallister, A. J. Palmer, A. R. Pennoyer, A. A. Ritchie, G. C. Robert, H. M. Robertson, F. E. Rogers, J. J. Roy, W. T. Scott, A. A. Skeels, B.A., H. Smith, R. A. Smith, H. M. Stanfield, B.A., A. Sterling, G. R. Sutherland, J. A. Tierney, H. W. Thomas, J. E. Thomas, J. A. Thompson, F. W. Tozer, J. B. Trainor, F. R. Wainwright, S. F. A. Wainwright, E. J. Williams, B.A., F. W. E. Wilson.

ALBUMINURIA IN GONORRHOEA.—Colombini (*Suppl. al Policlinico*, 1897) has made a study of this subject in 372 patients suffering from acute gonorrhœa, 72 being complicated by epididymitis. In none of the cases had any drug been administered, and there was no evidence of cystitis or any disease likely to cause albuminuria. The pus was carefully filtered off and five different tests for albumin were applied to the filtered urine. Out of the 372 cases, albuminuria lasting from four to thirty days was found in 66, and of these 42 had epididymitis, 24 simple gonorrhœa. The author believes that an ascending nephritis could be excluded in his cases as also the influence of any drug, and on the whole he considers that the albuminuria was due to a process of general blenorrhagic infection, comparable to that which occurs in other infectious fevers.—*The British Medical Journal*.

Book Notices.

Lectures on Appendicitis and Notes on Other Subjects. By ROBERT T. MORRIS, A.M., M.D., Fellow of the New York Academy of Medicine, etc. Second edition, revised and enlarged. With illustrations by Henry Macdonald, M.D. G. P. Putnam's Sons, 27 West 23rd St., New York ; 24 Bedford St., Strand, London. The Knickerbocker Press. 1897.

This collection of lectures includes the substance of the author's teaching on the subject of appendicitis at the Post-Graduate Medical School in New York, and the series of notes on other subjects have been compiled chiefly from his contributions to various periodicals. Of the 169 pages in this work, 82 are devoted to four chapters on the appendix, as follows: (1) The Appendix Vermiformis Ceci; (2) Appendicitis; (3) Surgical Treatment of Appendicitis; (4) Subsequent Notes on Appendicitis. The first chapter in the book is entitled, "Preparation of Surgeon and Patient." The remainder of the work consists of short chapters, some of which we shall mention. The Action of Various Solvents on Gall Stones; A Last Resort Hernia Operation; The Reason why Patients Recover from Tuberculosis of the Peritoneum; The Drainage Wick; Endoscopic Tubes for Direct Inspection of the Interior of the Bladder and Uterus; Hysterectomy for Placenta Prævia; Mallet Finger; Is Evolution Trying to do away with the Clitoris? and many other notes of equal interest. The whole forms a very readable and instructive work, and deals with subjects commanding the attention of surgeons everywhere.

Don'ts for Consumptives, or The Scientific Management of Pulmonary Tuberculosis. How the pulmonary invalid may make and maintain a modern sanatorium of his home, with additional chapters descriptive of how every consumptive person may apply the forces of Nature to assist and hasten recovery; and, also, how the defects of heredity may be best overcome. By CHARLES WILSON INGRAHAM, M.D., Binghamton, N.Y.

This little book of 218 pages, issued during the past year (costing somewhere about one dollar, we would guess), should be in the hands (often) of every physician and every intelligent consumptive who is assisting his medical adviser in attempting the cure of his malady. It would not be a bad book to be in every reading household. Among the objects set forth in the prefatory note, we quote part of the fourth and fifth: "To educate the pulmonary invalid in the details pertaining to the absolute destruction of all infectious matter, . . . that he

may not be of the slightest danger to others, . . . to give him a thorough understanding of the effects of tuberculosis upon the system, so that he may co-operate with his physician in an intelligent manner in the management of the disease.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. Fifteenth year. New York: E. B. Treat, 241-243 West 23rd St.; 199 Clark St., Chicago. Price, \$2.75. 1897.

For busy practitioners there is no better return for the money in books than the Medical Annual, and that for 1897 is quite equal to any of its predecessors. The chapter on New Remedies alone is sufficient to find it a place on the table of every thoughtful physician who aspires to be abreast of the times. We desire to recommend this work highly to our readers, and are satisfied that perusal of its contents will fully endorse our recommendation.

Reference-Book of Practical Therapeutics, by various authors. Edited by FRANK P. FOSTER, M.D., Editor of the *New York Medical Journal*. Two volumes. New York: D. Appleton & Co. 1896.

We have received the first volume of (over 650 pages) this work.

It is essentially a book for the practitioner, and is an up-to-date work for reference. Only so much of the physiological properties of drugs, their chemical, mineralogical, botanical and zoological relations as is of direct bearing on their use in practice have been considered in the compilation of this work. As the author remarks, the "therapeutic nihilism" of a few years ago has been followed by a wave of over-activity; so nowadays he who undertakes to produce a work containing only such positive statements about remedies as rest upon a substantial basis assumes no little responsibility. But such names as Gerster, Howe, Jewett, Otis, Potter, Rice, Rohé, Solis-Cohen and Wyeth, who are among the contributors to this work, give assurance that the responsibility rests on men of close observation and sound judgment. In looking through the work one is pleased to note the thorough treatment of some of the newer remedies and therapeutic appliances. The coal-tar products, animal extracts, antitoxins, the bacteriotherapy, hypodermic medication, treatment by air, hydrotherapy, massage—these and many other subjects have been treated with much interest. The discussion of antiseptics is particularly good. Then, of course, there is an immense list of drugs which the average Canadian physician never uses, and perhaps, never heard of; for he has, unlike the average American

physician, found out, without waiting for Holmes' twenty-year limit, that one drug will do for twenty diseases. The ambitious physician will be pleased with this work.

Genito-Urinary Surgery and Venereal Diseases. By J. WILLIAM WHITE, M.D., Professor of Clinical Surgery, University of Pennsylvania, and EDWARD MARTIN, M.D., Clinical Professor of Genito-Urinary Diseases, University of Pennsylvania. Illustrated with two hundred and forty-three engravings and seven colored plates. Philadelphia: J. B. Lippincott Company; London: 6 Henrietta Street, Covent Garden. Canadian Agent: Charles Roberts, 503A Cadieux Street, Montreal. Price, cloth, \$6.50; sheep, \$7.00; half russia, \$7.50.

This work is just from the press, so that it has the merit to begin with of being recent. When one sees a new work of over 1,000 pages upon a subject that has been so ably handled by many physicians and surgeons of high standing, the attention is arrested, and the curiosity aroused to examine the work with the view of ascertaining whether it contains any special justification for its appearance. The two names that stand as guarantors for its contents are certainly strong ones. Both are well known in Canada for the good work they have already done along the lines covered by this work. It is stating the case mildly indeed to say that their reputation as writers and surgeons cannot but be greatly advanced by the appearance of this work. It has been the reviewer's pleasure to look into the work with far more than the usual attention given to a work for such purposes. The result has been to leave the impression that scarcely anything could have that has not been well said. As a work of reference it is most complete. Of far more importance, however, than the fact of completeness, is the one of thoroughness. We venture to say that the critic will be captious indeed who finds fault with either the matter or the form in which it is expressed. With the view of making a careful test upon this point, ten pages were read with the most critical intent. In these pages there was not discovered a broken letter, a misspelt word, nor a wrongly used punctuation mark. The work covers the topics of gonorrhœa, in all its forms, syphilis and chancroids, and the diseases and surgical conditions such as calculus, stricture, castration, varicocele, etc. The book has a most complete index, which improves its usefulness as a work of reference. The paper, binding and illustrations are excellent. Taking all in all, we have not, on any subject, seen such a book in many a day; and on the subject to which it is specially devoted, we know of no other work so valuable, as the whole field is thoroughly covered.

Selections.

SUPPURATIVE OTITIS.—Discharge from the ear is always a symptom of serious import, because it so often indicates the presence of an abscess in the middle ear, which may eat through the thin, bony wall and set up a fatal inflammation of the brain.—*Summary.*

CARBONATE OF SODA.—Thubert (*These de Paris*, No. 39, 1896-97) points out that, much in the same way as calomel is changed in corrosive sublimate, so the bicarbonate of soda is in the system converted into the carbonate; it is, therefore, better to administer the latter than the former; the whole amount ingested is utilised in the stomach, a smaller dose is required, and less sodium is introduced into the body.—*The British Medical Journal.*

FOR BLEEDING GUMS.—After the extraction of teeth, Vian recommends the following as an efficient styptic to check the bleeding:

R	Chloroform	ʒi.
	Acid. tannic } ^{aa}	ʒss.
	Menthol }	
	Tinct. krameræ	ʒi.
	Aquæ dest.	q. s. ad. Oj.

FLESHY MOLES AND ABORTION.—Neumann (*Monatsschrift f Geburtshilfe u. G., nak.*, February, 1897) publishes an important communication on a disease of the products of gestation already described by Breus in 1892 under the name of “tuberous subchorionic hæmatoma of the decidua.” He concludes, however, that Breus simply described a form of the well known fleshy mole. The histology, as laid down by Breus, corresponds to that of other moles described in scattered papers by careful observers. Blood being irregularly extravasated under the chorion, that membrane is pushed inwards in an irregular fashion. Hence no doubt the term “tuberous hæmatoma” is not incorrect, but the same might be applied to most fleshy moles. Neumann concludes that the fleshy mole is undoubtedly a form of the process known as abortion, a fact long admitted, but he advises the obstetrician to remember that the pathological changes which produce it may occur at very different stages of pregnancy. Hence the precise time at which the arrest of normal pregnancy occurred cannot always be determined by examination of a fleshy mole.—*The British Medical Journal.*

Correspondence.

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

Review of Council debate on motion re Executive Committee—Grounds on which a change in its composition was urged—By whom the motion was opposed—Specious pleas—Dishonest excuses—Insolent usurpation of Council functions by that Committee—Occasional cretchism of the official conscience—A university appointee's estimate of the futility of the profession's efforts to secure its rights—Council's penny-wise and pound-foolish policy—Dr. Williams's puerilities and specious nothings—No longer knows "who is who, or what is what"—His obfuscation as to official relations—Nursery prattle—Recognition of parties in the Council—A hard nut for the plausible doctor to crack—Evidence of the existence of an "Inner Circle" in the Council—The doctor's resemblance to a merchant who puts all his stock in his store windows—The "Billingsgate spirit"—Let him have a chance—Does not wish to be called a "Local Brother"—False appeals for sympathy—Dr. Williams, himself, cited as a witness as to existence of "Inner Circle"—His "artless" admissions re the Annual Caucus—Misrepresents my past relations and future intentions as to the Medical Council—Excitable controversialists should be under kindly restraint, during the "Full of the Moon."

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—An effort was made in the Council in 1895, and again in 1896, to give the profession three seats, in place of one, on the Executive Committee. Your readers will find the discussion reported, and the yeas and nays given, on pp. 122-126 of the Announcement for 1895-96, and pp. 98-103 of that for 1896-97, and I respectfully urge them to read both *critically*, in order that they may be in a position to judge for themselves the nature of the influences, and the character of the contentions and votes, by which this act of simple justice to the electorate has been twice refused. By-law No. 39, which, among other things, regulates the functions and membership of the nine Standing Committees of the Council, is to be found on pp. xlix. and l. of the last Announcement, and may profitably be read in connection with these reports. It has been rigidly enforced as to the numerical strength of every committee, with the single exception of the Executive, which, by loose and unauthorized usage has been made to consist, not of three elected and two ex-officio members, or five in all, as the By-law provides for and directs, but of three members only—the President, the Vice-president, and one other, always so selected from

those belonging to the Inner Circle as to make the committee of three embrace one school man, one homœopath, and one territorial representative—the latter not open to the suspicion of being troubled with any inconvenient notions of super-loyalty to the electorate. The grounds on which the Council was urged to place three territorial men on that Committee, were chiefly these :

1. That of legal requirement. The By-law clearly prescribes that the committee shall consist of five members—three elected and two ex-officio.

2. That of justice to the electorate. The Legislature has given the medical electorate a representation equal to three-fifths of the whole membership of the Council, and this membership-ratio of the Council clearly ought to be respected in the appointment of all the Standing Committees of the Council, and, especially, should it be respected in the selection of this governing committee, to which the entire control of the profession is confided for fifty-one out of the fifty-two weeks of the year.

3. That of courtesy, which would further point to the propriety, in accordance with British fair play, of assigning one of the three seats pertaining to the profession, to a member of the opposition, as is the time-honored parliamentary practice, not only in the House of Commons and Provincial Legislatures, but of every reputable deliberative body existing in any free and enlightened country.

In 1895, the suggestion to fulfil the requirements of the By-law, by giving this committee its legal membership, was followed by a discussion of which the principal features were these :

1. The suggestion was opposed solely on the specious ground of expense, and exclusively by members of the Inner Circle,—one territorial representative (Dr. Williams), three homœopaths and four University appointees resisting the proposed change.

2. A charge was explicitly laid against the Executive Committee of having refused to allow the Registrar to furnish, to a territorial member of the Council, certain information touching matters of great moment to the profession, and this high-handed proceeding on the part of the committee was urged as a reason why the profession should have increased weight in its membership.

3. This charge was replied to, in a very lame and characteristic manner, by both the members of the committee then in the Council. No attempt was made to deny the charge, though specious and disingenuous reasons were assigned for the refusal complained of. My esteemed friend, Dr. Williams, was present throughout this debate and took part in it, yet last summer the incident appears to have quite

escaped his memory, or, at all events, he professed ignorance that the committee had ever refused to give information when asked for it.

4. The reasons set forth for refusing the information then sought for were just two. The committee decided not to give it because its preparation would involve great expense. Dr. McLaughlin exploded that excuse by showing that its preparation would not have involved the expenditure of one single cent beyond the cost of the sheet of paper on which it was written, and a postage stamp to carry it to its destination. Then quite another explanation was offered. The information was refused solely because the committee dared not transcend its powers. It had no authority to grant any information to a member of the Council, and so feared it might be censured for assuming functions which belong exclusively to the Council itself! What a striking commentary on the pretty speech delivered on that occasion, and the conscientious scruples then professed, is furnished by this committee's subsequent acts! Less than three months afterwards it had risen so far superior to this shrinking timidity and ephemeral sense of official scrupulosity as to set at nought the Council's published curriculum of requirements, and to further risk its formal vote of censure by usurping, without a shred of excuse for so doing, one of the Council's most valued prerogatives—that of deciding to hold a Fall Examination. Twice now it has ventured upon this latter usurpation of function. This spring, it further distinguished itself, by issuing to the profession, for signature, a petition unauthorized by the Council, and containing matters eminently well *calculated* to still further inflame the Legislature against the medical electorate. And yet again, without waiting until the matter had even been mooted in the Council, and in flagrant disregard of, if not in contempt for, its prerogatives, and in opposition to the strongly expressed advice of every medical man in the House, this same consistent committee, whose official conscience becomes so charmingly tender on suitable occasions, ventured to direct—not the Registrar to prepare and furnish a penny folio of information asked for on behalf of the profession—but the Solicitor to prepare and furnish copies of a costly draft of an amended Medical Act for introduction in the Legislature. And it was only the determined resistance of the Legislation Committee that prevented the consummation of what would have been a fatal blunder—devised equally to the great detriment of the profession and to the advantage of the homœopaths and the schools, since these, and they alone, can benefit by whatever tends to perpetuate or intensify the hostility of late shown by the Legislature towards the medical electorate. Evidently then, on occasion, this

committee can, in the service of the schools or of a peculiar medical sect, defy both Council prerogatives and Council traditions, and become bold to the point of audacity. It is only when information is asked for on behalf of the profession that it begins to suffer from the erethism of official conscience.

5. A notable feature of the debate is the evidence it incidentally affords of the confident assurance which animates the members of the "Inner Circle" that, however much the fourteen elected men outside the Ruling Alliance may fret and fume and strive for justice on behalf of the profession, they are powerless in their efforts to secure it as long as the Solid Phalanx remains firm, or, in other words, as long as the homœopaths and school men can keep the necessary three territorial derelicts in leading strings, by tickling their vanity with the hope or the realization of office. This sentiment of almost contemptuous indifference to the earnest efforts of those who were battling for the rights of the electorate, was clearly, if somewhat offensively, voiced by a member of the government who closed the debate with the declaration, "We have had a great deal of words expressed here to-day which might have been as well thrown to the winds."

6. In view of the fact that last June the distinguished representative of No. 2 presented the Council with an entirely new justification of the breach of By-law No. 39, it may be well to note that, in this debate, there was no pretence or suggestion of having sought for or obtained a legal opinion favorable to the Council's usage in regard to the Executive Committee. Evidently the President, who had been in the Council many years, had no idea that so good an excuse could be found, and, although several of the oldest members of the Council, including Dr. Williams, spoke on the question and offered each a different and an equally plausible explanation of how the word "three" came to be in the By-law, no one then thought of attempting to cover the Council's delinquency, in this respect, by a suppositious sanction of the official Solicitor.

In 1896, in favor of giving the profession its righteous and necessary representation on this committee, the following additional points were brought out:

1. It was shown that the contention against the motion, on the ground of expense, was a specious and misleading one, which had been created for the purpose of resisting the change. In 1881 there were, it appears, six members on the committee, yet that year it cost the Council nothing. For the six years prior to 1887-88, it cost the Council nothing, not because it consisted then of only three members, but because its functions had very properly been so limited that it had no

occasion to meet at all. In 1887-88 and 1888-89, the building was in course of erection, and the committee, though still composed of only three members, cost the Council, respectively \$306 and \$194. Yet in 1889, in face of the fact that during these two years it had cost just \$500, so little did the Council then regard the danger of its ever again, with its strictly curtailed functions, becoming a source of material expense, that it deliberately, by By-law No. 39, then made and passed, raised its membership from three to five.

It is further a noteworthy fact that it is only since 1889 that the profession has been systematically defrauded of its rightful voice and influence in the Executive Committee, and that this injustice, flagrant enough before, has become more distinctly accentuated since 1895, when the territorial representation in the Council was increased from twelve to seventeen members.

2. It was further contended that if, notwithstanding the limitation of its functions in or about 1881, the committee was still liable to become an expensive institution—which the Financial Returns show has not been the case—the proper way to reduce its actual or prospective cost would be, not either to fly in the face of a Council By-law, or, to sacrifice justice to economy, but to still further curtail its functions, and to require it to reach such interim decisions, as may be found necessary, rather by epistolary correspondence than by formal meetings. A second and perhaps surer way of reaching the same end, would be to cut off altogether the monetary consideration now paid to its members—this, especially, in view of the fact, that the Ontario Medical Act neither contemplates nor authorizes the payment of a per diem allowance to the members of it or of any other Council committee.

To this it might have been added that, if the Council really desires to economize, there exist other and far larger leaks than this is ever likely to prove, to the stoppage of which, it might very properly direct its efforts. The dishonesty of the whole objection, on the ground of expense, is further shown by the fact that, it is only when justice is claimed or an act of grace asked for on behalf of the profession, that the "Ruling Alliance of Sixteen" becomes so suddenly and violently afflicted with the erethism of economy. And, as an object-lesson on the penny-wise and pound-foolish policy of the Council in this matter, attention may be directed to the fact that, purely owing to the absence of such a restraint as a properly constituted territorial representation on that committee would have exerted, it has been so worked during the past two years, by interests hostile to the profession, as to cause a financial loss to the Council aggregating nearly \$2,000. It instituted

two wholly unnecessary and unauthorized Fall Examinations, each involving an average loss of \$700, and its petition fiasco and preparations to amend the Medical Act without the knowledge and concurrence of the Council, involved a loss of several hundred dollars more. It is in flagrant violation of the fundamental principles of all responsible government, that any members of the Council, who are quite outside the reach of the electorate, should have a voice or a vote in questions involving the expenditure of a single dollar. But it will become an intolerable hardship, if the financial well-being of the College is to be thus placed at the mercy of an irresponsible committee, not containing a single loyal exponent of the views of the electorate.

The motion on behalf of the profession was defeated last June exclusively by the specious, nothings and high class plausibilities of Dr. Williams, whose contentions—lettered for reference—were the following:

He deprecate the recognition of parties in the Council (*a*); claims that all the members of the Council stand on a fair and equal basis, and that "all should be treated exactly in the same way as long as they are here" (*b*); insinuates that Dr. Geikie is the only medical school teacher in the Council (*c*); affirms that certain appointees of the schools are just as much territorial men as any of us (*d*); asks whether Dr. Britton, the appointee of the University of Toronto, has any special interest in furthering the interests or views of that institution (*e*); again prattles about the cost of this committee, twenty years ago, when it contained ten or a dozen members, and was permitted to meet when it pleased (*f*); affects innocent surprise or ignorance that the committee had ever been known to withhold information when asked to give it (*g*); implies that Dr. Sangster had shown that the Council usage with respect to this committee worked well (*h*); informs all concerned that the Council had "kept a tight rein on that committee ever since" (*i*); and declared that the Solicitor sanctioned the departure from the By-law (*j*).

I must again ask your readers to turn up the report of this speech (Announcement 1896-97, p. 100) and read it for themselves. It is a fair sample of the puerilities and plausibilities which the learned doctor so frequently sets forth in Council debates, and which his associates of the Inner Circle find so irresistibly convincing. And they are all advanced so speciously and so seriously, in a manner so *calculated* to win confidence, that one often wonders whether he is himself aware that he is equally discrediting his own intelligence, and insulting that of his auditory. Let me briefly advert to each of these points not already dealt with.

(a) Of course he deprecates the recognition of parties in the Council, and equally of course every member of the "Ruling Alliance of Sixteen" is prepared to confirm and to applaud his sentiments to the echo. *Their* control of the Council, and *his* representative occupation are alike gone just as soon as the medical electorate becomes fully informed and rises to the duty of asserting and protecting itself. Denial and concealment are vital to the continued existence of the combination. Dr. Williams knows perfectly well that there is a double recognition of parties in the Council—first as to the three sources from which its membership is drawn, and second as to the existence of a government, an opposition, and an independent section. He is thoroughly well aware that every committee of the Council, standing or special, is and always has been selected so as to give representation to the different elements or sources of membership.

(b) If no parties are recognized in the Council, and all are "treated exactly in the same way as long as they are here," perhaps, on being invited to do so, my plausible friend will rise and explain how it came to pass that, both last year and the year before, he attended a secret caucus of the "Inner Circle" which met to the exclusion of all the members of the Council not belonging to that alliance, and decided what should and what should not be done in the Council chamber. Was this treating all the members of the Council "exactly in the same way"? Was this placing the Stalwarts and the Independents on a fair and equal basis with the rest"? And, while about it, he will perhaps also kindly explain how it came to pass that in 1895 he seconded and voted for and, by the aid of his associates of the "Solid Phalanx," carried a "caucus" resolution, carefully excluding every man who had been elected as a Stalwart from the committee to strike the Standing Committees of the Council (*vide* Announcement 1895-96, p. 9). Of a verity, I opine that this will prove a hard nut for the versatile doctor to crack.

(c) Seems to be a gratuitous misstatement. Dr. Williams knows, as well as the rest of the Council, that Drs. Fowler and Moorhouse, equally with Dr. Geikie, are actual teachers in medical schools; and that if Dr. Thorburn is not now a teacher it is simply because the school, which appointed him and whose imaginary interests he is supposed even yet to guard, is defunct. If, therefore, the appointee of the Toronto School of Medicine has still a legal existence, which is open to question, his functions must be purely of a ghostly character. He is, officially, merely the unsubstantial shade of departed worth and greatness.

(d and e) Dr. Williams has slept so long with *homœopaths* and

school men, and has become so thoroughly imbued with that sympathy, that inextinguishable community of interest and sentiment which results from long association, and the hypnotism of contact, that he has become obfuscated with regard, not only to his own official relations, but also those of others. He has become so mixed up that he does not know, or pretends not to know, "who is who or what is what." Because he is quite as good a school man as Dr. Moore and Dr. Britton, he wants to know whether the latter "has any special interest to single out Toronto University," which appoints him, and whether the former, who is the appointee of Queen's University, is not just as much a territorial representative as "we are." It is Dr. Williams' peculiar custom to use the plural for the singular pronoun and to say "we are" where ordinary mortals would say "I am." If he thus uses it here his question would really be "Is not Dr. Moore just as good a territorial representative as I am?" To that question I could with all my heart reply "Yes, just as good," as I can see no difference between them. They might both have been appointed by the same school or university. But the cleavage of interests between the profession and the schools is sharply defined and irreconcilably divergent. The two gentlemen named are sent to the Council to look after the special interests of the two institutions by which they are appointed. They do their duty in this respect with a zeal and an intelligence and a fidelity which reflect honor on them, and shame the recreancy of all trimmers and traitors who have no clearer or more controlling views of representative obligations than the distinguished member for No. 2 seems to possess. But, if the question gravely propounded in the Council last summer was seriously meant, as it was asked, I can only say, sir, that it is really amazing that such nursery prattle was ever babbled in an assembly composed of earnest and intelligent men.

I have quite sufficiently dealt with (*f*), (*g*) and (*i*) in the earlier pages of this letter. With regard to (*h*) I have simply to say that neither in Council debates nor in my letters have I ever said or written one word that could be twisted into an expression of approval either of the system on which the committee is selected and formed, or of its working well in any way. And it is a striking commentary (*j*) his statement that "we have kept a tight rein on the Executive Committee ever since" that, while he was deliberately uttering this misstatement, the speaker well knew that, during the then current year, it had, in defiance of Council regulations and Council prerogatives, set at naught the published curriculum of requirements—thus justifying the most obnoxious of the provisions of Mr. Ross' Bill, and, further, let the Council in for a loss of \$700 by ordering a Fall Examination.

Sir, I have not imposed this review of the debate on your readers without having a clear and definite object in view. It affords the strongest possible evidence that the existence of a "Ruling Alliance" in the Medical Council is no mere figment of the imagination, but a solemn and a deplorable fact, while, at the same time, it serves to illustrate Dr. Williams' ordinary methods of Council argumentation, and how marvellously convincing with the "Inner Circle" is a manner thus "*calculated* to win confidence." Here was a motion simply aiming to give the profession its righteous and necessary representation in the most important committee of the Council. Its adoption was urged courteously, but firmly, on the grounds of legality, of consistency, of justice, of uniformity, and of safety to the vital interests of the electorate. There was not a single valid pretext advanced for its rejection—only specious nothings, puerilities that would have been laughed at in any school-boy's debating society, and plausibilities which were promptly met and exploded. It was defeated clearly and indubitably by a combination, call it what you may—"Government," "Ruling Alliance," "Inner Circle" or "Solid Phalanx," just as, during the past two years, every other motion which involved reform or retrenchment or an act of justice or grace to the profession, has been defeated. I respectfully ask your readers to examine the yeas and nays given in the Report. Three territorial men, who would all have voted for the motion, were absent when the vote was taken. It may be claimed that five independent members voted with the "Solid Phalanx." True, but as there was an entire absence of argument, this is only an evidence of Dr. Williams' personal influence and winning way. His whole stock in trade is put in his front windows and consists, merely, of a manner "*calculated* to win the confidence" of the unwary. He has been nearly twenty years in the Council, and new members who have not yet learned to distrust his loyalty to the profession, or to recognize the dishonesty of his methods, or to suspect the artful tactics of the "Alliance" to which he belongs, are apt to take his statements at their face value and to think him as truthful and as honest as he is plausible and crafty. When they get to know him better and to distrust him more, his personal magnetism will affect them less.

Since penning the above I have received the April REVIEW containing a third letter from Dr. Williams, very concise replies to a few points of which I hope you will kindly permit me to append. I also note your intimation as to the length of future correspondence and will cheerfully cut my letters, after this, to the regulation size. I hope, however, you will not restrict my friend, Dr. Williams, to four or any other

prescribed number of pages. His letters are so full of inimitable Department—are so refined in tone, and chaste in language, and elevated in sentiment, and courteous in expression—are so full of sweet temper, and honesty of purpose, and true manhood, and Christian spirit, that they illustrate far more clearly than I can portray, the true inwardness of the accomplished representative of No. 2. Let me respectfully ask you to give him a chance. His enemies assert that he simply cannot meet a charge squarely and fairly, that his replies are full of perversions and evasions, are an ugly compound of bluff and bluster, and bounce and bombast. They claim that he has discovered and developed what he terms a “Billingsgate spirit,” and devotes himself to its illustration by scolding like an old woman with the animus of a fish-wife. I hope, sir, your truly refined correspondent, who began this personal controversy by reading me last June so charming a lecture on the duty and the beauty of courtesy towards my opponents, and who is wont to pose in the Council chamber as a Model of Department, has not himself transgressed in that respect, and that he can explain away these shocking aspersions. Give him a chance to put himself straight. Even at the expense of still further restricting the space allotted to me, I hope you will let him have whatever room he requires for vindication and general purposes.

Dr. Williams denies that he ever entered the sacred desk to expound the Word of God. I am sorry I was misinformed on that subject, and apologize for the mistake I made. I regret that he cannot thus look back on holy and elevating associations, and I am no longer surprised that he had forgotten even the forms employed in Holy Writ.

It appears that I have inadvertently—not only set my foot upon a worm—but used the words “summoned each year” where I should have said “held each year,” and this trifling error affords the plausible doctor an opportunity for letting off three whole paragraphs of characteristic verbiage. Dr. Williams *did* say that “a caucus had been held each year” since he came into the Council, and this is *all* I ever charged him with admitting. He now formally repeats that admission, but seeks to differentiate. He claims that only “three of these caucuses have been summoned antecedently to Council meetings,” and that the others have simply “occurred.” And the ascetic doctor admits that he attended the two “caucuses” that were “*formally summoned*”—not for the transaction of business, not to discuss how best to diddle the electorate out of its rights, oh, no! but for “no special object other than friends spending a social hour!” Fie, Dr. Williams! To shut out the Stalwarts and Independents even from a share in the oysters and champagne! But then, after the

"social hour" had been spent, "the officers and other business were talked over," and the "members decided on their course," but "the personnel of the Council officials was not settled." Thanks, Dr. Williams! This is all I wanted to get from you. Every one knows that the formal election of officers can only be held in full Council. But, in a Council of only thirty, if sixteen members in caucus "decide upon their course," the matter is practically settled. Its resurrection in the Council chamber is merely a matter of form.

In his great tribulation—the squirming incident to the exposure of an untruthful and dishonest speaker and writer—he appeals to your readers for sympathy on two grounds. He avers that I was the aggressor. In this statement, as usual, he is incorrect. I am, on principle, except in self-defence, strictly impersonal in my remarks, written or spoken. I attack combinations, not men. I expose the misdeeds of a Council, or a committee, or an Inner Circle, or a Wing of an Inner Circle, but I never, unless first singled out and attacked, as in the doctor's celebrated lecture last June, give my strictures a personal application. Then he says I wanted to "get at and sting a person I dislike." In this he is also wrong. I have no feeling of dislike towards Dr. Williams. On the contrary, notwithstanding his official disloyalty and abusive language, I confess to still having a sneaking regard for him. I abhor his methods of debate and controversy as unmanly and dishonorable, and I am moved to bitter indignation at the systematic manner in which the profession has been cheated out of the advantage it had secured by the Act of 1893, and I blame Dr. Williams and his elected friends in the Inner Circle for being concerned in this act of treachery towards the electorate. But I have no dislike to Dr. Williams personally, and I would still rejoice to see him turn over a new leaf and devote his great ability to the service of the profession. I am a forgiving rather than a vindictive man, and were it otherwise, did I harbor enmities and ill-will, I would not be so stupid as to import private animosities into public life, or into public debate.

He wants me to prove the existence of an "Inner Circle" by the testimony of an independent member of the Council. I have done better than this. I have time and again asked your readers to examine the contentions and votes of the "Inner Circle" itself, in proof of the truth of my averments and the justice of my strictures. In this present letter I have cited Dr. Williams himself. I am willing to trust my whole case on the debate I have herein reviewed, and I affirm that no unprejudiced man, of any intelligence and discernment, can, after a critical examination of Dr. Williams' speech and the

resulting vote, resist the conviction that the combination which I have called an "Inner Circle" does both exist and prevail.

He says I have always opposed the Medical Council, and aim at its destruction. He is here also deliberately and intentionally wrong. He knows that I was a strong advocate of the Parker Act, and that my action in favor of the creation of a Medical Council and a Central Board of Examiners gave rise to strained and unpleasant relations between me and the Dean of my Faculty, which persisted through many months. And he knows that my efforts now are directed not against the Medical Council, but against the *machine* which it incloses, and which is worked to thwart every honest effort to give the profession its right and reasonable voice in the conduct of its own affairs.

With regard to Dr. Williams personally, I have now said all I care or want to say. I have discussed him, strictly, in his public relations, and have cheerfully borne witness to his many good qualities. I regret having been compelled to show him to be untruthful in debate and dishonest in aim, so far as Council matters are concerned. With your permission I will now return to the discussion of matters of more importance and of a less personal nature. This especially in view of the fact that my last two letters seem to have excited your esteemed correspondent almost to the point of phrensy. Whole paragraphs of his last efforts show an incoherency and want of balance which are ominous of future trouble if he be at present further pressed. And as, in my future letters, I cannot always avoid playful allusions to his use of means "*calculated* to win confidence," it would, perhaps be wise on the part of his friends—those whom he himself regards as his friends—to quietly restrain him from writing his replies in that particular phase of the moon in which he appears to have penned his correspondence for the April REVIEW.

Yours truly,

JOHN H. SANGSTER.

Port Perry, April 23th.

Appendicitis.*

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—Having seen many cases of this ailment (or typhlitis, as it was formerly called) in the last thirty years, without having had a fatality, I offer a few remarks thereon, differing somewhat from the treatment at present strongly advocated. It has not been my fortune to meet with cases of "Fulminating Appendicitis," the clinical features of which are those of acute intussusception, ending fatally in thirty to forty hours. It seems to me that the preliminary, or accompanying, condition is a loaded colon, and that prompt treatment thereof will obviate largely the need of operation. Pain, with or without fever, should awaken suspicion, and palpation and percussion generally reveal the sausage-like tumor, extending from cæcum to margin of last rib. There are two indications: quiet the pain, and empty the colon. A morphia hypodermic will do the first, and calomel, one-half to a grain every hour, is best to commence the second. It will often arrest vomiting, and is not itself likely to be vomited. After ten or twelve grains are given, the stomach being quiet, salines may be tried, drachm doses of mag. sulph. in effervescing draught every hour to liquefy the contents of small intestine, and so assist our second indication.

A rubber tube three feet long, three-eighths inch in external diameter, should be passed up as far as possible, and the rectum and lower colon emptied by enema. If they are already empty, it will pass through the sigmoid flexure to the junction of the transverse and descending colon. The tube should pass twenty-six to thirty-two inches, the latter bringing us fairly within the outlet of the transverse colon. By now placing the patient in the knee-chest position, we are aided by gravity in filling the transverse colon, and perhaps softening and liquefying the mass in the ascending part. The bulb of the syringe should be slowly worked while the tube is being inserted, which, by distending the gut with water in advance of its point, greatly assists the procedure.

The tube being fully inserted, a cupful of olive oil with a drachm of turpentine, or a cupful of infusion of senna with two ounces of glycerine, or similar mixture, should be thrown up, followed by as much warm water as patient can bear, and as the tube is slowly withdrawn the bowels should be filled to the anus with fluid, which, when expelled, often relieves the symptoms. The enema should be repeated

* Read before Huron Medical Association.

every six hours till the bowel is patulous, the other treatment being continued.

This matter was discussed at the meeting of the Canadian Medical Association at Montreal in 1892, and Dr. Fenwick, of that city, whose experience and standing in the profession are second to few, spoke in favor of treatment on these lines, particularly the calomel. He considers it has a specific action in appendicitis, said he had treated his cases that way for forty years, had never needed to operate, and had never lost a case. If these somewhat disconnected remarks shall be of use to any of my confreres in dealing with these difficult conditions, my object in writing you will be fully attained.

Parkdale, March, 1897.

WILLIAM SLOAN.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the April number of the REVIEW, Dr. Sangster proceeds “to elucidate his averment of (my) want of status as to truthfulness and honesty in public discussion.” It is interesting to follow this elucidation. It is peculiarly Sangsterian. When you have read five or six pages of your journal, you are still left to wonder whither he is drifting. But this is only his introduction. Through it you notice his labored efforts to get his courage sufficiently up to make the grand charge. Finally it comes. The card that is to carry consternation to the heart of the enemy is drawn from his sleeve. But what a piece of flimsy paper! It may truly be said, “the mountain has been in labor, behold the mouse.” To read this introduction, and to watch his various windings and contortions through the maze of words, forces again upon you, the remarks of Disraeli, “Intoxicated with the exuberance of his own verbosity.” In passing through it, you notice some of his peculiarities. Among them his characteristic “Raciness.” The freedom with which it flows from his pen demands your admiration. With what gracefulness “Turveydrop,” “Pecksniff,” and “Oily Gammon,” are added to his “Head Centre,” “Inner Circle” and “Solid Phalanx,” and to his “ductile,” “recreant,” and “subservient.” A feeling of thankfulness creeps over you when you reflect that his exclamation, “How unfortunate it is that any grown man, . . . can still condescend, . . . to seek relief for his surcharged feelings by falling back upon the schoolboy trick of making

faces and calling names," was intended to apply to others, not to himself, else his spice and "raciness" would be gone.

How you must admire, too, the unctuous candor, without even a blush, with which he confesses to multiplying the truth by two, when he says "five or six territorial representatives" when it was *only three*. And this is a "kindly veil of ambiguity." How are finite mortals to know when what he says is a "kindly veil of ambiguity," and when straight truth? Do the "vital interests of the electorate" demand this? If so, perish the vital interests, and let us have a little straight honesty.

The doctor displays a very great deal of fatherly interest in me all through this introduction. The tenor of it is, that in my private, social, civic and professional relations, he has no reason to even suspect that I am not a truthful and honorable man. And he "gladly expresses his honest admiration of my many good qualities." But,—and what a but! You will not be guided by me, you will not move at my dictation, you will not vote as I indicate, and for your good, but so reluctantly, I am forced to apply the rod. How many boys can remember these fatherly talks! No doubt we should be extremely thankful to those who give us such paternal (?) care.

While still laboring at his introduction your versatile correspondent calls attention to the fact that some five years since a medical journal was subsidized and paid with Council money. He affects to believe that its especial function was to "roundly abuse and traduce any and every member of the College who had the temerity to claim that his professional soul was his own," and he discourses fluently on the iniquity of such a procedure. It would be useless to attempt to convince him his strictures were not correct. "There are none so blind as those who won't see," but for the benefit of those who wish to know the facts, and judge for themselves, we will give a synopsis of the argument. A resolution was carried in Council, which contained the points subsequently embodied in the agreement. It was "that in the event of the Ontario Medical Journal Publishing Company printing a stenographic report of the Council proceedings, the College Announcement, and all the College advertisements, and supplying a copy of the journal free to every registered practitioner, the Council will give the company a bonus of \$600. . . . Striking points are brought out in this resolution. Among them, First, it was no part of the contract to "abuse or traduce members of the College," or to *uphold the Council*. Second, a full stenographic report of Council proceedings was to be printed in the journal and a copy to go to every registered practitioner free of cost. This completely refutes

the charge that there was any desire on the part of the Council to withhold information from the profession. The very contrary is shown to be the fact. Third, it brings out, too, that if "Council money" was used to pay this journal, the profession derived the benefit. There should be no difference of opinion on the necessity of giving the profession the fullest possible information on Council proceedings; but there are honest differences as to the best method of doing so. Subsidizing a journal to do the work has been tried. It is now changed to sending a stenographic report in the Annual Announcement. It is yet an open question which will prove the better method.

The doctor intimates that "twice and twice only heretofore" have I "appeared before the profession in print over (my) own signature"; "once in a letter to the public press, and once in an essay or paper originally read before the Ontario Medical Association." In this his history is at fault, but we will not now quarrel with it. On the first he declares he "does not propose to dwell," as he "has not now at hand the newspaper containing . . . the *corpus delicti* referred to;" but he gives us "the simple facts as he remembers them." "Some five years ago, in his capacity as President of the Council, the doctor furnished, for presentation to the Legislature, a statement showing that the whole cost of the Council's real estate was \$50,000, that the building was to the Council a source of revenue, and that at any moment the Council could take \$100,000 cash for it." That on this being challenged the "President rushed into print, professing to have now made a close and careful examination of the Treasurer's Financial Statements," and to have found the "exact cost of the real estate was just \$83,000." In this the doctor is astray in just a few particulars. First, neither the Government nor the Legislature, nor any member thereof, ever asked the President for a statement. Second, the President never furnished a statement; and third, the President never "rushed into print" to correct a statement he had never furnished. What a remarkable memory the doctor has! It retains vividly facts and incidents that never occurred. But "why should he hesitate" to make facts as well as "mould them to his purpose?" Is this the same Dr. Sangster who talks about "status as to truthfulness and honesty in public discussion"?

With reference to the "essay or paper read before the Ontario Medical Association." Up to the present I have not had the honor of reading a paper before that institution. On one occasion, at the invitation of the President, I addressed the Association on "Recent Medical Legislation." There was no paper read, and if my memory

serves me correctly, there were no notes used. In so far as I know, it was neither reported nor published. Yet the doctor says, "some rude outer barbarian at once tore his figures to tatters." How did this outer barbarian get the figures? Did some one carry them in his memory? Had he a memory equal to what we have shown Dr. Sangster's to be? Could he, like the doctor, remember what never occurred? It must have been the same memory. There cannot be two such in one country. He also says "a few days after it had been severely mauled in the public press," I "read this paper again from the President's chair in the Council chamber"—this paper, which as yet had no existence, but had been "tattered and torn" and "severely mauled." What an unfortunate paper to be subjected to such harsh antenatal treatment! Probably what the doctor has reference to is, that as President, I made the usual retiring address, which was reported, and subsequently published. But it would not serve his purpose to state the facts.

This is the article which he says was "mauled" as well as "tattered" long before it was born, and weeks before printer's ink was used upon it.

He is not done with this paper yet. He intimates there are some figures omitted that should have been in it; there are some too large, and some too small. Who ever saw a financial statement "*the critics*" did not show to be *all wrong*? Why should this be an exception? I have no doubt that now, after five years' experience with that account, many omissions will be found. It would be surprising were it not so. But he tells us I made the omissions "deliberately," "with the previous year's Announcement open at page 220 in (my) hands." Where was Dr. Sangster when he saw what I had in my hands? Was he by my side that he could read the page? Or is omnipresence another of his qualities in addition to his great and remarkable memory? Or is he "moulding facts to suit his purpose"? We can form an opinion on this matter from the internal evidence. What does it show? Had I the Treasurer's itemized Statement before me, or had I not? I am reported as saying, "I will give some figures which *I think* are correct." "Taxes about \$625.00," "insurance about \$80.00." "I think *this is not calculated unfairly*." "It is what may reasonably be expected, and would be very satisfactory." Now, Mr. Editor, if the internal evidence shows anything, it is that I had no itemized Statement of the Treasurer in my hands; that no attempt at giving exact figures was being made, for that was not practicable at the time; and that it was a forecast only of what might be expected. Yet, after five years your sorely pressed correspondent

brings forward this forecast, with its discrepancies and omissions, as evidence to support a charge of want of "status as to truthfulness and honesty in public discussion"—evidence on which an unbiassed judge would not condemn a dog. What has been the effect of this? We will allow the doctor to tell it. He declares that "this serves to settle the question of (my) credibility in public discussion with Council affairs at once and *forever*." "That (my) statements *re* Council affairs have been taken ever since by well informed persons, liberally sprinkled with salt." That "(I) must clearly understand that (my) evidence on Council matters is ruled out of court." How depressing all this is! Under a cloud for five years and must remain so "*forever*." I would be completely overwhelmed did not the doctor himself come to my relief. He asserts that I am one of the "Head Centres" leading to a wing of the "Inner Circle." I must then have a little influence left. He declares that the Executive Committee was carried "almost exclusively by my plausibilities." Someone, then, must believe me. And the doctor himself writes a series of letters, the whole gravamen of which is, that I have too much influence, and he is striving to break it down.

The contrariety of positions taken by your correspondent in his letters, as partially exemplified in the above quotations, leads to doubt as to his true position, or whether it is that he has no position, but makes such statements as for the time being will serve his purpose. The statements are so at variance with each other that they may safely be left to himself for elucidation. The Dr. Sangster who avers that my statements must be taken liberally sprinkled with salt; that my evidence is ruled out of court; that it is not worth the ink with which it is written, may fight the matter out with that Dr. Sangster who wrote a series of letters the gravamen of which is, that, as the leader of a certain wing, I have too much influence. When he has decided on which side, if either, he finds truthfulness, it will be sufficiently early for a second party to consider seriously his asseverations. In the meantime the reader may judge as to the state in which the doctor finds himself, when he will attempt to call in question another's status as to truthfulness and honesty in discussion, on trumpery trivialities such as he has brought forth in his April letter.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, May 5th, 1897.

How the Drift into the Medical Profession is Promoted.

— MEDICAL COLLEGE.

Please enter on this form, name and address of gentlemen who to your knowledge have the study of medicine in view.

Mr.

Post Office.....Box.....

.....Street, No.....

(Space is left for four names.)

The above names and addresses were written by.....

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—The enclosed blank form was mailed to me from Toronto. I have received two others from different parts of the Province. I am informed that one or more copies of this high-toned document were placed on the desk of each candidate writing at the recent medical examinations of the University whose name heads the paper, though I have, for what appear to me to be sufficient reasons, drawn my pen through it. Surely your esteemed correspondent, Dr. Williams, who cannot refrain from complimenting even one he regards as an enemy on his business ability, will break out into raptures of eloquence over this evidence of "business ability" on the part of his associates and friends! It was evidently designed to catch the students, at a soft moment, and, in a pliant mood. The last line contains an unmistakable intimation that, possibly, the values of the written papers, and, certainly the zeal and loyalty of the candidates would be measured by the importance, from a business point of view, of the information thus supplied.

Universities and medical schools have, I suppose, a strong pull on young men and women writing for their degrees, and can thus draw, in advance, on that artfully and craftily created figment of the imagination—"Loyalty to one's *Alma Mater*." But they have no similar "pull" or "thumb-screw" to apply to outsiders, such as ministers, high-school masters, municipal clerks, public-school teachers, post-masters or the officers of fraternal societies. If these, all or any of them, are favored with similar blank forms, doubtless explanatory circulars are sent therewith, and, as an inducement to do the work required, some such system of competitive prizes may have been devised

as that employed for booming the sale of "Surprise Soap," or for enlarging the subscription lists of certain second or third-class periodicals. If it may be assumed that this plan has been, or is about to be, adopted, may I, without offence, suggest to the Venerable Dean of the institution in question the advisability of selecting as prizes such articles as Encyclopedias of Domestic Medicine, and Bicycles. There is a cognate applicability; a professional tinge, about the former, that stamps them as peculiarly appropriate to the purpose; and, the present craze impelling all the world to mount wheels, in conformity to the whirligig of fashion, would make the offer of a first-class Bicycle as a prize, send many of the young and middle-aged men and women of every hamlet, village and town in Ontario, on a hunt for prospective students in medicine. The result would not only greatly improve the bank accounts of medical school professors, but would very soon put an end to the present deplorable dearth of sucking doctors.

In this Province the road to financial success in practice is no longer strictly hedged in by mere professional attainments. In securing a practice, professional ethics are not now greatly regarded, and *business push* is the one really indispensable requisite. It is true that this most desirable accomplishment is not formally taught, by lecture, in any of our medical schools. But every one knows how strongly the young are influenced by the example of those whom they are expected to reverence. By the exhibition of business-energy such as this, does not an *Alma Mater*, practically, say to her alumni, "Win a practice, my children, win a practice, ethically if you can, but, WIN IT."

Yours truly, JOHN H. SANGSTER.

Port Perry, May 3rd, 1897.

PAY THE DOCTOR'S BILLS.—The Bishop of Norwich, England, recently took occasion to preach a sermon upon this subject, and in it he said, after telling how men neglected to pay the doctor's bill: "I cannot permit myself to imagine that I address any such wrongdoer here to-day. But if I do, then, in my Master's name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world; they are entrusted with the secrets of domestic life; they have all our liabilities of their order; they frequently die as martyrs to science, to suffering, to sympathy, to destitution. Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment, the last to be deferred is the account of him who is the human agent who has brought us into the world; enables us to continue our work in life, and many a time lays down his own in endeavoring to baffle death."

Miscellaneous.

Supplied Blood "in Extremis."

CASES BY DR. W. H. PARSONS, OMAHA, NEB.

I. Miss B., aged 16, of Lincoln, Neb., was admitted to hospital in Kansas City, Mo., June 9th, 1891. Laparotomy for ovarian cyst was performed on June 12th. She was anæmic in the extreme when admitted, and generally in bad condition for an operation, but the case demanded immediate relief and the operation was deemed particularly successful; but the low vitality and extreme nervous irritability of the patient gave no promise of a favorable outcome.

Shortly after the operation the stomach became so irritable that all nourishment and even cold water were rejected. The temperature and other grave symptoms indicated sepsis. On June 18, the date of my first visit to the hospital, the patient's life was despaired of, and the last rites of the church were being administered at the time of my arrival. Dr. G., the surgeon in charge, kindly gave me a history of the case. Rectal feeding had already been tried with unsatisfactory results, beet tea and milk having been used. At my earnest request I was permitted to test the value of the blood treatment, the doctor saying at the time that the patient would not live forty-eight hours. Bovine, one ounce, sterilized water, one ounce, pancreatine, five grains, raised to a temperature of 100° F., were employed and forced high up into the rectum. This was retained, and the same dose was repeated after an interval of two hours. After eight hours the distress and painful retching subsided, and if food was not alluded to the stomach remained tranquil. For twelve days the only nourishment administered was bovine every three hours day and night, and by this process of nutrition alone, the vitality of the patient was restored, so that at the end of that period she sat up in bed and, for the first time since the operation, expressed a wish for food. On July 3rd, this moribund girl was pronounced convalescent.

II. In St. Louis, a lady had pricked her thumb with some poisonous product, and blood poisoning in its most virulent form supervened, and in spite of the best efforts of several leading surgeons, the case came to a point where amputation at the shoulder seemed the only alternative. The hand and arm were swollen to their fullest capacity, and honey-combed with scores of sloughing ulcers. Upon my advice the hand and arm were dressed six times each day, after having been

thoroughly cleansed, with pure bovine; the ulcers being packed with soft lint saturated with the same, and the entire arm and hand dressed with it. In thirty hours a change was manifest, and in sixty hours healthy granulations began to appear, diseased tissue to slough out, and in twelve days her hand and arm were as good as new.

III. A man in St. Joseph, Mo., wounded himself in the hand while dressing dead hogs at the yards. Blood poisoning set in in earnest. In six days all dressings, etc., had failed, and amputation was suggested. I was in the attending surgeon's office when he related the case to me. I suggested wrapping the arm and hand in bovine blood, changing every four hours. In twelve hours the change was so marked that the doctor sent for me to see the case. In four days he was well. The doctor thanked me, as did the man, who was about to lose his arm and probably his life.

IV. A man in St. Joseph's Hospital, Oneota, had his arm smashed in a railroad accident; the fractures were compound and badly comminuted, and in a few days an erysipelatous condition set up, which threatened his life. I was in the hospital, and the attending surgeon, an old friend of mine, Dr. E. W. Lee, chief surgeon of the B. & M. Railroad, called me to view the case. It was truly desperate. I advised taking off all dressings, put the arm on a pillow, cleanse it thoroughly with hot bichloride, and wrap the entire arm in pure bovine. After some hesitation it was done, and in four days the condition had so far changed as to allow the arm to be put back into the dressings. Another life saved, and another victory for Blood.

V. Soft chancroid involving the glans and prepuce. The soft ulcer had been doing its work for four weeks; appeared almost malignant; various dressings had failed, such as iodoform, etc., etc. This ulcer was packed in pure bovine and soft lint, changed every two hours the first three days, then every four hours. In thirty-six hours the diseased tissue sloughed out, healthy granulations set up, and in ten days he was well. This, in brief, is my experience along new lines (that is, new to me).

Omaha, Neb.

W. H. PARSONS, M.D.

PILL GUY HOSPITAL — Under the title of "Pill Triplex, No. 2, Guy Hospital," Messrs. Parke, Davis & Co., have added to their list a formula largely used in cardiac dropsy, consisting of blue mass, digitalis and squill, each pill containing one grain each. It is supplied in gelatine-coated only, oval in shape. Physicians generally who have been using this pill will be glad to know that it can be procured in this desirable form, and from a firm of such well-known repute as Messrs. Parke, Davis & Co.