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EDITORIAL.

THE ONTARIO MEDICAL COUNCIL.

This body has come in for a good deal of discussion. For a time the adverse criticism was from the lay press, and along the line that the medical council had not done its duty in disciplining certain members of the medical profession on whose name rested a suspicion of infamous conduct from a professional standpoint. Against these attacks we defended the council, as it was quite clear the council could not act until an accusation was laid either in the courts or by members of the profession.

But the line of attack has shifted. It became apparent some time ago that the management of the finances of the College of Physicians and Surgeons was very bad, and that the assets of the college were fast disappearing. A member of the council, Dr. J. A. Temple, stated last year that the balance has decreased by about \$10,000 in three years; and that, at this rate, the college would soon be bankrupt.

This made it imperative for us to call the management of the medical council to task. In our January issue we dealt with the finances, the attitude of the council towards Dominion registration, and the fact that five bodies were represented on the council which had no right to such representation. In the same issue we defended the council against a wrongful attack made upon it by the public press.

In our issue of February we again had something to say upon the position of the council. We therein took strong exception to the representatives of certain colleges holding seats on the council and creating the risk that the entire proceedings of the council might be rendered void. We further pointed out that the five members of five dead colleges cost the council about \$1,200 a year. We pointed out also that six members of the council, of those elected by the profession, had received in per diem and mileage nearly \$3,000 last year.

In our issue for March we discussed the council's method of collecting the annual fee of \$2.

In our April number we took up the proposed amendments and gave them our support, as they were calculated to expedite the business of the council and, thereby, lessen the cost.

In our May issue we contended for a strong council, and that all who sought election should give out a clear cut statement of their position on the subjects of economy, needed reforms, amended legislation, and the Dominion act. We called upon the council to give out a full statement of its affairs as the only way of downing the rumors that there was needless expenditure of money. We also complained of the tardiness of the council in issuing the announcement.

In our June issue we took up the folly of holding so many examinations. We pointed out that in Britain the general medical council registers the degrees and diplomas of any college that lives up to the regulations. We also showed that the medical councils for the Maritime Provinces, for Quebec, and Manitoba, do not hold examinations, but accept the degrees of the universities in these provinces. We contended that if the medical council of Ontario did not conduct examinations, but appointed assessors to see that the examinations were properly carried out, the council could soon grow wealthy and be able to do something really worthy for the medical profession. We held that to examine students immediately after they had passed through the ordeal of a hard examination was quite unfair, and an evidence of extreme folly. We also called upon the members of the council to tell their constituents how much money each had drawn in per diem and mileage, and how many meetings had been attended. In these remarks we were as pointed as we could be. We also contended that the assets of the college belonged to the practitioners of the province and not the medical council.

In July we pointed out that the council should give a clear statement of the number of students who wrote on each subject and the number who passed from the various colleges. This would enable us to judge where good or poor teaching is done. Then we urged the claims of Dominion registration. We pointed out that if we cannot secure Dominion registration, we can get inter-provincial registration and also pointed out that in the United States, there is almost universal inter-state registration. We again called upon the council to lay before the profession a full statement of its affairs. We further and, again, called upon the council to be prompt in the issuing of the announcement.

This will set before our readers the fact that we have done our duty by way of urging the council to adopt prompt methods, to give up ways and means of wasting its funds, and to use its influence for Dominion registration or inter-provincial reciprocity.

But the past is the stepping stone for the future. If the medical profession will only do its duty now, the next medical council will lead the way into new paths. The whole question will soon be in the hands of the profession once more: for the elections are this fall.

THE ONTARIO MEDICAL COUNCIL MEETING OF 1910.

Two journals, THE CANADA LANCET and *The Canadian Journal of Medicine and Surgery*, have persistently demanded a full accounting at the hands of the medical council, not only for this and future years, but for the past three years of this council. To these demands the council has yielded.

When THE CANADA LANCET made application some months ago for the information about the finances, the answer came back from the treasurer and the registrar that it could not be furnished. When the President was asked for it, he referred us to the member for West Toronto. When the member for West Toronto was applied to he said he did not feel that he should go to the treasurer and inspect the books and then hand out the information. He preferred to wait till the regular meeting of the council and ask for it. If it would then be refused he would feel free to secure the information for himself and give it out.

But the council has yielded. Truly, as Shakespeare, makes Falstaff say, "The better part of valour is discretion," and so we get the information for our readers which the council should have published in the announcement during the past years. The foolish argument that it would cost too much to add two or three more pages is not worthy the answering. Bassanio says in the Merchant of Venice: "His reasons are as two grains of wheat hid in two bushels of chaff: You shall seek all day ere you find them, and, when you have them they are not worth the search."

We were not hunting for the reasons why we did not get the facts, we were hunting for the facts and we have them now. They came unwillingly and they came none too soon.

Though we did not come in for a share of the council's wrath we feel that we were equally guilty with our contemporary, *The Journal of Medicine and Surgery*. Perhaps the council felt something like Jack the Giant Killer when he set out to clear the Welsh forests of those destroyers of men and things that they had better take us separately; and so they poured their wrath on Dr. Young. But neither of us did a wrong, and in the interests of the medical profession we have got at all the facts. It was in very bad form for certain members of the council to abuse the medical press for trying to secure medical information regarding the medical parliament of this province for the medical constituents and contributors.

But the indications point to the conclusion that the medical council has given access to the information we have tried to secure somewhat unwillingly as the boy is said to have gone to school in "As You Like It." In reading the reports of the meeting as we get them in the *Mail*, *Globe*, and *Star*, we come upon some rare tit-bits indeed.

Dr. Henry (*Mail*) asked if the executive council had taken any action as a result of criticisms in the medical journals. Again, (*Star*) I have been a member for 27 years. The remarks of that medical journal were unjust, uncalled for, malicious, and bad. However, the treasurer's report will clear things up. Again, (*Globe*), in my 27 years' experience as a member of the council had never before heard such charges.

Dr. J. A. Temple (*Mail*), Dr. Young asked to be allowed to examine the books of the college, and if I had been the president I would have used pretty strong language. Again, (*Star*), our expenses are undoubtedly too heavy and we are starting in the right way to reduce them. But for a medical journal to be the first to turn out and charge the medical council with dishonesty is a disgrace. Again, (*Globe*), the financial report was not just as it should be, and there should be something broader laid before the board than the present statement, in order that the profession and the public at large might have the opportunity of discussing it.

Dr. Hardy (*Globe*). He had not objected to having anything published, but he did object to the way in which it was proposed to be done, and, moreover, the advertising of a certain medium. Again, (*Star*), he had objected to publishing without the council's consent, a statement calculated to advertise certain mediums.

Dr. Merritt (*Mail*) said criticisms made for the purpose of doing harm should not be tolerated. Criticism was welcomed when in a good cause, but when made in malice, it should not be noticed. Again, (*Star*), but a criticism such as that directed against the council during the past year, made with intent to injure, and with malice and contempt, should be absolutely ignored. Again, (*Globe*), they could not afford to ignore honest criticism, but when it came to be made, as it had been made during the past year, with malice and with intent to injure, he thought it should be ignored.

Similar remarks can be found in the statements of other members of the council. Whence cometh this divine right of Kings? The members of the medical council are there as trustees. So far as THE CANADA LANCET is concerned there never has been a single word given to the public in malice, or with any other intention than to benefit the cause of the council and the medical profession. There need not have been so much time lost over the affair. Thirty members drawing \$20 a day comes high when the whole cause of it all is to abuse the medical journals that have fought hard to secure information for the members of the profession. This discussion took up a good deal of time, and in this way cost several hundred dollars. The result was to yield and grant what had been asked.

According to the *Star* Dr. Hardy is made to have said "he had objected to publishing without the council's consent." In reply to our request for information we were directed to the member for West Toronto for the material. This did not look as if it was not to be published without the council's consent, but rather to put the responsibility on some one else.

During the whole of this discussion three members merit the highest praise, Drs. J. S. Hart, F. N. G. Starr, and J. M. McCallum. A year ago they tried manfully to have a complete financial statement given out, but were defeated in their efforts. This year, however, backed up as they were by public criticism, they won out easily. Much praise to their efforts.

THE FUTURE OF THE ONTARIO MEDICAL COUNCIL.

"He must needs go that the Devil drives," said the clown in "All's Well That Ends Well." The medical council has been driven for some time by the stern whip of public and professional opinion. It is on a stormy sea. There are dangers on both sides of it and ahead of it. But judging by the past we fear it will not prove true of the council.

There is a tide in the affairs of men

Which taken at the flood, leads on to fortune;

but rather—

Omitted, all the voyage of their life

Is bound in shallows and in miseries.

The council, constituted as it is of 8 from medical colleges, 5 from the homœopaths, and 17 from the regular practitioners of the province, voted down Dr. J. S. Hart's motion to reduce the numbers of the present council. Just imagine a board of 30 person to manage the affairs of the medical profession of this province and look after an income of \$27,748.41 as per announcement of 1909. The regular annual meeting of 1909 cost \$4,246.15 to members, \$149.30 for the stenographer, and \$603.20 for the announcement, or a total of \$4,998.65, or well up to one-fifth of the total income for one meeting of the council.

Then the thirty members of the council have struck no less than 9 committees. Here they are with their size: Registration 8, Rules and Regulations 5, Finance 5, Printing 5, Education 9, Property 5, Complaints 5, Executive 3, Discipline 4, and the President and Vice-President *ex-officio* on all, making a grand total of 67, or two and one-quarter times for every member of the council. In the announcement for 1909 we are told that \$40 was paid to a special committee on fifth year course, \$230 to a special committee on filing official documents, \$80 to a special com-

mittee on building and site, \$60.25 to a special committee on redistribution, and \$45 to a special committee on British reciprocity.

In the announcement of 1909 we are told that the total expenditures for the year were \$31,363.01. Of this sum \$7,548.92 was expended on the spring and fall examinations. This leaves the large sum of \$23,814.09 to go for general management expenses, while the income for that year was only \$27,748.77. Of this large sum for expenses only \$3,621.55 was expended on property, or for furniture and appliances, leaving a grand sum of \$20,193.54 to manage the work of the council with an income of \$27,748.77. The council is far too large and there are altogether too many committees and too much business machinery. It will not do, and it must not be allowed to continue.

But take another way of looking at things. The council voted down Dr. Hart's motion to reduce the size of the council. Among those who were entitled to vote were 5 from colleges that no longer teach medicine, and 5 homœopathic members. It is not likely that these latter would vote to cut down their number from 5 to 2. The total number of homœopaths in the province would perhaps not exceed 80, and yet they have 5 on the council, or 1 to every 16, whereas the regular practitioners have 17 members for 3,400 or 1 to every 200. In the former class the numbers are decreasing, while in the latter class they are steadily increasing.

It should be said that Drs. J. M. McCallum and F. N. G. Starr, though representing colleges, have always taken a proper view of this subject.

If the medical council will persist in this course, there will be no other course left open for the general practitioner than to go to the legislature direct and ask that things be remedied. The council in former days did the driving, but outside opinion is now doing a good share of the driving. There have been revolutions in larger bodies than the council.

Dr. F. N. G. Starr's motion to leave the primary and intermediate examinations to the universities was shelved for the present. It must, however, strike any one who gives the matter any serious consideration that the present system "is wasteful and ridiculous excess." The time was when the council held examinations for the matriculation, but this has long ago been abandoned.

This is another direction in which the council must yield. Opinion will not long see the wisdom of two sets of examiners going over the same ground with the same students within a couple of weeks of each other. This is a waste of good money, and much of it at that. It is also a cruelty to the students for no good. The medical council and the universities can join hands and hold joint examinations that would carry with them

the degree and the license. At all events the primary examination should be abandoned.

The time will again come when the medical council will "make a virtue of necessity" as it has done this year in the matter of giving the details of its finances.

THE MEDICAL COUNCIL A YEAR AGO.

This year many members of the council have shown great indignation at the fact that two medical journals have dared to criticize their methods. One would think to read the recent discussions that some of the members of the council thought with King Richard,

The breath of wordly men cannot depose

The deputy elected by the Lord.

This year Dr. J. M. McCallum contended for the fullest details being published. On the last day of the council meeting he said (*Mail*) it was the intention that the details of finances should be within the reach of those who wished to see them. To this Dr. Vardon said (*Mail*) any doctor should have access to the books if he went to the college and asked it. It was, therefore, decided to allow Dr. Young to have access to the treasurer's books.

Now see what happened a year ago, as per the announcement pages 380, 381, and 382.

"Dr. Hart—I would like to move that the treasurer be instructed to supply this council with the minutest details of the expenditures, giving us practically a copy of his own books, so that we may know everything about the finances of the council.

"Dr. Moorhouse—I have very great pleasure in seconding that motion. I believe it is most important. Not that I doubt anything that has been done, but I like to see things in black and white; it is more convincing to specify than simply to give us a lump sum. I know in my own personal business I often like a detailed statement, and often like to give one, because it satisfies my clients, and I am better satisfied when I get a detailed statement.

"Dr. King—I quite agree with the idea that we should have a detailed statement, that is, it should be available for observation, but I think it is perfectly ridiculous to publish a statement like this.

"Dr. Moorhouse—We don't need that published.

"Dr. King—Excuse me, that is what Dr. Hart asks for. If you want to see each examiner's name, what amount he got, and so on, you are simply going to publish your whole book. I call it absurd. I like to use the word in its due respectful form, but it is ridiculous to my mind.

Every member of this council has a perfect right to see every voucher that is here. There is no account that is mentioned on this statement that he cannot ask for and have it brought down; but as for publishing it, it is simply going into the matter of seeing how much money we can spend uselessly.

“Dr. Gibson—I think we are properly safeguarded in this, we have an auditor, and responsible treasurer and finance committee, to whom we can entrust the scrutiny of these things, and beyond that we have the privilege, as Dr. King expresses it, of looking through the vouchers and books for ourselves if we are not satisfied with the report as presented. We have also a detailed statement of the prosecutor’s receipts and expenses generally furnished along with this one each year so that it seems to me this would be an unnecessary trouble to the treasurer and expense to the council.

“Dr. McCallum—Dr. Gibson has said these accounts are available to us as members. Are they also available to the licentiates of this council? The idea I suppose is simply to give those constituents of ours the information. The council has in the past loaded up their announcements with detailed items of the prosecutor’s report. It struck me when I saw this that the thing was rather odd, but if that is to be continued I don’t see why the other should not be.

“Dr. Moorhouse—It is not necessary to have this published in our annual announcement; it is on a sheet similar to what we have now under each heading what these items are. It is just for the satisfaction of the members of this council here, and if any other constituents require it, it can be readily obtained.

“Dr. Hart—So far as adding to the printing bill, it wouldn’t add more than two pages.

“The President put Dr. Hart’s motion, which, on a vote having been taken, was declared lost.”

What a change in one year! Last year the council voted to keep the medical profession in ignorance. This year the same councils hauls down its colors and surrenders.

Acting under the opinions expressed in the foregoing discussion we have repeatedly tried to secure information regarding the finances, but have been refused. See the correspondence in *THE CANADA LANCET* for April.

When the council was so anxious to save money by not printing a few details of the disbursements to its own members and the examiners, why did it not cut down the expenses for printing in some other directions? There are no less than 8 pages devoted to a detailed statement of the receipts and disbursements of Mr. Rose, the prosecutor; and the whole thing amounts to only \$673. On the other hand the expenditures

of the council amounting to \$31,363.01 has devoted to them only 2 pages, and no details at that. No wonder the medical journals did protest, but many members of the council thought "we did protest too much."

THE ONTARIO MEDICAL COUNCIL ON TIME AND SPACE.

The great thinker, Immanuel Kant, discussed at length the philosophy of time and space; but it remained for the Ontario Medical Council to find a solution to his questions. By the following resolutions and the uses made of them, the limitations placed upon ordinary mortals by time and space, were annihilated.

On page 235 of the announcement for 1908, giving the transactions for part of 1907 and 1908, we read:

"(F) Regarding the matter of the remuneration of members referred to your committee, for resolution of 1905, that the payment of council members be arranged on the same basis as then advised, the council session be considered as six days, the per diem allowance figured on this basis. The days of travel to be considered as in former years."

In the announcement for 1909 and containing the transactions for part of 1908 and 1909, we find on page 249 this:

"(d) Following the resolution of 1905 the sessional allowance of members was fixed at \$120.00 and the session of 1908 be computed as six days."

Then, again, in the announcement of 1910, and giving information for part of 1909 and 1910, we read on page 332 the following:

"8. Your committee recommend that the indemnity to members for the present session be \$120, and that members necessarily requiring additional days in travelling to and from the meeting be allowed \$20 for each of such additional days. The usual mileage rate of five cents per mile each way is also recommended. For each day's absence from the meetings of the council the sum of \$20 shall be deducted."

The council meetings begin on Tuesday at 2 p.m. and end at noon on Saturday. This gives four days in session. By the foregoing resolutions, members living in the place of meeting could draw six days' pay for four days' work, and those living on railway routes so that they could come in on Tuesday morning and go home on Saturday afternoon, could draw six days' pay for five days on duty. But those so located that extra days of travel might be required, those extra days would be over and above the six days which the council declared a four days' session to mean.

Let us pick out a few examples. Take the meeting of the council for July, 1908. On that occasion Dr. L. Luton, of St. Thomas, charged for 8 days, and collected in per diem \$160. Now he could leave St. Thomas at 7.15 a.m. and reach Toronto at 11.25 a.m., and be in good time for the council meeting at 2 p.m. In like manner, he could leave Toronto at 4 p.m. after the council had adjourned at noon on Saturday and arrive in St. Thomas at 7.50 p.m. Dr. J. H. Cormack for 1908 also collected \$160. The proper amount for these two should have been \$100 each; for we do not think that the council's resolution of making five days into six would hold in law.

Dr. W. H. Moorhouse, of London, can leave at 7.45 a.m., reach Toronto at 11.25 a.m. for the meeting at 2 p.m. He could also leave Toronto at 4 p.m. on Saturday and arrive in London at 7.10 p.m. This would give him \$100 for five days, but we find in 1908 he collected \$160.

And so with a railway time-table every physician in the province can determine what his representative in the council has been charging for mileage and per diem. We will not pursue this further just now, as we intend making a complete analysis of the finances for the four years as soon as the announcement for this year has been issued. See the tables in this issue.

But the council has been seized with the new view of time; and it has decided to pay for half days when they occur in attendance on special and general meetings, but it still pays 5 cents a mile each way.

In the Hansard announcements, in the per diem for over time at council meetings, in the payment of 5 cents per mile both ways, and in the wholly unnecessary multiplication of committees, the funds of the medical profession, not those of the medical council, have been wasted in a fast and furious manner. But what of the good name of the council? So we quote the words of Iago in Othello:

But he who filches from me my good name
Robs me of that which not enriches him
And makes me poor indeed.

The medical council is rapidly becoming poor in good name as well as in money.

DOMINION REGISTRATION AND THE ONTARIO MEDICAL COUNCIL.

We congratulate the medical council on its action to accept the amended Canada Medical Act. This is one more province in line. We wish all the provinces would do likewise.

What is there to fear in the act? In the case of Quebec province the Dominion Act would open up new fields for the practitioners of the province, especially such as speak the French language. McGill and Laval universities would not in the end lose by the change, though their degrees now carry the right to practise with them; yet the wider sphere would in the end far more than offset any temporary inconvenience.

The maritime provinces and Manitoba are willing to cast in their lots with the wider arrangement. In the provinces of Saskatchewan, Alberta, and British Columbia, there should be no difficulty as there are no medical colleges in these provinces to complicate the situation.

In our July issue we pointed out that thirty-nine of the states in the United States union have secured interprovincial reciprocity, and that these states contain the large and influential cities, and the greater part of the population of the whole country.

There is one thing that this country might easily be united in, and that is in the medical profession. Let all the provinces adopt the word "Union" as the permanent password. With Ovid let us say, *Felix faustumque sit.*

THE TORONTO MEDICAL HEALTH OFFICER.

"As You Like It," "Much Ado About Nothing," "Tempest," and "All's Well That Ends Well," have been played at the City Hall for some time over the position of the medical health officer for the city.

We are very glad that Dr. Charles Sheard has accepted the position again, which a few months ago he resigned. Dr. Sheard is a capable person for the office for several reasons, namely, his knowledge of the duties of the office; but, far more important, his thoroughly independent spirit.

But this does not relieve the Board of Control of the charge of a complete break down of executive ability. The members of this board could never come to a decision upon a name, though there were a number of good candidates to select from.

But, as in Henry VI., we are told "Ill blows the wind that profits nobody," so this very inability to reach a decision brought about the best of all decisions—the retention of a well-trying and trusted servant of the city. Dr. Sheard is still in his prime, and we wish for him many years in the position of health officer for Toronto.

One thing we must take exception to, namely, the large deputation of medical gentlemen who waited upon the Board of Control to press the claims of one of the candidates, passing itself off as from the Academy of Medicine of Toronto. It is quite true that in that deputation there were

many fellows of the academy; but the deputation was not there in behalf of the academy. The question never came before the academy nor its council for specific action by the academy. It is true that several fellows were active in getting up the deputation, but this they did as individuals, and not for the academy. But "All's well that ends well."

CHANGES IN THE PERSONNEL OF THE MEDICAL FACULTY AT THE UNIVERSITY OF PENNSYLVANIA.

The trustees of the University of Pennsylvania have announced recently certain changes in the personnel of the teaching staff to go into effect at the beginning of the next academic session, September first, 1910.

To fill the Chair of Theory and Practice of Medicine made vacant by the resignation of Dr. James Tyson, Dr. David L. Edsall has been transferred from the Chair of Pharmacology and Therapeutics and the vacancy in the latter will be filled by the appointment of Dr. A. N. Richards, now Professor of Pharmacology in the Medical School of the Northwestern University.

\$100,000 has been received for the endowment of a Chair of Physiological Chemistry and Dr. Alonzo Englebert Taylor, of the University of California, will be its first occupant.

Dr. Richard M. Pearce, of the University and Bellevue Hospital Medical College of New York, has been appointed Professor of Pathology. Dr. Pearce will also direct the work of the Department of Research Medicine, recently established, by an endowment of \$200,000.

Dr. Allen J. Smith, the present Dean of the Medical School, will be the occupant of the new Chair of Comparative Pathology and be at the head of the newly instituted courses in Tropical Medicine.

Dr. Paul Lewis, who will have charge of the Laboratory of the Phipps Institute for the Study, Prevention and Treatment of Tuberculosis, now an integral part of the university, has been elected Assistant Professor of Pathology.

ORIGINAL CONTRIBUTIONS.

ETIOLOGY AND TREATMENT OF THE PSYCHONEUROSES.*

By JAMES J. PUTNAM, M.D., Boston,
Professor of Neurology and Psychiatry, Harvard Medical School.

THE distressing maladies classified as "psychoneuroses" cause perhaps more misery than any other single group with which the community is afflicted. Not only is this true but the study of their etiology, their treatment and their prevention, on which you have honored me with an invitation to address you, has an importance far transcending the question of the comfort and happiness of those persons who come to physicians for advice. Without understanding the nature of nervous invalidism in the individual it is impossible to understand the true nature of many traits which count as normal, and of many great social problems which are constantly pressing themselves upon our notice.

There is an additional reason why so intelligent a body of men as those before me should think this subject worthy of being taken up afresh. As matters now stand some of the graver varieties of these psychoneuroses pass practically untreated, not because physicians fail to recognize them as serious but because they are thought too serious, too nearly incurable, to be fit subjects for time-absorbing treatment. I have in mind, as examples, two patients, of excellent intelligence and warm affections, who live practically exiled from their homes because they have the obsession that they shall kill some member of their families. I know how hard the successful treatment of such cases is, but I wish to say, with emphasis, that the method of treatment which I shall here mainly advocate holds out good hopes for sufferers of these sorts.

The next point for which I ask attention is with regard to the therapeutics of these affections. Have we reason to be satisfied with the means of treatment commonly employed? There is a tendency, even among neurologists, to answer this question substantially in the affirmative. It is widely felt that the various familiar measures,—such as seclusion in private and public sanatoriums, engrossing occupation, treatment by hydrotherapy, electricity, hygiene, rest, change, suggestion, persuasion and suitable drugs,—give us, when properly administered, all that we really need to supplement the healing powers of nature. This view I do not share. These modes of treatment are indeed of immense value. They should be cultivated and studied as frequently representing the best means at our command, and the fact

*Read at Canadian Medical Association, June, 1910.

should be recognized that when they are used with the confidence, skill and devotion that characterizes the work of the few best men the results obtained are far better than those which follow their employment in a simply routine fashion. If time allowed I should describe and praise also the team-work of the neurologist and the internist, the surgeon, the orthopedist or the gynecologist. Nevertheless, there are some forms of the psychoneuroses that these various measures do not touch and others where their use is often really mischievous because in securing temporary improvements they blind the patient and the doctor to the real diagnosis and the really needed treatment. The justice of this criticism becomes clearer when the question is no longer one of treatment by a neurologist with the aid of some skilful colleague but of treatment by an orthopedist or a gynecologist or a specialist for the digestion, acting by himself. A good share of the practice of such specialists is among patients with strictly neurological affections. The practical outcome of their treatment is often very good and in many a given case, taken by itself, there is no room for anything but congratulation. But, often, too, patients are treated in these ways, perhaps with temporary or partial gains, who ought to have their illnesses studied on far different lines. It is a foolish and ignorant sentiment which one often hears, that "neurasthenia is a surgical affection" or that "mental treatment should not be restored to until other means have failed." Surgical measures are indeed sometimes of service and mental measures may be ignorantly used, but it is not an indication of advance in the general comprehension of these disorders that views like these should seriously be held. Good neurology may be rare, but it would be for the benefit of all physicians and of medical theory and practice as a whole if the responsibility and the confidence should be thrown there where they ought to lie and eventually must lie. So, too, the immense importance attached in some quarters to "eye-strain" as a real cause of fundamental defects of character and of grave psychoneurotic symptoms, may be characterized as a truly child-like hypothesis, in view of what we know to be the facts. I say this in full appreciation of the favourable practical outcome, in some cases, of the eye-strain treatment. But far too much importance has been attached to the argument from success of treatment in the assignment of real causes. When a patient gets better under a certain treatment it is natural to think that the difficulty which the treatment removed was the essential cause of the illness. But in fact we all know that this is false reasoning and in place of arguing the point I will quote the closing paragraph from Emerson's fine essay on Self Reliance. "A political victory, a rise of rents, the recovery of your sick or the return of your absent friend, or some other favorable event raises your spirits,

and you think good days are preparing for you. Do not believe it. Nothing can bring you peace but yourself. Nothing can bring you peace but the triumph of principles."

There are two classes of physicians who are very prone, and from somewhat contrary reasons, to reach warped judgment in these matters. The first class comprises those who fail to note the relapses from which psychoneurotic patients often suffer who have been relieved by treatments other than really causal, and so overrate the value of some radically insufficient method. The other class is composed of those who note these relapses, observe that they occur under various modes of treatment (including, of course, their own), and then conclude that the relapses belong to the natural history of the disease (a severe form of hysteria or impulsion for example), and that, therefore, the disorder is hereditary and a sign of "degeneration," and that no treatment whatever can be of permanent value. But the former conclusion is a fallacy which anyone's observation can correct, and the latter is an unverified assumption which no one has the right to adopt until he has thoroughly acquainted himself with the therapeutic results which can be obtained by a radical mode of treatment, and by that alone.

The most distinctive feature of neurologic therapeutics has been its effort to utilize mental influences in the cause of health, and I wish to dwell upon this feature because it is here that important changes for the better are in prospect. You can all recall the stir made by the rehabilitation of hypnotism, and what a flood of literature was published upon "suggestion." You are familiar with the therapeutic work of Dubois and others of his type and remember also the recent revival of the attempt to find a more scientific bond between medicine and religion.

The great bulk of all this therapeutic endeavor has been an attempt to cure the patient by leading him to dwell on the possibilities of the future and forget the miseries of the past. He has been urged to "look forward and not back;" to abandon worry as illogical and useless; to see the world at its best; to project his vision beyond the obvious darkness into a region of imagined light. The slogan has been "Do not get discouraged; you can do better if you try" and many a kindly, devoted, ambitious confident physician has stood ready to play the part of the inspiring leader, the friend toward the patient could gaze with veneration and on whom he could lean. In all these efforts there has been much art but an insufficient quantity of science. Too often the symptoms have been simply quieted for the moment; the disease venerated.

I have outlined the reasons for thinking the study of the psychoneuroses important, the familiar modes of treatment insufficient, and the descriptions of the natural history and course of these disorders based

on an underestimate of what the best treatment can accomplish, as often incorrect. Let us now turn to scrutinize the commonly adopted *causes*.

In the minds of most persons the *hereditary or innate tendencies* take the first place as causes of these psychoneurotic illnesses. It is not remarkable that this is so, when we consider that the signs of nervous weakness in the child—usually taking the form of shyness, timidity, sensitiveness, and self-consciousness, or of excitability and passion—are recognizable so early that they seem to be inborn. Something which prepares the way for these symptoms doubtless *is* inborn, but evidence has been rapidly accumulating of late years which tends to show that experiences after birth are more significant as causes than we have hitherto supposed. The first few years of a child's life are rich in emotions and vague thoughts. These years have never been adequately chronicled but there are grounds for thinking that traits of character are founded or accentuated at that period which tend strongly to remain through life. In view of those facts the old phrase "the boy is father of the man" gains a fuller and richer meaning. A considerable portion of the evidence bearing on this point is associated with the name of Freud, a name to which I shall frequently occasion to revert. It is obvious also that nervous children have often had nervous parents and equally so that certain sorts of bodily weakness or "delicacy" which are apparently hereditary, predispose to lack of nervous strength. The boy that can play hard and work hard and who comes of sound stock, starts life with an obvious advantage, although it may be pointed out at once, as showing how difficult it is to arrive at positive conclusions in these matters, that some of the most striking forms of the psychoneuroses are found among professional and amateur athletes, and that seriously nervous patients seem sometimes to have had healthy parents. Finally, common sense seems to demand an acquiescence with the view that the characteristics of the bodies and brains and physiological mechanisms with which we are born *must determine* our reactions to the strains of life, at least by establishing predispositions of important sorts.

But even though the hereditary or innate influences are fundamentally important as giving a *predisposition* to the psychoneuroses, it is extremely difficult to define with fairness in what this predisposition really consists. The anatomical study of the brains of psychoneurotic patients has thus far taught us nothing. The chemical studies of their excretions have been equally without fruit. We may surmise that if we had the power to make careful physiological tests upon all the nervous functions of the newborn infant we might discover differences in his responses which would foreshadow mental excitability or mental weakness; but the proofs of this are lacking. Towards the close of the last century much evidence

was adduced to prove that *physical marks of imperfect local bodily development* (the so-called stigmata)—as lack of facial symmetry, malformation of the ears or eyes—were to be found with such frequency among these patients as to indicate that processes of “degeneration” were silently at work, in psychoneurotic families, tending towards still graver disorders, such as idiocy and sterility, as their final outcome. Even when no obvious physical stigmata were present it was assumed that the nervous systems of such patients might be in some way defective, and many mental peculiarities were enumerated which were supposed to be the outcome of these states. As a portion of this doctrine it was sought to bring every form of eccentricity and even genius into the baleful circle of the degenerative tendencies. But to take such an attitude as this was assign to stolidity and commonplaceness a position of prominence in a way that mocked at progress, and the credit of the whole scheme suffered severely in consequence. Sterility and idiocy are not characteristic of psychoneurotic families. The creative genius of the artist and the imaginative writer does indeed rest on a similar basis with the symptoms of the neuroses but neither the one nor the other point necessarily or regularly to “degeneration” as their cause. The main thing to be said in this connection is that there is a real correlation between mental and bodily conditions such as is deserving of careful study. But it is essential that this should be made in a very liberal spirit.

It is also true that defects of bodily nutrition are also found among these patients which serve both as indications or consequences and also as intensifying causes of their impaired nervous states. The enteroptoses, the dry hair and skin, the impaired digestion, weak muscles, poorly acting hearts and feeble eye-muscles, which are observed so often amongst a certain class of neurasthenics, belong in this category of physical signs. But, important as these conditions are and much as they call for local treatment (which is too well known to need re-statement here) neither their clinical nor their biological significance is clear. Their own etiology is indeed in doubt. They certainly can not be considered as essential causes of the psychoneurotic illnesses and on the other hand there is much question whether they are not, to some extent, products rather than antecedents of the disordered nervous and mental states. Disorders of the bodily functions do certainly arise from disordered emotions and may lead in their turn to organic changes on a large scale. Indeed, between the “organic” and the “functional” it is impossible to draw sharp lines. Bodily processes are a bounding-board for mental processes, and *vice versa*. On the whole, the effect of thus seeking to shift the responsibility for these nervous illnesses onto the shoulders of our ancestors has been to

make physicians pessimistic as to their power to help toward a cure. The hereditary tendency is conceived of too strongly as "biological" and therefore not to be materially modified in any given individual, and too great emphasis laid upon this point has tended to a gross sort of materialism and fatalism. The belief that a patient's mental sufferings are a reproduction of tendencies which his father or his mother showed before him is too often accepted as an excuse for doing nothing to relieve him. Meantime, another set of facts has been coming more and more prominently forward. The "something" that we inherit is, in most cases, a "tendency" indeed, but nothing more, and—as in the instance of tuberculosis—the actual disease may never show itself provided the patient can be suitably protected against causes operative after birth. So true is this that even where the disease "runs true" through several generations, as in those cases of hysteria or obsessional disorders, for example, where parent and child exhibit the same symptoms, it can often be shown to have been the influence of the ignorant, nervous mother, driven by a fatal impulse to strive toward reproducing herself in her child, and the fatalistic impulse of the child to imitate the mother, rather than any real hereditary tendency, that brought the result to pass. This line of thought is so important that we must leave it now only to take it up again.

The *strains of modern living* is the next influence on which stress is often laid, but its consideration need not detain us long. The telephone, the morning paper, the noise of crowded streets, the seething competition and the pressure for a narrow and exclusive individualism such as everywhere make themselves manifest, seem foes of tranquility and health.

But it is probable that these strains appear to be greater than they are, and, on the other hand, they bring, in a measure, their own remedies. The pace set is set, after all, by men for men, and while it is too fast for some it is not certain that on the whole it increases faster than the power of adaptation of the majority. At the worst, the strains of modern living are mostly obvious and open enemies, whereas the enemies which we have most to fear are those which, in our ignorance, we do not see. If we could but secure all the power of meeting hard conditions that belongs to us by birthright we should not have to strive so hard to make these conditions easier. It is not so much overwork as worry and apprehension that really sap the nervous vigor, and while worry and apprehension doubtless accompany necessary competition and well-founded anxiety and doubt, yet it is a piece of common knowledge that the most harrassing worries are those that are without external provocation but which imply internal tumults of the emotions,

the hidden causes of which it now becomes our duty to study at close range.

What are the influences, brought to bear within the life-time of the individual, that lead to these emotional tumults? How can we best explain the conversion of the emotions into the symptoms of disease? Where shall we best find an adequate treatment? I beg you to take notice of the fact that the actual evolution of our knowledge in respect to these matters has not followed the lines indicated by the questions which I thus ask. On the contrary, the controlling factors in this evolution have been, partly, the scientific tendencies obtaining at the particular periods when the various advances were first made, partly, the qualifications, temperament and training of the particular investigators. It has long been plain to everyone that emotional influences were important causes of disease and various modes of combating these influences have been described but it is only rather recently that the origin of these emotions and the mode of production of the symptoms has been measurably understood. The physicians who have been the leading workers in this great field of study may be classified in three groups: (1) the group of the accurate observers, descriptive analysts, natural historians; (2) the group of the therapists; (3) the group of the constructive analysts, inductive reasoners, philosophic thinkers. It is possible to describe the symptoms of a disease and to observe many facts in the natural history of its development, as a naturalist studies the characters of an animal or a species, without being greatly drawn to see its real place in the great scheme of nature; it is eminently possible for men of practical instincts,—the “nurturing instincts” perhaps they might be called,—to treat patients with great success, up to a certain point, without having any adequate conception of the causes of their illnesses.

Consult your own memories and you will see the parts which men of these three different types have placed. For examples of the *observers and describers* we might go back to Falret and Briquet, who gave us such excellent accounts of *folie du doute* and of hysteria, even in the middle of the last century. The French have always been prominent in these lines and I will next mention that truly great pioneer in descriptive clinical studies, Pierre Janet, the pupil of the great Charcot, without even pausing to mention those who with such brilliant success have followed similar lines. Janet's remarkable contributions marked the beginning of the new era of knowledge and yet in their scope they have had certain natural limitations. They mark a splendid step forward in the right direction and the data which they have furnished will be of enduring value.

As examples of the *therapeutists*, the men of practical instincts, I need only mention Charcot, Weir Mitchell and his followers, and such men as Liébault, Bernheim, VanEeden, Forel and Dubois. These names stand only for a few men out of hundreds and of course those who bore and bear them were not exclusively therapeutists.

Finally, we come to the third group of investigators, whom I have designated as *analysts*, *inductive reasoners* and *broad thinkers*. The foremost representative of this group (1), at the present day, is unquestionably Sigmund Freud, a remarkable personage, whose observations and whose method (2), have opened for us avenues of inquiry into which men of the best minds are pressing forward in ever increasing number. No future student of human character and motives, whether these be called normal or morbid, will ever make studies deserving serious recognition without familiarizing himself with the researches of the school of thinkers and observers of which Freud was the leader and is still the central figure. Janet's work and that of men following similar lines (Morton Prince, Sidis, etc.), have made a revolution in the field of scientific psychology; Freud's work has extended this scientific revolution and has set on foot an equal revolution in educational psychology, race-psychology, child-study and folk-lore.

The Freud method (to which the name of "psycho-analytic" has been given) does not depend for its therapeutic success upon the ability of the physician to hypnotize his patient, or of the patient to subject himself to the hypnotic influence. It is not an effort to spread the healing mantle of any "suggestive" influence over the painful details of the case. It is an attempt to enable the patient to penetrate with tireless zeal, increasing skill and fearless honesty upon the details of his own emotion, life and thought, in the belief that nothing becomes less sacred or fails to become less painful, through being clearly seen. Such being its purpose it is hard to see why this method can justly challenge the hostility of any conscientious person, though easy to see why many physicians should shrink from the difficulties attending its successful application. "Suggestion," "isolation," improvement of the bodily nutrition, persuasion, explanation, all of which have their valued places, leave many of the great springs of emotion and of motive entirely untouched. They make no adequate effort to base themselves on any deep knowledge of human nature. Their influence however important it may be, is bound to be limited in its scope.

The psycho-analytic method does not indeed necessarily give us all that we may need for spiritual progress but it prepares the way and opens a long path. It does not exclude the other modes of treatment

(1) It will of course be understood that I am speaking of leaders in psychoneurology alone.

(2) Strictly speaking the originator of the psycho-analytic method was Joseph Breuer, Freud's older colleague and co-worker.

but supplements some of them and often renders all of them unnecessary. If the slogan of the suggestive psycho-therapeutics has been "you can do better if you *try*," the distinctive slogan of this method is "you can do better when you *know*."

But when you know what? The answer has been already given; "When you know yourself." The symptoms of the psychoneuroses—morbid fears, irresistible impulses to thoughts and acts, distressing doubts, nameless apprehensions,—and not these symptoms of illness alone but also their congeners, selfishness, envy, suspicion and temptations to cruelty and prejudice such as have filled the world with misery, have been largely the outcome of self-ignorance, in the sense that in this ignorance, the deeper sources of which have been, until now, imperfectly defined and largely unsuspected, lies the secret of the occurrence of these evils. It is the removal of this ignorance and the implantation of the desire as well as the ability to see things as they are that constitutes the best and only radical treatment. This treatment, too, has its practical limitations but these are rather incidental to the difficulties of application of the method than inherent in its nature. It is a necessary condition for the therapeutic success of this method of radical re-education, that the patients should be reasonably intelligent, not too old and inelastic, absolutely honest, absolutely unreserved in dealing with their physician, ready to join him in the inquiry, prepared to confide absolutely in his reliability and good faith. It is necessary, likewise, that the physician should be confident in his own motives and that he should have had a special training and special interest in this sort of psychological research. In other words, this kind of investigation which seeks at once to discover the causes of the disorder and by that very fact to apply the remedy, implies a high degree of skill and training, or of natural aptitude. It is not therefore well adapted for the general practitioner or for the run of hospital patients, and no one should enter on such a course of treatment in any given case, without being prepared to carry it to the end. If he does so he may find himself standing aghast at the task before him, as Faust stood before the Earth Spirit which his magic arts had summoned. But even though the general practitioner does not use this method every physician should understand its scope and meaning, just as every physician should know the principles of many bacteriological procedures which he can never use.

It is important to note that the generalizations of which I shall now speak were worked out laboriously through the direct and prolonged questioning of many patients and the combined observations of many men, partly pupils and followers of Freud, partly independent workers

in a much-neglected field (Havelock Ellis, Krafft-Ebing, Moll, Fliess, etc.).

I spoke a few moments ago of the "tumults of conflicting motions" and also of "self-ignorance" as being the causes of the psychoneurotic symptoms. Both of these terms need amplification and explanation.

Before anyone could be said to really know himself it would be necessary for him to know all the experiences, thoughts, and emotions which he had had since his birth. Of course this is impossible, but he might at least know them, or be able to summon them into the focus of his consciousness by groups and samples, and everyone would admit that a person did not know himself even tolerably well who had, either deliberately or in obedience to some blind impulse, selected certain groups of experiences, thoughts and emotions which he chose to take as standing for himself and turned his eyes away from other groups, in spite of the fact that the rejected knowledge was of obvious importance. And yet this species of selection and rejection is continually going on with every one of us. It takes place also, and on a large scale, with communities and nations, and one of the chief functions of education and civilization is to obtain their rights for important groups of experiences, thoughts and emotions which had been repressed and rejected from the light of conscious knowledge.

We say we "cannot bear to think of"—and so strive not to think of—one or another matter, when in fact it is self-interest, or laziness, or blind obedience to an artificial code of social rules that really impels our choice.

We prefer to accept established, traditional opinions rather than to investigate and think; we prefer, if we need be, to show anger and bigotry rather than investigate and think; and yet we divine the truth. For, be it clearly understood, the experiences, thoughts and emotions which we reject because they do not fit into the scheme of life which we select are not so far out of our minds as we suppose. We do not like to think of them, we do not dare perhaps to think of them, we say we do not think of them. But they are in our memories and in our minds, and they influence our acts; and it is the half-consciousness of their presence, in spite of our hatred of them and our shrinking from them, that induces such emotions in us as anger and depression and envy and prejudice and jealousy and fear, and the impulse to adopt ceremonies and observances which are practically analogous to pagan ceremonies of propitiation and expiation. Indeed the whole fabric of mythology is built on the projection outward of the sense of war and tumult and revolt and victory going on within ourselves between the thoughts and emotions which we clearly formulate and those which we only half or a quarter formulate and those which

we do not formulate at all and affect not to know, yet which in reality influence our acts and thoughts.

The typical signs and symptoms of nervous invalidism of the type that is now before us are really covers and substitutes instinctively adopted for the purpose of putting aside or concealing thoughts, emotions, cravings and longings of forbidden sorts, or of sorts that it hurts one's sense of pride to face. The patient, half-conscious of the conflict in his mind but unable to follow its details, feels a deep distress, permeated with longings and cravings which come out with more distinctness in his dreams than in his conscious thoughts. Then he instinctively seeks reasons to account for his distress, and adopts the figment of a fear of bridges or open windows or of railroad trains or of an impulsion to do injury to someone. In these symptoms, distressing though they are, the patient expresses in a rough fashion the cravings in which they had their birth; and for that reason he clings to his fears as to something which has the sacred fascination of a relic, such as the faded flower which keeps alive the memory of a vanished hope. If he would get well he must learn to see this, and for this purpose his *entire life*, and not merely the latest phase of it, must be made as transparent as glass, so that he may be able to see the whole of it at one glance. It will then appear that it is his own thoughts of which he is afraid and that his present fear has been preceded by other fears, the outcome of the same and other sets of mental conflicts, dating back, some of them, to days of childhood. To state the facts again in other words, his present fear represents a state of mental distress which arose as an expression of the fact that his thoughts or emotions relating to some important subject or subjects had become intolerable to him, and the open window, the bridge, the railroad train serve simply as so many moulds into which the patient instinctively seeks to compress his vague and apparently causeless distress and so to explain it, even though erroneously, to himself. Everyone recognizes that a bridge is a place from which people sometimes jump or fall, that a train journey is a common cause of accidents, that to be "shut in," whether actually or morally, has a certain element of the unpleasant. For reasons such as these and perhaps many more, the situations indicated are really seized upon as excuses for the fears, simply because some excuse must be found. The patient, recognizing that he must find some way of accounting for his distress instinctively grasps at causes which his neighbors would recognize as reasonable. This method of explaining the genesis of morbid fears is not a piece of a *priori* argument but a mode of reasoning arrived at by questioning the patient's own experience and emotions. At first the patients do not see its logic but gradually the truth enforces itself upon them and makes them able and willing to see themselves in a new light and

to learn to substitute an intelligent scrutiny for an endless chain of morbid introspection. The physician who helps to make this scrutiny soon comes to realize that no symptom or trait of character can be adequately understood except on the basis of a relatively complete knowledge of the patient's whole environmental and emotional life since infancy. As this knowledge grows gradually wider and more accurate the element of time seems, little by little, to be eliminated from the history; infancy and age become approximated; the cause and the result are seen at one glance and as if coalescing; the present act, which one might have felt tempted to characterize roughly as selfish or cowardly or criminal, is seen as the logical expression of a repressed instinct or of a misconception, formed in childhood but witnessed as if now living and active. The immense significance of that rapid but hidden transition from babyhood with its animal instincts and emotions* to the later periods with their artificial morals and conventions is now for the first time clearly recognized, through this process of rendering the whole life transparent, and its intensely dramatic features are now clearly understood.

Then, as the research goes further, several other principles gradually get developed. The occasions on which these intolerable mental conflicts arose for which the fears were substituted are found to have been not one or two alone, but many and of various sorts. The recognition of this multiplicity of emotional traumata is an important supplement to the commonly accepted principle. A patient has a railroad accident, for example, or some severe emotional excitement, and these events (which in themselves involve considerable mental conflict) are considered as the sole and sufficient cause of the symptoms that result. But when his history is well analyzed many other events are found, different in appearance from the last but psychologically of like import. "To fall" "to be overpowered," to "suffer loss," "to be in danger" are terms which apply to many emotional as well as physical situations of the most varied sorts and such as everyone has been exposed to, not once alone but many times, and the unconscious memories of these rush in, impelled by the force of "association," to lend a new fulness of meaning to the railroad accident and to receive a new fulness of meaning for themselves from it.

But is there no difference in significance and standing between these various related and associated memories? Are there not some that have more power for harm as centres of emotional stress? The inevitable answer is (however gradually it may come to the surface in

* This transition from the non-social period of infancy to the more and more social states of normal childhood and adult life, a transition in which the moral sense is first developed and when, therefore, an unfavorable judgment must be passed (of course unconsciously) on many antecedent acts and feelings, is of great importance for the whole theory of character-formation and symptom-production. It hints likewise at a sort of rational basis for the doctrine of "original sin."

a given case) that those emotional conflicts have the greatest power to give a tone of color to the rest into which we originally put the deepest essence of ourselves, our strongest hopes, our most personal and secret and therefore most strongly repressed longings, the feelings in which not only the prudent wishes of adult life but the deep, uncensored cravings of infancy and youth could find expression. In other words, it is the emotions related to the great functions of reproduction, the sexual functions, that hold this position of prominence as giving color to the rest. It is in the conflicting tides of feelings, at which all romances, almost all imaginative and dramatic literature love to hint, some of them prompting to intense expression, others to equally intense repression, all of which meet in fierce antagonism around the sexual instinct, that the real cause of nervous symptoms should be sought. But this should be understood with reference to the principle just stated, namely, that a vast number of emotions take their tone and value from the strongest or most fundamental one among them, just as a large school of artists may get its name from that of their greatest representative. It is only when this is made clear, that we can meet the objection of those who urge a host of other motives and emotions as of equal rank with the sexual. So far as our conscious awareness is concerned they may be of even higher rank. For the time when the sexual craving was so strong may have been in the forgotten period of infancy and even then these cravings may not have been recognized as sexual at all. It may be only through our reasoning that their true nature is revealed. And yet they were perhaps intense enough to have founded the emotional traits of character which came, later, to be represented in the mental struggles from which, first the distress, later the specific fears emerged.

It is not, then, necessary that every nervous invalid should accuse himself of been "sexually inclined" in any objectionable sense, although it ought to be interjected here that traces of the sexual perversions and inversions which when developed into an exaggerated form we characterize as criminal or morbid, are found in normal infancy and even in normal adult life. All these psychoneurotic illnesses, it can not too often be repeated, are caricatures of normal tendencies. It is this which justifies the designation of them as "functional." This point is not brought forward as a mere bit of academic quibbling but as a matter of the most practical importance. The infant is at first sexless, or, rather, both sexes are equally represented in his emotional life. It is often as natural to him to love, *and love intensely*, persons of his own sex as those of the opposite sex, his parents as those not standing in this relationship to him. Such intense love may reappear later in an exaggerated form and may lead to exaggerated expression of various

morbid sorts. Children often exhibit a passion of objectionable intensity for teachers of their own sex, or for older children, and teachers for their pupils, and the exaggerated passion of children for parents may lead to relations of dependence, of instinctive imitation, or of "identification," which dwarfs and limits their own development, or helps to foster the seeds of nervous invalidism in them, to a remarkable degree. It is interesting to recall in this connection, that young children when passing through the period of transition from their "sexless" state to that of girlhood and boyhood, and, still more, when impelled by vague memory of that period, sometimes dream of themselves as of the opposite sex or as uncertain to which sex they now belong.

Two questions naturally present themselves to one who hears the merits of this psycho-analytic method described for the first time; first, does not all this questioning about past matters lead to morbid introspection; then, supposing all these hidden facts have been obtained, what next? Where does the therapeutic influence come in?

To one who has become practically familiar with the working of this system these questions present no difficulty. So far from morbid introspection being caused by this treatment it is prevented by it. The patient is forced by the very terms of his illness to dwell upon his symptoms—he rolls them continually over in his mind like the tunes of a barrel-organ without ever arriving at a satisfactory conclusion. The method of investigation which is here described substitutes an interested search, an intellectual inquiry, for this emotional treadmill of false reasoning.

As regards the therapeutic value of the method, much the same answer will suffice. The mental conflict to which I have referred, and which results in all the morbid symptoms, goes on without the patient's knowledge—although half-divined. The cure consists in bringing these unconscious processes to the light of reason. In their own nature they are imps of darkness, and they lose their power for harm when brought into the light. To be sure, it is not enough that this knowledge should be mere lip and ear information. Even this is something, but for the best result the knowledge of the truth should soak into the mind and express itself in the acts and become an integral portion of a new and reformed personality. In proportion as this is accomplished the person in question approaches towards the desired knowledge of himself. He may still feel, and should still feel, a craving for some further self-expression, a desire to take others, in increasing number, into the circle of his thoughts and interests and affections. But his craving will no longer tend so strongly to clothe itself in infantile, utterly personal and sensuous forms, which excite a feeling of mortification and the need of repression and suppression and expiation. The obsession of killing some

person whom one really loves, of throwing oneself dramatically from an open window, come finally to be recognized as ludicrously caricatured survivals from the days and phantasies of childhood; a railroad train takes on its proper shape as a convenient means of locomotion.

It is, of course, clear, and clearer far to me than you, that this address is anything but complete. For one thing, I should have been glad to discuss further the important fact that the greater number of our mental conflicts, in which the symptoms of these maladies originate, take place wholly or partly within the bounds of that limbo which we call our unconscious mental life. Volumes might be written, also, with reference to the great struggle between instinct and social culture which, while it is responsible for civilization and progress is responsible also for repression, bigotry, illness, misunderstanding and misjudgment of others and ourselves. Our cultural life, with all its virtues, is far narrower and more narrowing than most of us conceive. To broaden some of its tendencies should be our earnest effort and to this great aim the art of psycho-analysis is partly consecrated.

The familiar sins of "incontinence, violence and malice" which Dante punishes in his *Inferno* as attacks upon social stability and progress might justly be described in medical terms, as equivalent to psychoneurotic symptoms; and in the sufferings and joys of those whom this great student of human nature sets toiling up the hill of Purgatory it is possible to read the symbolized history of that typical and desirable sort of convalescence from the miseries of nervous illness which leads not only to a better personal health but to a wider sense of social opportunity and obligation. The community is the individual written large, and the so-called normal individual resembles the psychoneurotic invalid, but with the difference that he has learned, either instinctively or consciously, in infancy or in childhood or in later years, to establish a harmonious co-operation amongst the dominant tendencies of his mental life, or—what is the same thing transferred to another field of action—to adjust himself to some workable conception of community life. The invalid is he who has not learned this important lesson and within whose mind the struggle is still going on between native instincts, on the one side, and the forces arrayed to establish and maintain a series of moral and social standards imposed by the traditions of a conventional community, upon the other side.

If this thesis is correct the physician's task broadens into that of reviewing these moral and social standards themselves and studying into the question of their justice, their desirability, their real origin. The sociological significance of the physician's task, as he studies nervous invalidism, is seen to take on a new importance in view of these considerations. The mischief which may be done by the ill-

regulated emotions and prejudices of a "normal" person is always painful to contemplate. But the narrow and cruel social codes and customs, not only of the middle ages but of the present day, are of the same origin with these private prejudices, sins and symptoms. To labor against both sets of ills and for a better private and public status, is a worthy aim, and if the method of investigation here advocated can contribute towards this end it should be warmly welcomed and the labor which its application involves in any given case should be considered well rewarded.

Furthermore, what applies to the neurologist applies almost equally to the patient. Nervous invalids should regard themselves not solely as persons in misfortune, but also as persons in a position of opportunity and trust; they should feel themselves members of a band of investigators working in a great field, and as in a position to utilize their individual experiences, even though painful, as data towards the solution of a problem of universal interest.

A MODERN CONCEPTION OF THE PSYCHO-NEUROSES.*

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IN no department of medicine are more divergent opinions promulgated, or more valueless papers written, than on the subject of the psycho-neuroses. The reasons for this lie partly in the great complexity and difficulty of the subject-matter itself, and partly in the fact that actual investigation of the problems has up to the present been confined to a small number of workers. One unfortunate consequence of this state of affairs is that the average practitioner, and indeed neurologist, has been led to look upon the subject as being essentially chaotic and vague, and has taken refuge in a few simple conceptions that are either quite superficial or throughout erroneous. Having had no opportunity for personally studying the subject at first hand he is usually unaware of the fact that there exists in connection with it a large body of precise knowledge, and that the progress made here in the past twenty years has been at least as extensive and valuable as that made in any other branch of medicine. The great need at the present moment is not a fruitless discussion of intricate problems on the part of those who have never investigated them, but the awakening of the medical profession to the fact that in their education there has been an important gap which should be filled. I would strongly urge that what we need is study, and not talk; facts, and not opinions. The

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weighty lessons of bacteriology were assimilated by the profession only when this subject had been embodied as an integral part of the curriculum at the medical schools, and we cannot hope that the no less weighty lessons of clinical psychology will be assimilated until this likewise has become an integral part of the medical curriculum. Few of those in a position to judge would admit that the study of clinical psychology is less complex, less difficult or less significant, both to our patients and to society at large, than is that of bacteriology.

I shall here attempt to sketch some of the more important and secure of the modern conceptions of the neuroses, and, may state at the outset that we owe them to the fundamental work of Freud, who for the first time brought order and intelligibility into the subject.* As Dr. Putman has dealt with the general questions of ætiology. I shall confine my remarks in this connection to a single point, one of essential moment. It is highly desirable to bring our views in this matter into line with those on other diseases. Increased knowledge in ætiology means an increased precision in estimating the relative significance of the various pathogenetic factors. In place of an ill-defined group of banal causes, we come to distinguish a specific cause for each disease, and, by the side of this, various predisposing and exciting factors. For instance, whereas thirty years ago general paralysis was thought to be due to the combined action of a variety of agents, such as heredity, mental strain, alcoholism, and so on, it is now known invariably to result from a specific cause, namely, syphilis, the other factors playing a relatively subordinate part in its production. In the past fifteen years, thanks to the researches of Freud, we have learnt to recognise the specific cause of the neuroses, namely, some disturbance of the sexual function; in other words, one maintains that no neurosis can possibly arise with a normal sexual life. I know that this statement must at first sight seem strange. There is a strong tendency in medical circles to discount the significance of the sexual life in general; an illustration of this tendency is the total omission of the subject from medical textbooks and from medical teaching, so that most practitioners do not even so much as know the names of the manifold sexual disturbances. Even the importance of syphilis in disease has been accepted with the greatest reluctance; it took a quarter of a century to establish the syphilitic origin of tabes, and this was done only in the teeth of strong opposition on the part of the leading authorities, including Charcot, Leyden, and many others. Many writers even maintain that it is improper to enquire into the sexual life of patients, and it is curious to note that it is just these writers who deprecate the importance of the subject.

* As the present paper aims only at presenting Freud's views, this sentence should not be taken as intending to depreciate the value of the work done by Janet, Prince and others along different lines.

Now, a man may have the right to refuse to investigate a given matter, but he cannot at the same time pose as an authority on that matter. What would be thought of a physician who taught that it was wrong ever to enquire for evidences of rheumatism in cases of juvenile heart disease, and then at the same time proclaimed that rheumatism played no part in this connection? Yet it is precisely such illogical conduct as this that many modern writers are guilty of in regard to the neuroses. Others admit that sexual disturbances may play a certain part, but would place them side by side with many other factors, and deny that they are in any sense specific. One can most readily criticise this position by drawing an analogy with the acute fevers, scarlet fever, rheumatism, poliomyelitis, and so on. If anyone thirty years ago had enunciated the opinion that these are invariably due to infection with micro-organisms, and that other factors play a subordinate and non-essential part, he would certainly have been accused of gross exaggeration and defective judgement. Suppose that to-day a physician were to teach that epidemic meningitis was due to the combined action of numerous factors, such as heredity, ill-nourishment, strain, chill, etc., and that in some cases possibly infection may also play a part? It would surely be said that his perspective of the relative importance of these factors was strangely distorted, and that he could have no true conception of the scope of infective agents. There still survive physicians, untrained in bacteriology, who take precisely this view of poliomyelitis, rheumatism, and similar conditions, and their position resembles that of the majority of the medical profession in regard to the neuroses, who are untrained in clinical psychology.

We turn now to the question of classification of the neuroses. In the past it has been customary to group these according to the symptoms present. For instance, in a quite arbitrary way a large group of symptoms was brought together, and a patient suffering from them was said to have neurasthenia. Other symptoms were said to characterise hysteria, and these two terms, together with the occasional introduction of hypochondria, are still commonly thought adequate to describe all varieties of neurosis. It should be plain, however, that this type of classification is from its very nature a tentative one, only to be suspended pending further investigation. It reminds one of the old "simple continued fever," which in former years was used to designate a number of conditions that are now known to be quite independent of one another. We cannot rest satisfied with any classification of disease that is based on an arbitrary grouping of symptoms, and every effort should be made to distinguish different types, not according to their superficial characteristics, but on the basis of their pathogenetic origin. Only when we penetrate into the actual nature and ætiology of different diseases can

we separate the essential from the accidental, and thus differentiate one type from another. It is significant that the most discordant views on classification exist precisely where least is known of pathogenesis and ætiology, for instance, in the hinterland of chronic joint affections. Thanks to the researches of Freud we are now in a position to recognise the essential pathogenetic characteristics of the neuroses, and thus to distinguish the different types.

Freud has pointed out that it is necessary to separate the "actual neuroses" from the "psycho-neuroses," the fundamental distinction between the two being the fact that in the former the individual symptoms cannot be further reduced and explained by any form of psychological analysis, whereas in the latter the symptoms can be shown to be the last links in a long chain of mental processes. There are two "actual neuroses," neurasthenia and the anxiety-neurosis. Concerning the former the following general remark must first be made. One of the matters on which investigators are most in accord is that the term neurasthenia is commonly made to include totally different conditions. Since Van Deusen first used the term, over forty years ago, it has become applied over an ever increasing range, so that Raymond's recent description of neurasthenia as *un géant informe*, is only too well founded. In an average medical text-book at least five totally different conditions are confounded in the description of neurasthenia. The wide application of the term is doubtless due to the consolation there is in at least being able to give a name to conditions which are difficult to comprehend, and it depends on two kinds of mistakes. In the first place many symptoms, such as obsessions, which are in no way part of neurasthenia, are grouped together with it by those who do not know the different pathogenesis of the conditions in question, and in the second place, numerous errors in diagnosis are made owing to the insecure criteria commonly relied upon for this purpose. For many years it has been pointed out by various authorities that conditions group under the term neurasthenia are really distinct from this. In 1864 Krafft-Ebing maintained the independence of obsessional states, twenty years ago Janet separated obsessions and phobias under the title of psychasthenia, and fifteen years ago Freud demonstrated the nosological independence, first of the compulsion-neurosis, and then of the anxiety-neurosis. I would say that if a series of cases in which the diagnosis of neurasthenia had been made were submitted to exact analysis it would turn out that the majority of them were really cases of anxiety-neurosis, compulsion-neurosis, or of some form of hysteria, that many were mild or early forms of dementia præcox or manic-depressive insanity, that a small proportion were toxic psychoses, particularly early general paralysis and post-influenzal depression, and that only a minimal number, certainly

fewer than one per cent., were really cases of neurasthenia. This being so, it is evident that all hypotheses, such as the intestinal toxin one, which are derived from observation of a series of cases thrown together without any analysis, stand on a very insecure foundation. To take, without any pathogenetic differentiation, a number of cases with functional gastric symptoms, to call them at will neurasthenic, and then to proclaim that neurasthenia is due to a hypothetical gastro-intestinal toxin, is exactly on a par with taking a number of cases of pain in the legs, calling them at will neuralgic, and then proclaiming that neuralgia is due to a hypothetical strain from over-walking. Nevertheless there is a condition to which the term neurasthenia may be applied, just as there is one to which that of neuralgia may be applied, but in both cases it is one that constitutes a residuum after a number of other affections have been differentiated from it. When this has been done, and only then, we have the opportunity of studying the nature and origin of it. True neurasthenia, that is, a condition with pure fatigue, sense of pressure on the head, irritable spine, flatulent dyspepsia, and constipation, none of which symptoms has been secondarily produced by any of the affections mentioned above, will be found to depend on excessive masturbation or involuntary seminal emissions. The specific cause is the inordinate repetition of some form of auto-erotic activity, of an unsatisfactory nature, which occurs in spite of a painful mental conflict. The psychical energy of the person is being unduly taxed to replace the excitation that normally should come from without. The harmful effect of masturbation is frequently exaggerated, and sometimes altogether denied, the truth being between the two extremes. The relation of masturbation to neurasthenia is one reason, among many others, why the practice should invariably be discountenanced by physicians.

The other "actual neurosis" is given the name "anxiety-neurosis" because morbid anxiousness or dread is the most constant symptom present, frequently dominating the clinical picture, and because all the other symptoms stand in the closest relation to this, being best regarded as secondary derivatives of it. The most typical form of the affection is the "anxiety attack," though chronic symptoms are often found during the inter-paroxysmal periods. In an acute attack the dread may be very intense, and is often accompanied by a sense of congestion in the head, with a fear of impending apoplexy, insanity or death; consciousness may be lost. There is a great increase in frequency of the heart's action, with anginal pain, marked palpitation, fluttering and irregularity; it may seem temporarily to stop. General tremor and sweating occur, and the pupils may be widely dilated. Nausea, and sometimes vomiting, occur, and they are frequently accompanied by diarrhoea and a free flow of urine. Respiratory symptoms are in some

cases very pronounced, the chief being asthmatic attacks with air hunger and a sense of suffocation. Nightmare is a manifestation of this affection. Very frequently the attacks are larval or incomplete, that is, only some of the symptoms appear. The commonest of these are attacks of vertigo, palpitation, sweating, sudden hunger, an imperative desire to micturate or defaecate, and feelings of suffocation. They are accompanied by a variable amount of anxiety, though the patient, having his attention concentrated on the physical disturbance, may not directly complain of this. The vertigo is a locomotor one, like that due to eye trouble, the patient feeling that the floor is swaying, and that he cannot support himself; the legs feel heavy and trembling, and give way under him. There is no sense of external rotation of objects in a definite direction, as in auditory or cerebellar vertigo. In the chronic condition the patient is in a state of apprehensive expectation, dread, or uncertainty. This becomes readily attached to any idea that in any way justifies anxiety; it, therefore, frequently arises in connection with ideas that normally evoke a trace of this, such as thunder, snakes and insects, the dark, and so on. Sleeplessness and general irritability, with a hyperæsthesia to auditory sensations, are common accompaniments of this anxious state. Other chronic symptoms are giddiness, paræsthesias—simulating rheumatic pains—vaso-motor congestions, and gastro-intestinal disturbances, particularly nausea and diarrhœa. When one group of symptoms is especially prominent, particularly the respiratory, cardiac or gastro-intestinal, the condition is very apt to be mistaken for organic disease; I have several times seen such cases with profuse sweating, occurring only at night, arouse a grave suspicion of phthisis.

The ætiological agents may arise in various ways that it is impossible here to enumerate, but they can all be resumed under the following statement: An anxiety-neurosis is the result of sexual excitation occurring under circumstances in which the mental constituent (desire) is not allowed to reach consciousness. Typical instances of these are the embraces of engaged couples, the employment of certain harmful preventive measures, particularly coitus interruptus, sexual abstinence, particularly when previous indulgence is suddenly given up such as on the death of the married partner or on refraining from long continued masturbation. The desire is diverted from consciousness and becomes converted into its opposite, namely, dread; morbid dread is sexual desire that the subject does not wish to feel. Overwork and other forms of strain act only as exciting factors, and are powerless to produce an anxiety-neurosis unless the specific cause is present. The knowledge of the pathology of the condition thus enables us to carry out a rational and effective treatment, which is otherwise impossible.

We come next to the psycho-neuroses proper, and as there is a great deal that is common to the pathogenesis of all forms of these it will be convenient to make some general remarks of uniform applicability. The first step in the understanding of these affections is the realisation that the symptoms result from the activity of certain unconscious mental processes, that is, of processes which the patient is unable spontaneously to recall to his memory. If we confine our attention only to those processes that are conscious we are soon struck by the sense of discontinuity in the patient's mental life. We find that a bizarre obsessive thought suddenly arises, like a volcanic island in the Pacific, apparently from nowhere; or that a given harmless object awakes in him an uncontrollable fear, or an outburst of rage. These processes seem to be quite isolated phenomena, they have apparently no connection with the rest of the patient's mental life, and when superficially regarded they are quite inexplicable and illogical. As soon, however, as they are traced by psycho-analysis to their origin, it is found that they are connected with highly significant underlying mental processes, of which the patient was not at all aware. They then prove to be throughout intelligible, and the distress they occasion is shown to be logically quite justified. The island ceases to be a freak of nature, and takes its place in the general rational scheme. The discontinuity of mental life is merely an apparent one, and disappears as soon as one realises that only a part of that life is conscious, another equally important part being unconscious. The knowledge of various unconscious mental processes given us by Freud has proved illuminating not only in the case of the neuroses, but also in the so-called normal, a theme that it would here be out of place to discuss, and it has thrown a bright light on a number of matters that were previously obscure and incomprehensible. Without this knowledge it is quite hopeless to attempt to solve the many riddles of the psycho-neuroses.

The next question is the source of the pathogenic activity of these unconscious processes, or rather the source of the unconsciousness of the processes, for, strangely enough, this is only another aspect of the same question. Their harmful effect is due to the fact that they are unconscious, and vanishes as soon as they are again made conscious; it is on this empiric knowledge that the invaluable psycho-analytic method of treatment is based. The processes in question are unconscious because they have forcibly been made so by a defensive act on the part of the patient. They concern memories that the patient wishes to forget, and cannot bear to recall, from which he has striven to get away; they are disagreeable to him for reasons such as shame, disgust, conscience, and so on. The occurrence just mentioned is technically described by the term "repression." Further study of the

pathogenic repressed processes reveals the fact that they are always of a dynamic nature, that is, they represent a striving, a tendency, or, most simply expressed, a wish. This is a very important matter, for it will at once be noticed that it contradicts the current opinion that static mental processes, such as a painful shock, grief, etc., are operative in the causation of hysterical symptoms. It gives us a new point of view, for we can now describe the splitting of consciousness, or psychological disaggregation, which has long been known to be at the basis of hysterical symptoms, in terms of mental conflict. The symptoms arise as the result of a conflict between two forces, one of which is a wish that is striving to realise itself consciously, the other of which is an effort to keep back all knowledge of this wish, to "repress" it. Neither of these forces is entirely successful, and the result is a compromise, which clinically is called a symptom. The "repressed" wish comes to fulfilment in the patient's unconscious phantasy, but is not admitted to external expression until it has been distorted by the repressing action of the opposite force, which is termed the endopsychic censor. We can, therefore, formulate the general statement that every psychoneurotic symptom is the disguised manifestation of a repressed wish-fulfilment. Neither force altogether succeeds, or altogether fails. The wish is not expressed in its native form, but undergoes distortion; and the censor fails to achieve its object of preventing the wish from reaching consciousness, but succeeds in preventing the significance of this from being appreciated.

When the whole process is elucidated it becomes evident that the underlying dynamic forces, or wishes, are in every case of a sexual nature. The symptoms thus represent a perverse form of unconscious sexual gratification, a fact which explains the persistency with which so many patients cling to them. There is always an unconscious resistance against getting better, for giving up the symptoms means renouncing a certain amount of sexual gratification, in many cases the chief one open to the patient. This dogmatic statement may sound strange, but it is a question that can only be decided by actual experience, and all those who have succeeded in unravelling such symptoms to their origin are unanimous in supporting this conclusion.

The actual pathogenesis of psych-neurotic symptoms is far from being as simple as I have just schematically indicated. In practice one always finds that a symptom results not from one submerged wish, but from many. In the series of unconscious psychical processes that underlie a given symptom are woven a great number of actual experiences that the patient has lived through. The memory of these experiences has in many instances got lost, through the process of repression. This is because the memories have become associated in

the most complex manner with submerged wishes, so that the mental processes in question are exceedingly intertwined. On disentangling them one finds that the energy that goes to make up the symptom is derived from various sources, some of recent date, others of older. In every case, however, the most essential sources are those of earliest date, namely, in the first half of childhood. These are present in every case, so that one may lay down the general law that nothing happening to a child after the age of six can cause a psycho-neurosis. Later experiences, of whatever kind, are only significant in this direction if the specific causes have already been in operation before this age. The importance of this for prophylaxis is obvious. The specific cause in question are various sexual experiences in early childhood, of a kind that I have here no time to describe. Freud has shown that the sexual life of children, though widely differing from that of adults, is far richer and more significant than is commonly supposed. From the early tentative sexual trends are developed on the one hand the relatively precise sexual functions of adult life, and on the other a great number of non-sexual mental capacities and activities. The early development of the sexual instinct is a highly delicate one, and one peculiarly prone to errors both of direction and of intensity.

The statements here made apply to the three forms of psycho-neurosis, though there are special psychological features of each form. The best known type is the classical hysteria, which Freud terms "conversion-hysteria," on account of the conversion of psychical disturbances into physical symptoms that is its chief characteristic. The second type is the most frequent, namely, "anxiety-hysteria;" in it both the cause and the effect are psychical, the symptoms constituting one of the several varieties of phobias. The third type is the "compulsion-neurosis," of which the commonest and most important manifestations are the obsessions.

In conclusion I would again say that the knowledge gained by patient and thorough investigation of the pathogenesis gives us both a stable foundation on which to build our conceptions of the nature of the neuroses, and at the same time the power to deal radically and successfully with these most distressing of maladies.

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THE PSYCHO-NEUROSES IN ASYLUM PRACTICE.*

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THE assumption that at least a considerable proportion of those to whom this paper is addressed have had no special training in psychiatry, and are, consequently unfamiliar with the terminology of that spe-

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cialty, demands of the writer an effort to present his subject freed as far as is possible from the technicalities and abstrusities which abound in the literature on the psychoses and psycho-neuroses. The subject is so large as to preclude its full discussion in a paper of moderate length. It seems desirable, therefore, that my paper should be both elemental and general, that I should avoid debatable points, and should eliminate many references which might well be introduced for purposes of illustration or emphasis. Necessarily this implies an incomplete and fragmentary interpretation of the subject, especially as the writer, at no time facile in expression, finds unusual difficulty in presenting so technical a topic in a non-technical way.

Further embarrassment is experienced because of the impossibility of drawing a line between the neuroses which have a mental cause and the psychoses. Hysteria, doubtless the most clearly defined of the psycho-neuroses, has for many years been claimed both by the neurologists and the psychiatrists. Comparatively few of its victims require admission to an asylum, yet that this disease bears relation to definite insanity, now seemingly as a causal factor, now as an incidental feature colouring the clinical picture, now possibly as a sequential condition, is the testimony of many of the authorities on mental diseases; and doubtless everyone here to-day has more than once experienced difficulty in deciding whether or no a patient with marked hysterical symptoms should be committed to an institution for the insane. So, too, the fears and scruples of psychasthenia grade in severity until a point is reached when it becomes most difficult to determine whether they should or should not be regarded as evidence of insanity. And, were it necessary, instances might be multiplied to set forth the impossibility of always differentiating between these inter-related rather than closely allied conditions.

The question of etiology remains one of the most difficult and indefinite with which the psychiatrist must deal. Should a body of psychiatrists be asked to name what they consider to be the causal factor of which we have most certain knowledge, a majority would unquestionably say alcohol. There seems to be an obvious connection between alcoholism and insanity, yet of the method by which the drug produces the mental disorder, we have to confess much ignorance. Such being the case in so conspicuous an instance of seeming cause and effect, we may surely hesitate in dogmatizing an etiologic association between a neurosis characterized by a greater or less partition of consciousness and a state of mind in which consciousness may or may not be greatly disturbed. Analyses sufficiently minute to determine definite splitting of consciousness have not as yet been carried out in such numbers of insane patients as to warrant general conclusions being drawn, and it is consequently well to be chary meanwhile. But of this we may speak with

some assurance—certain conditions which tend to the production of the psycho-neurosis play a causal role in the psychoses also, and it is safe to say that the predisposition to the psychoneuroses constitutes also a predisposition to insanity.

We have ceased to attach importance to fatigue of the nerve cells from excess of functional activity as a cause of mental breakdown. The total bulk of the cortical cells is so inconsiderable that any toxic material formed by them must be small in quantity and probably a negligible element. But we have ample evidence of the sensitiveness of the nerve cells to toxins elaborated by other organs, and that these toxins can be altered in amount and in virulence by varying emotional states has been demonstrated over and over again. In this way, emotional states, especially if of a depressive nature and when prolonged, are regarded as having a definite place in the etiology of insanity. It is also to emotional disturbances, though perhaps of a very special type and under special conditions, that the psychoneuroses are assigned. In at least this particular, then, they have common ground with the psychoses. When, therefore, we find undoubted insanity developing upon what appeared to be a psycho-neurosis, we may be justified in assuming the primary cause to be some unpleasant experience, productive of a disagreeable affect, which was not properly reacted to. The fear of insanity with which many psycho-neurotics are haunted proves, in a certain proportion of cases, to be well grounded, and by no means few of those who do not possess this fear eventually become insane. Just what the relationship is can only be conjectured, but my impression is that the psychoneuroses do not often in themselves bear a causal relation to the psychoses, but are rather incidental to the development of such conditions—although they influence the clinical picture and may colour it largely. Usually, however, even in individuals who are predisposed hereditarily or otherwise, a number of causes doubtless co-operate to produce insanity, and if a psychoneurosis has developed purely as a result, say, of a repressed emotion, some additional factor must be necessary before such a condition will pass over into insanity.

It is scarcely necessary in this connection to argue for or against Freud's contention that the unpleasant, unreacted-to experiences to which he attributes so great importance in causation, are of a sexual nature. It would appear admissible that unpleasant experiences of any kind may act as causes, and it is quite possible that the average individual is more frequently and sometimes more intensely exposed to disturbing influences of a non-sexual character than to those the importance of which Freud accentuates. Until we are able to properly apportion the influence of all the various possible causal factors, there appears to be no reason for assuming an insistent attitude in this particular.

The interest added to the study of the psycho-neuroses by the teaching of the Breuer-Freud school is largely responsible for the attention which has recently been directed to this group of disorders. It is quite too soon to attempt a valuation of this teaching, and, notwithstanding its attractiveness and suggestiveness, I am not sufficiently convinced, as yet, to commit myself definitely to its support. Nevertheless, it may reasonably be claimed that our present enlightenment is in some measure due to the investigations of Breuer and Freud and their followers, and, in the case of hysteria at least, we owe to this school a remarkable addition to our therapeutic armamentarium. By psycho-analysis we are not only able to discover the pathogenetic factor of the hysteria, but in exposing it we thereby effect a cure of the condition. In the case of the obsessions and anxious states, psycho-analysis is potent in revealing the genesis of the condition, although it does not yield the extraordinary therapeutic results which obtain in hysteria. In pronounced mental disease, psycho-analysis becomes progressively more difficult and unsatisfactory in proportion to the grade of mental defect, and it is quite too much to expect that its practice will ever become applicable to conditions in which there is considerable mental reduction. Nevertheless, the illuminating work of Jung on the psychology of dementia præcox shows that we do not lack opportunity even here, and it affords us an instructive comparison between dementia præcox and hysteria. That the milder manic states are accessible to this method is proven by a recent article by Ernest Jones, and certain mild depressive cases, in which control over volition is retained, yield fair return for labour expended. In such conditions we must be content to lay bare the pathogenetic mechanism, and should not count upon direct therapeutic benefit. Anything which can assist in solving the difficult problems of cause and effect with which the psychiatrist is concerned is welcome, however, not merely because of the immediate satisfaction it affords us in clarifying our position, but also because of the promise of future advance in treatment. It is needless to state that the earlier in the course of the disorder the method of psycho-analysis is applied, the more complete will be the result. Here lies the opportunity of the general practitioner, to whom the psychotic patient appeals for treatment long before he falls into the hands of the psychiatrist. No greater problem presses for solution to-day, whether considered from the medical, sociologic, economic or purely humanitarian aspect, than the growing prevalence of insanity, and the physician in general practice is obligated both to his clientele and to the nation at large to prepare himself for his share of the task of uncovering the mysteries of mental derangement. The unusual interest which attaches to Freud's methods, the near relationship which is now seen to exist between conditions formerly thought to belong to the realm of the

neurologist and those which have always been conceded to the psychiatrist, and the outstanding importance of sound-mindedness to the community, form a leash of reasons which should attract every practitioner to a study of this great subject.

Whether wittingly or no, we have all been practitioners of psychotherapy to a greater or less extent. All admit the influence of suggestion, whether intentional or purely accidental, in determining the outcome of an illness. We have all witnessed good results, and doubtless we have all witnessed most unfortunate results, following upon some impression we have made upon our patients. Psychotherapy, however, embraces more than suggestion, and its successful application requires much more than mere capacity to impress a patient with one's knowledge and skill. We are gradually accumulating information which promises to enable us to make use of psychic treatment in a thoroughly rational manner, instead of in the empiric fashion which has obtained heretofore. Already we find isolated cases in which we can prescribe it with almost mathematical nicety, and almost with certainty of the result. But these are instances in which we can control the attention of the patient, and in which there is no notable intellectual or volitional defect. It is very doubtful if there will be material enlargement of our resources in this particular in the treatment of the insane. Yet the success which attends the application of the advanced psychotherapeutic methods in the treatment of related conditions should stimulate us to more diligent use of the psychic practices which have been found of value ever since the days of Hippocrates. Rational conversation, persuasion, judicious argument, appeal to reason, stimulation of hope and of confidence—these are measures which are more or less applicable to and more or less efficacious in all cases. In the milder types, the newer methods should be given a fair trial in order that a just estimate of their value may be formed. But for the present, at least, such measures should be adjunctive to the regular therapeutic procedures.

It is particularly in prophylaxis that we may expect the greatest results to psychiatry from the newer methods. The applicability of these methods to the neuroses or psychoneuroses which tend to pass over into insanity should be fully appreciated, and there can be little doubt but that their intelligent and careful adaptation to such cases will prove an appreciable factor in the prevention of mental disease and thus in lessening the prevalence of this dread condition. I feel that this is the point in my paper which should be especially urged. The experience of many institutions for the insane is that, despite our increasing knowledge, the cure-rate in insanity is not showing improvement. The proportion of cases of dementia præcox and of general paralysis finding their way to our institutions is steadily growing. These conditions, once estab-

lished, offer small prospect of cure, and thus we have reason for the failure of hospital statistics to show betterment. We cannot yet say what prophylaxis will do towards the relief of this unfortunate state of affairs, but it appears highly desirable that no method by which mental breakdown may be obviated should be neglected. Here, again, the appeal is to the general practitioner, who alone meets cases at a time when prophylaxis is possible.

NASAL CRISIS IN TABES.

M. Klipper and J. Lhermitte, *Semaine Med.*, Feb., 1909, call attention to the differential and prognostic value of the occasional phenomena in the sphere of the sense of smell and of nasal sensation and secretion which are an instructive symptom of incipient tabes or may accompany the advanced phases indicating involvement of the brain in the tabetic process. They describe a number of typical examples of the various forms of these tabetic nasal crisis: the subject may suddenly experience a tickling in the nose followed by the sensation of the smell of fish or rotten eggs, or the spasm may occur without any preliminary sensations, merely the strong odor of rotten eggs compelling him to leave the table if eating at the time. In other cases there are the sensations of a peculiar odor and taste in the mouth with excessive flow of saliva or nasal discharge. These nasal crises do not seem to be rare in tabes: but their diagnostic importance hitherto has been generally overlooked. They may occur and be pronounced before there is any sign of ataxia. In some cases the crisis may be accompanied by sneezing or a spasmodic cough suggesting whooping cough, with lachrimation and rhinorrhea, or periods of excessive nasal discharge may be the only element of the nasal crisis. Pathologic anatomy confirms the findings in the clinic by showing the lesions in the apparatus that governs the sense of smell and the secreting function and vasodilatation in the nasal mucosa. The disturbances indicate a process affecting and destroying the olfactory tract and the trigeminal nerve and threatening others in the vicinity, suggesting the possibility of impending mental decay.

—*Laryngoscope*.

ONTARIO MEDICAL COUNCIL.

—
ONTARIO MEDICAL COUNCIL, ANNUAL MEETING, 1910.

The annual meeting of the Ontario Medical Council at 2 p.m. on 5th and ended its deliberations at noon on 9th July. It was thus in session for a period of four days.

Dr. E. A. P. Hardy, in his presidential address, dealt at some length with the criticisms of the medical council which had appeared for some time past in some of the medical journals. Among other things he said:—

“Criticisms have appeared from time to time in a few medical papers, but so far as I can find out all the strictures passed on officials of this council by members have had one thing in common, they have appeared in print a considerable time after the council had taken them into consideration and had begun to draft reforms where they were needed.

“As President I was asked to instruct the treasurer to allow access to his books by a member of the college in no way responsible to anyone except to himself, and in no way connected with the council. I refused this request, because I thought this council quite capable of straightening out any matters in connection with its work, and willing to do so.

“An editor of a certain paper did not see eye to eye with me, but I am afraid that becoming an editor has had a deteriorating effect and has made him lose his sense of proportion, and believe that the race is ever to the noisiest. Since my refusal of the editorial request the attacks have gone on merrily. Most of the criticism was misleading, inaccurate and full of charges of graft and utterings of threatened actions in the courts. I still refuse to be dragooned by the editor of a flamboyant journal. There the matter rests. The proper place to discuss such things is in the council meetings and not in the public press.”

The President then briefly referred to the financial condition of the council, saying that expenses were constantly increasing, and receipts not doing so in the same ratio. In 1909, when they were the largest of any year in their history, the balance was \$48,359.41, but in 1910 it was \$41,168.27. In further reference to charges re the finances Dr. Hardy said the meeting in November had been called for a set purpose, and could not legally deal with any other matter, so that this matter had not come up before it.

The following officers were elected for the ensuing year: President, Dr. J. Lane, Mallorytown; Vice-President, Dr. R. J. Gibson, Sault Ste. Marie, Ont.; Registrar, Dr. John L. Bray; Treasurer, Dr. H. Wilberforce Aikins, Toronto; Prosecutor, Mr. Charles Rose; Solicitor, Mr. H. S. Osler; Stenographer, Mr. George Angus; Auditor, Mr. A. C. Neff.

The following committees were appointed: Registration Committee, Drs. A. E. MacColl, J. McArthur, C. E. Jarvis, C. W. Hoare, and H. S. Griffin; Rules and Regulations—Drs. S. C. Hillier, F. N. G. Starr, J. S. Hart, W. H. Merritt and A. E. Wickins; Finance—Drs. J. A. Temple, H. Bascom, H. S. Griffin, E. A. P. Hardy and A. E. MacColl; Printing—Drs. E. E. King, Jas. M. McCallum, J. Henry, J. S. Hart and T. W. Vardon; Education—Drs. M. O. Klotz, E. E. King, A. J. Johnson, L. Luton, W. Spankie, J. McArthur, W. H. Moorhouse, E. Ryan, and Jas. M. McCallum; Property—Drs. A. J. Johnston, H. Bascom, J. H. Cormack, W. H. Merritt and W. H. Moorhouse; Complaints Committee—Drs. E. Ryan, F. N. G. Starr, E. T. Adams, J. H. Cormack, J. A. Robertson; Executive—Drs. Lane, Hardy and Gibson; Discipline—Drs. J. A. Robertson, L. Luton, W. Spankie, and M. O. Klotz; Legislation—Drs. Hardy, Merritt, King, Griffin, and Vardon.

The Toronto members of the council were appointed a committee on prosecutions without remuneration.

On motion of Dr. E. E. King, seconded by Dr. E. Ryan, the council appointed Mr. A. C. Neff, a chartered accountant, to be auditor. It was held that this would be more satisfactory than to have the books audited by a doctor who was not an expert at the work of supervising accounts and books. Dr. J. A. Temple supported this. He said the expenses were very high and steps should be taken to reduce them.

Dr. E. A. P. Hardy, Chairman of the Board of Examiners, reported several irregularities in connection with the recent examinations, and said that the offender had been penalized in each case by not being allowed credit for that examination. He thought the punishment should be made more severe. The board of examiners suggested that all candidates be examined as to the safety of sending them out for medical work, as to the general extent of their knowledge, and that they be listed in actual work to ascertain how far they could use their knowledge properly. He regretted to report that there was an influence at work among the students to undermine the council and discredit it. He had been informed by several gentlemen, prominent in educational matters, that the Legislature would be asked to amend the Ontario Medical Act so as to confer licensing power upon the universities as was the usage about 40 years ago.

The finances, which have been the bone of contention for a considerable time, are in a bad way. The president, Dr. Hardy, stated in his address to the council that the receipts were not in accord with the expenditures. The balance on hand in 1909 was \$48,359.41, and that in 1910 it was only \$41,168.27. This shows a falling off in one year of \$7,191.14. Some of the members of the council thought these figures should not be given out until they had been discussed.

On motion of Dr. Gibson it was decided to omit the verbatim report of the discussions in the council, and only give the motions, by-laws, and financial statement in the announcement.

It was claimed by Dr. Gibson that this would save \$1,000 in printing and postage. This action was taken by the council on account of the steadily decreasing credit balance. We do not need at this Hansard report, said Dr. Vardon, in supporting the motion.

Dr. F. N. G. Starr suggested that all committees which would be required to hold frequent meetings, should be so selected as to avoid unnecessary expense. He stated that one meeting of the Discipline Committee had cost \$300. This view was objected to by some, as the various portions of the province should have representation on the various committees.

After a good deal of discussion it was agreed that the financial statement should be laid on the table and that it should contain the fullest information as to the amounts paid the members for attendance at the meetings of the council and its committees, and the mileage paid them, also the amounts paid the various examiners. Dr. J. A. Temple moved that the financial statement be referred back for full details, as it did not show the council the real position of affairs, or enable the members to judge properly in what position the finances stood. This was agreed to.

It was moved by Dr. E. A. Hardy and seconded by Dr. J. A. Temple, that a committee consisting of Drs. Griffin, Merritt, MacColl and the mover and seconder should report forthwith on all financial matters pertaining to the college and on all reforms or changes that might be thought advisable, and to modify or enlarge the duties of any official in connection therewith. This was agreed to.

In the financial statement, as submitted by Dr. Temple, the assets of the College of Physicians and Surgeons are \$60,747.97. There was about \$7,000 of contingent assets. The balance was \$51,627.26. The report gave the following scale of payments to members and examiners: That members of the council be allowed for attendance on annual and special meetings, \$20 per day, and \$10 for each half day or portion thereof, and the same allowance for the time consumed in reaching Toronto, and 5 cents per mile of travel each way. Examiners are to be paid \$20, and 35 cents for every paper over 50 marked by them. Oral examiners will receive \$7.50 for half-day, 5 cents per mile each way for travelling, and 35 cents per paper when examining written examinations.

Dr. Starr moved that members of the council be paid only their expenses, and that they be allowed no per diem, as the honor of being a member of the council should be sufficient reward. This was ruled out of order.

As a means of aiding in making a correct financial statement of assets and liabilities it was moved by Drs. Cormack and McArthur that the property committee procure a proper valuation of the property and submit the same to the council at this session.

Dr. J. S. Hart stated that there had been a good deal of harsh criticism of the financial position in the medical journals for some time. This should be set at rest, and a full statement made of what had been done with the council's funds for the past three years. He moved, seconded by Dr. Bascom, that details of the treasurer's book should be laid on the table, covering three years; and that the statement should show the per diem allowance and travelling expenses of the members of the council and examiners, and award the per diem allowance and travelling expenses of members for attendance on committees and the dates of meetings. This motion was carried.

Dr. King moved, seconded by Dr. Starr, that a detailed statement of the cost of holding examinations at Toronto, Kingston, and London, together with the number of students presenting themselves at the different places, and the percentage of those who passed, should be supplied. This was agreed to.

Dr. J. M. McCallum moved and Dr. J. S. Hart seconded a motion that the announcement of this and future year give a full statement of the receipts and disbursements of the College of Physicians and Surgeons. In support of his motion Dr. McCallum made out a good case. Drs. Hart and Starr very ably supported the motion. The motion was put and carried unanimously.

The executive committee reported regarding the amendments to the medical act that had been sought at the past session of the Legislature. These amendments, with the exception of adding a new district for Rainy River, had been refused. The committee reported that in the case of Mr. Coulter a compromise had been effected by granting him his matriculation and primary examinations and that he pass the intermediate and final examinations. This had not been done. He now applied to the council to be given his license without examination. This was held over pending the matter of interprovincial registration. The committee reported that in the case of certain persons who held a charter to engage in the treatment of diseases of the eye, the government had been interviewed asking that this charter be annulled, and had refused to do so.

The Amended Canada Medical Act, or what is known as the Roddick Bill, was considered. Drs. King and Gibson pointed out some objections to the bill. A resolution on motion of Drs. Spankie and Robertson, was carried approving of the bill. By this bill there will be established a Dominion medical council. This will not wholly abrogate the powers of the provincial medical councils where any one wishes to practise only in

his own province. It will also permit any one who has been in practice for ten years in any province to locate in any other province.

Dr. F. N. G. Starr gave notice that he would move that the examining committee be instructed to leave all examinations, except the finals to the universities maintaining medical faculties to the satisfaction of the College of Physicians and Surgeons, and that the college have the right to appoint assessors to see that the examinations are properly conducted, after an eight months' course.

"I am prepared to stay here all summer to oppose that," said Dr. Henry, of Orangeville.

Subsequently in the report of the educational committee, which was adopted, this was postponed for a year.

Dr. Hart moved, seconded by Dr. Hillier, that the teaching of mechanical therapeutics, including hydrotherapeutics, electrotherapeutics, and massage, should be introduced into the colleges, was discussed at length. It was lost on a vote of 11 to 13.

Dr. Hart's motion that the council be reduced from 30 to 14, made up of 9 territorial, 2 homœopathic, and 3 university representatives was lost.

A. Vardon said it looked like an electioneering dodge, and Dr. Hardy said that the Ontario Legislature refused to consider it last session.

Dr. Hart's motion calling for an investigation into the manner in which the universities are coupling with the regulations and teaching the curriculum of studies was very fully discussed.

Dr. E. Ryan thought such an investigation should be conducted by a government commission.

Dr. Vardon thought that the universities were acting honestly. He thought the council should act hand in hand with the universities. There should be no clash or war.

Dr. J. M. McCallum was displeased with the manner in which the council had failed to make the universities live up to some of its regulations.

Dr. Starr held that the council should see that both the public and the student should be protected, and that a university that made any statement that is not lived up to, should be exposed and brought to time.

Dr. Cormack said this was another instance of the inefficiency of the medical council.

The motion was then put and lost on a division of 18 to 5.

At the suggestion of Dr. Hardy a committee consisting of himself and Dr. Merritt was appointed to examine the courses in the curriculum of colleges teaching medicine in Ontario in order to ascertain whether they fulfilled the requirements of the medical council.

A deputation waited on the council from the University of Toronto. In behalf of this body Drs. McPhedran, Primrose and Cameron appeared.

It was pointed out that the council examinations came too early in the year, and that they should begin from the first Tuesday in June instead of the third Tuesday in May. This change would make it necessary for the medical council to hold its meeting on the last Tuesday in July instead of the first Tuesday as at present. The fall examinations should be held on the first Tuesday in September instead of the third Tuesday of the same month. These changes were agreed to.

On motion of Dr. Hoare, it was decided by a vote of 13 to 7 that all fall examinations, except the finals, be discontinued. It was pointed out that this would save to the council an outlay of about \$2,000. This vote was questioned by Dr. E. E. King as out of order. The president held the same view. This was appealed from, and the ruling of the chair was sustained.

Dr. Cormack then moved that in the opinion of the medical council the find examinations in the fall be not discontinued. The motion carried.

It was decided on motion of Dr. E. Ryan that in future students must be six feet apart each way during examination.

On motion of Dr. Hardy and Dr. Robertson, the cases of Drs. Lehman, of Toronto, T. F. Flaherty, of Massey, and Stinson, of Cobourg, were sent to the Discipline Committee.

The following appeals were granted regarding the results of examinations: William Moshier, Gillespie, W. E. Anderson, Geo. Bailey, J. G. Gallie, M. E. Hall, Dennis Jordan, Ernest Brunet, N. V. Leslie, C. F. Atkinson, J. E. Kidd, A. Collins, D. A. Dingwall, Harry Pirie, G. L. McDougall, J. R. G. Stone, J. H. Gibson, and S. M. Holmes.

The following medical men of the province were appointed examiners for the years 1910-1911:

Dr. McKay, Oshawa; Dr. Connell, Kingston; Dr. Bryan, Essex Centre; Dr. Gray, Smith's Falls; Dr. Aikins, Toronto; Dr. Arthur, Sudbury; Dr. Wallace, Hamilton; Dr. Carmichael, Peterborough; Dr. Schnarr, Berlin; Dr. Goldie, Toronto; Dr. Balfour, London; Dr. Harding, Brockville; Dr. Bradley, Ottawa; Dr. Tufford, St. Thomas; Dr. Lockhart, Harrowsmith; Dr. Burrows, Seaforth; Dr. Cody, Hamilton; Dr. Clark, Aylmer.

A by-law was passed fixing the annual fee at \$2. Another by-law regarding the election of the territorial and homœopathic members of the council.

The contract for the printing of 4,000 of the announcements was awarded to Ross Bros.

The council expressed regret at the death of one of its members, Dr. Henderson, of Strathroy.

Dr. Bray, the Registrar, was appointed the Returning Officer for the elections.

On motion of Dr. Bryan and Hart a honorarium of \$100 was voted the treasurer.

A vote of thanks was accorded the retiring president, Dr. Hardy, for his faithful attention to duty.

ONTARIO MEDICAL COUNCIL'S EXPENSES.

COUNCIL MEETING, TUESDAY, 2 P.M., 2ND JULY, TO SATURDAY NOON, 6TH JULY, 1907, KINGSTON, 4 DAYS, \$15 A DAY.

	Sessional allowance.	Mileage.	Total.
Dr. E. T. Adams, Toronto	\$120 00	\$16 35	\$136 35
Dr. H. Bascom, Uxbridge.....	120 00	20 50	140 50
Dr. J. L. Bray, Chathan.....	120 00	34 50	154 50
Dr. W. Britton, Toronto.....	105 00	16 30	121 30
Dr. J. H. Cormack, St. Thomas.....	120 00	28 50	148 50
Dr. R. J. Gibson, Sault Ste. Marie ...	135 00	64 80	199 80
Dr. S. H. Glasgow, Welland.....	120 00	25 30	145 30
Dr. Sir J. R. Grant, Ottawa	90 00	15 00	105 00
Dr. E. A. P. Hardy, Toronto	120 00	16 30	136 30
Dr. J. S. Hart, Toronto	90 00	16 30	106 30
Dr. G. Henderson, Strathroy	120 00	30 00	150 00
Dr. J. Henry, Orangeville	120 00	21 30	141 30
Dr. S. C. Hillier, Bowmanville	120 00	12 10	132 10
Dr. C. E. Jarvis, London.....	120 00	28 50	148 50
Dr. A. J. Johnson, Toronto.....	90 00	16 30	106 30
Dr. E. E. King, Toronto	120 00	16 30	136 30
Dr. M. O. Klotz, Ottawa	90 00	15 00	105 00
Dr. J. W. Lane, Mallorytown.....	105 00	4 50	109 50
Dr. L. Luton, St. Thomas	120 00	28 50	148 50
Dr. J. Macarthur, London	120 00	28 50	148 50
Dr. A. E. MacColl, Belleville.....	120 00	6 00	126 00
Dr. W. H. Moorhouse, London	120 00	28 30	148 30
Dr. J. A. Robertson, Stratford.....	120 00	25 25	145 25
Dr. E. Ryan, Kingston	60 00	.....	60 00
Dr. W. Spankie, Wolfe Island	90 00	.....	90 00
Dr. F. N. G. Starr, Toronto.....	60 00	16 30	76 30
Dr. P. Stuart, Milton.....	90 00	19 50	109 50
Dr. Hon. M. Sullivan, Kingston	90 00	.....	90 00
Dr. T. W. Vardon, Galt	120 00	22 10	142 10
	\$3,135 00	\$572 30	\$3,707 30

SPECIAL COUNCIL MEETING, 4TH OCTOBER, 1907,
TORONTO, ONE DAY, \$15.00 A DAY.

	Sessional allowance.	Mileage.	Total.
Dr. E. T. Adams, Toronto.....	\$15 00	.....	\$15 00
Dr. W. Britton, Toronto.....	15 00	.....	15 00
Dr. J. H. Cormack, St. Thomas ..	45 00	\$12 20	57 20
Dr. R. J. Gibson, Sault Ste. Marie.	45 00	48 50	93 50
Dr. S. H. Glasgow, Welland.....	15 00	9 00	24 00
Dr. E. A. P. Hardy, Toronto.....	15 00	.....	15 00
Dr. J. S. Hart, Toronto.....	15 00	.....	15 00
Dr. G. Henderson, Strathroy	45 00	14 00	59 00
Dr. J. Henry, Orangeville.....	45 00	5 00	50 00
Dr. S. C. Hillier, Bowmanville.....	15 00	4 20	19 20
Dr. C. E. Jarvis, London.....	45 00	12 00	57 00
Dr. A. J. Johnson, Toronto.....	15 00	.....	15 00
Dr. E. E. King, Toronto.....	15 00	.....	15 00
Dr. J. W. Lane, Mallorytown.....	45 00	19 70	64 70
Dr. L. Lutton, St. Thomas.....	45 00	12 20	57 20
Dr. J. Macarthur, London.....	30 00	12 00	42 00
Dr. A. E. MacColl, Belleville.....	45 00	11 30	56 30
Dr. W. H. Moorhouse, London	30 00	12 00	42 00
Dr. J. A. Robertson, Stratford.....	30 00	8 80	38 80
Dr. E. Ryan, Kingston.....	45 00	17 50	62 50
Dr. W. Spankie, Wolf Island.....	45 00	16 50	61 50
Dr. F. N. G. Starr, Toronto.....	15 00	.....	15 00
Dr. P. Stuart, Milton.....	15 00	3 20	18 20
Dr. M. Sullivan, Kingston.....	45 00	16 50	61 50
Dr. J. A. Temple, Toronto.....	15 00	.....	15 00
Dr. T. W. Vardon, Galt.....	30 00	5 70	35 70
	\$780 00	\$240 30	\$1,020 30

COUNCIL MEETING, TUESDAY, 2 P.M., 7TH JULY, TO SATURDAY NOON, 11TH JULY, 1908, TORONTO, 4 DAYS, \$20 A DAY.

	Sessional allowance.	Mileage.	Total.
Dr. E. T. Adams, Toronto.....	\$120 00	.....	\$120 00
Dr. H. Bascom, Uxbridge.....	120 00	\$4 20	124 20
Dr. W. Britton, Toronto.....	120 00	.....	120 00
Dr. J. H. Cormack, St. Thomas.....	160 00	15 00	175 00
Dr. R. J. Gibson, Sault Ste. Marie...	180 00	48 20	228 20
Dr. S. H. Glasgow, Welland.....	140 00	9 00	149 00
Dr. Sir James Grant, Ottawa.....	75 00	30 00	105 00
Dr. H. S. Griffin, Hamilton.....	120 00	4 00	124 00
Dr. E. A. P. Hardy, Toronto.....	120 00	.....	120 00
Dr. J. S. Hart, Toronto.....	100 00	.....	100 00
Dr. G. Henderson, Strathroy.....	120 00	14 00	134 00
Dr. J. Henry, Orangeville.....	120 00	5 00	125 00
Dr. S. C. Hillier, Bowmanville.....	120 00	4 20	124 20
Dr. C. W. Hoare, Walkerville.....	160 00	22 70	182 70

COUNCIL MEETING, 7TH JULY, 1908—Continued.

	Sessional allowance.	Mileage.	Total.
Dr. C. E. Jarvis, London.....	\$160 00	\$12 00	\$172 00
Dr. A. J. Johnson, Toronto	120 00	.....	120 00
Dr. E. E. King, Toronto	120 00	.....	120 00
Dr. M. O. Klotz, Ottawa	160 00	25 60	185 60
Dr. J. W. Lane, Mallorytown	160 00	19 75	179 75
Dr. L. Luton, St. Thomas	160 00	14 00	174 00
Dr. J. Macarthur, London	160 00	12 00	172 00
Dr. A. E. MacColl, Belleville.....	160 00	11 00	171 00
Dr. W. H. Moorhouse, London.....	160 00	12 00	172 00
Dr. J. A. Robertson, Stratford	120 00	8 80	128 80
Dr. E. Ryan, Kingston	160 00	17 50	177 50
Dr. W. Spankie, Wolf Island.....	160 00	16 50	176 50
Dr. F. N. G. Starr, Toronto	120 00	.....	120 00
Dr. J. A. Temple, Toronto.....	120 00	.....	120 00
Dr. T. W. Vardon, Galt	120 00	5 70	125 70
	\$3,935 00	\$311 15	\$4,246 00

Dr. F. N. G. Starr refunded \$20.00 of the above payment of \$120.00.

COUNCIL YEAR, 1907-1908.

DISCIPLINE COMMITTEE, TORONTO.

	1st meeting.		2nd meeting.		Total.
	Attend- ance.	Mileage.	Attend- ance.	Mileage.	
Dr. J. L. Bray	\$15 00	.....	.....	.....	\$15 00
Dr. G. Henderson	15 00	.....	.....	.....	15 00
Dr. J. W. Lane	15 00	.....	.....	.....	15 00
Dr. J. A. Robertson.....	15 00	.....	.....	.....	15 00
					\$60 00

EXECUTIVE COMMITTEE, TORONTO.

Dr. L. Luton	\$20 00	\$12 20	\$20 00	\$12 20	\$64 40
Dr. W. Spankie	30 00	16 50	30 00	16 60	93 10
Dr. P. Stuart.....	10 00	3 20	10 00	3 30	26 50
					\$184 00

PROPERTY COMMITTEE, TORONTO.

Dr. E. A. P. Hardy	\$10 00	.....	.....	.....	\$10 00
Dr. A. J. Johnson.....	10 00	.....	.....	.....	10 00
Dr. W. H. Moorhouse.....	20 00	\$12 00	.....	.....	32 00
Dr. W. Spankie	30 00	16 50	.....	.....	46 50
Dr. P. Stuart.....	10 00	3 20	.....	.....	13 20
					\$111 70

COUNCIL YEAR, 1907-1908.—Continued.
BUILDING AND SITE COMMITTEE, TORONTO.

	1st meeting.		2nd meeting.		3rd m't'g.	4th meeting.		Total.
	Attend- ance.	Mileage.	Attend- ance.	Mileage.	Attend- ance.	Attend- ance.	Mileage.	
Dr. S. H. Glasgow	\$20 00	\$9 00	\$10 00	\$9 00	\$10 00	\$20 00	\$9 00	\$87 00
Dr. E. A. P. Hardy.....	10 00	.....	.....	.....	10 00	10 00	.....	30 00
Dr. S. C. Fillier	10 00	4 20	10 00	4 20	10 00	.....	.....	38 40
Dr. A. J. Johnson.....	10 00	.....	20 00	13 30	10 00	10 00	.....	63 30
Dr. E. E. King	10 00	.....	20 00	10 00	10 00	10 00	.....	60 00
Dr. J. Macarthur.....	20 00	12 00	20 00	12 00	10 00	20 00	12 00	106 00
Dr. J. A. Robertson	20 00	8 80	10 00	8 80	10 00	10 00	8 80	76 40
Dr. W. Spankie	30 00	16 50	30 00	16 50	10 00	30 00	16 50	149 50
Dr. P. Stuart.....	10 00	3 20	10 00	3 20	10 00	10 00	3 20	49 60
Exchange on three cheques .....	.....	.....	.....	.....	.....	.....	.....	\$660 20
Carriage hire for Com- mittee's use .....	.....	.....	.....	.....	.....	.....	.....	75
	.....	.....	.....	.....	.....	.....	.....	8 50
	.....	.....	.....	.....	.....	.....	.....	\$669 45

SPECIAL COUNCIL MEETING TUESDAY, 10 A.M., 17TH NOVEM-
BER, TO 4 P.M., 19TH NOVEMBER, 1908, TORONTO,
3 DAYS, \$20 A DAY.

	Sessional allowance.	Mileage.	Total.
Dr. E. T. Adams, Toronto.....	\$60 00	.....	\$60 00
Dr. H. Bascom, Uxbridge	100 00	4 10	104 10
Dr. W. Britton, Toronto.....	60 00	.....	60 00
Dr. J. H. Cormack, St. Thomas	100 00	14 00	114 00
Dr. R. J. Gibson, Sault Ste. Marie ..	100 00	48 80	148 80
Dr. S. H. Glasgow, Welland	100 00	9 00	109 00
Dr. Sir James Grant, Ottawa	100 00	25 60	125 60
Dr. H. S. Griffin, Eamilton	60 00	4 00	64 00
Dr. E. A. P. Hardy, Toronto	60 00	.....	60 00
Dr. J. S. Hart, Toronto.....	60 00	.....	60 00
Dr. G. Henderson, Strathroy.....	100 00	16 50	116 50
Dr. J. Henry, Orangeville.....	80 00	5 00	85 00
Dr. C. W. Hoare, Walkerville	100 00	22 20	122 20
Dr. C. E. Jarvis, London.....	100 00	12 00	112 00
Dr. A. J. Johnson, Toronto.....	40 00	.....	40 00
Dr. E. E. King, Toronto.....	60 00	.....	60 00
Dr. M. O. Klotz, Ottawa.....	100 00	25 60	125 60
Dr. J. W. Lane, Mallorytown.....	100 00	19 75	119 75
Dr. L. Luton, St. Thomas.....	100 00	14 00	114 00
Dr. J. Macarthur, London.....	100 00	12 00	112 00
Dr. A. E. MacColl, Belleville	100 00	11 60	111 60
Dr. W. H. Moorhouse, London	100 00	12 00	112 00
Dr. J. A. Robertson, Stratford.....	100 00	8 80	108 80
Dr. E. Ryan, Kingston	100 00	17 60	117 50

SPECIAL COUNCIL MEETING, 17TH NOVEMBER, 1908—Continued.

	Sessional allowance.	Mileage.	Total.
Dr. W. Spankie, Wolf Island.....	\$100 00	\$16 50	\$116 50
Dr. F. N. G. Starr, Toronto.....	60 00	.....	60 00
Dr. J. A. Temple, Toronto.....	60 00	.....	60 00
Dr. T. W. Vardon, Galt.....	100 00	5 70	105 70
	\$2,400 00	\$304 05	\$2,704 05
Exchange on one cheque.....			25
			\$2,704 30

COUNCIL MEETING, TUESDAY, 2 P.M., 6TH JULY, TO SATURDAY NOON, 10TH JULY, 1909, TORONTO, 4 DAYS, \$20 A DAY.

	Sessional allowance.	Mileage.	Total.
Dr. E. T. Adams, Toronto.....	\$120 00	.....	\$120 00
Dr. H. Bascom, Uxbridge.....	120 00	\$4 20	124 20
Dr. J. H. Cornack, St. Thomas.....	160 00	14 00	174 00
Dr. R. J. Gibson, Sault Ste. Marie..	160 00	43 80	203 80
Dr. Sir James Grant, Ottawa.....	120 00	30 00	150 00
Dr. H. S. Griffin, Toronto.....	120 00	4 00	124 00
Dr. E. A. P. Hardy, Toronto.....	120 00	.....	120 00
Dr. J. S. Hart, Toronto.....	120 00	.....	120 00
Dr. J. Henry, Orangeville.....	120 00	5 00	125 00
Dr. S. C. Hillier, Bowmanville.....	120 00	4 20	124 20
Dr. C. W. Hoare, Walkerville.....	160 00	23 00	183 00
Dr. C. E. Jarvis, London.....	160 00	12 00	172 00
Dr. A. J. Johnson, Toronto.....	120 00	.....	120 00
Dr. E. E. King, Toronto.....	120 00	.....	120 00
Dr. J. W. Lane, Mallorytown.....	180 00	19 75	199 75
Dr. L. Luton, St. Thomas.....	160 00	13 00	173 00
Dr. J. Macarthur, London.....	140 00	12 00	152 00
Dr. J. M. MacCallum, Toronto.....	120 00	.....	120 00
Dr. A. E. MacColl, Belleville.....	140 00	11 00	151 00
Dr. W. H. Merritt, St. Catharines...	120 00	6 00	126 00
Dr. W. H. Moorhouse, London.....	140 00	12 00	152 00
Dr. J. A. Robertson, Stratford.....	140 00	8 80	148 80
Dr. E. Ryan, Kingston.....	160 00	17 50	177 50
Dr. W. Spankie, Wolfe Island.....	160 00	16 50	76 50
Dr. F. N. G. Starr, Toronto.....	120 00	.....	20 00
Dr. J. A. Temple, Toronto.....	120 00	.....	120 00
Dr. T. W. Vardon, Galt.....	120 00	5 80	125 80
	\$3,660 00	\$202 55	\$3,922 55
Exchange on one cheque.....			25
			\$3,922 80

Dr. C. E. Jarvis refunded \$20.00 of the above payment of \$172.00.

COUNCIL YEAR, 1908-1909.

DISCIPLINE COMMITTEE.

	1st Meeting. Attendance.	2nd Meeting. Attendance.	Mileage.	3rd Meeting. Attendance.	Mileage.	Total.
Dr. R. J. Gibson.....	\$20 00	\$80 00	\$48 00	\$80 00	\$48 00	\$276 00
Dr. G. Henderson.....	20 00	40 00	14 00	40 00	14 00	128 00
Dr. J. W. Lane.....	20 00	80 00	19 75	60 00	19 75	199 50
Dr. J. A. Robertson.....	20 00	60 00	8 80	.....	.....	88 80
						\$692 30

EXECUTIVE COMMITTEE.

	1st Meeting.		2nd Meeting.		Total.
	Attendance.	Mileage.	Attendance.	Mileage.	
Dr. S. H. Glasgow.....	\$30 00	\$9 00	.....	.....	\$39 00
Dr. E. A. P. Hardy.....	15 00	.....	.....	.....	15 00
Dr. J. A. Temple.....	15 00	.....	.....	.....	15 00
					\$69 00

BUILDING AND SITE COMMITTEE.

Dr. S. H. Glasgow.....	\$10 00	.....	.....	.....	\$10 00
Dr. E. A. P. Hardy.....	10 00	.....	.....	.....	10 00
Dr. S. C. Hillier.....	10 00	.....	.....	.....	10 00
Dr. A. J. Johnson.....	10 00	.....	.....	.....	10 00
Dr. E. E. King.....	10 00	.....	.....	.....	10 00
Dr. J. Macarthur.....	10 00	.....	.....	.....	10 00
Dr. J. A. Robertson.....	10 00	.....	.....	.....	10 00
Dr. W. Spankie.....	10 00	.....	.....	.....	10 00
					\$80 00

FILING COMMITTEE.

Dr. W. Britton.....	\$15 00	.....	\$15 00	.....	\$30 00
Dr. E. A. P. Hardy.....	.....	.....	15 00	.....	15 00
Dr. A. J. Johnson.....	15 00	.....	15 00	.....	30 00
Dr. E. E. King.....	15 00	.....	15 00	.....	30 00
Dr. E. Ryan.....	45 00	\$17 50	45 00	\$17 50	125 00
					\$230 00

COUNCIL YEAR, 1908-1909.

COMMITTEE OF EDUCATION.

	1st Meeting.		2nd Meeting.	Total.
	Attendance.	Mileage.	Attendance.	
Dr. W. Britton			\$15 00	\$15 00
Dr. R. J. Gibson			15 00	15 00
Dr. S. H. Glasgow	\$30 00	\$9 00	15 00	54 00
Dr. E. A. P. Hardy	15 00		15 00	30 00
Dr. W. H. Moorhouse			15 00	15 00
Dr. J. A. Robertson	30 00	8 80	15 00	53 80
Dr. E. Ryan	45 00	17 50	15 00	77 50
Dr. W. Spankie	45 00	16 50	15 00	76 50
Dr. J. A. Temple	15 00		15 00	30 00
				\$366 80

COMMITTEE (REDISTRIBUTION).

Dr. J. Henry	\$15 00
Dr. E. E. King	15 00
Dr. J. W. Lane	15 00
Dr. J. Macarthur	15 00
	\$60 00
Exchange on one cheque	25
	\$60 25

COMMITTEE re BRITISH RECIPROCITY.

Dr. E. T. Adams	\$15 00
Dr. H. S. Griffin	15 00
Dr. F. N. G. Starr	15 00
	\$45 00

COMMITTEE ON FIFTH YEAR COURSE.

Dr. W. Britton.....	\$10 00
Dr. J. Henry.....	10 00
Dr. L. Luton.....	10 00
Dr. W. H. Moorhouse.....	10 00
	\$40 00

COUNCIL MEETING, JULY, 1910.

	Sessional allowance.	Mileage.	Assessment dues deducted.	Cheques issued.	Total.	Address.	† days charge for travelling.
Dr. E. T. Adams....	\$ 80 00	\$.....	\$2 00	\$78 00	\$ 80 00	Toronto	0
Dr. H. Bascom	100 00	4 10	2 00	102 10	104 10	Uxbridge.....	2
†Dr. J. H. Cormack...	130 00	13 00	2 00	141 00	143 00	St. Thomas...	5
Dr. R. J. Gibson....	170 00	48 50	2 00	216 50	218 50	Soo	9
*Dr. H. S. Griffin...	80 00	4 00	2 00	82 00	84 00	Hamilton	0
Dr. E. A. P. Hardy..	80 00	.....	2 00	78 00	80 00	Toronto	0
Dr. J. S. Hart.....	80 00	.....	2 00	78 00	80 00	Toronto	0
†Dr. J. Henry.....	110 00	5 00	2 00	113 00	115 00	Orangeville...	3
Dr. S. C. Hillier....	100 00	4 20	2 00	102 20	104 20	Bowmanville..	2
Dr. C. W. Hoare....	120 00	23 00	2 00	141 00	143 00	Walkerville ..	4
†Dr. C. E. Jarvis...	110 00	12 00	2 00	120 00	122 00	London	3
Dr. A. J. Johnson...	30 00	.....	2 00	28 00	30 00	Toronto	0
Dr. E. E. King.....	80 00	.....	2 00	78 00	80 00	Toronto	0
†Dr. M. O. Klotz....	140 00	25 60	2 00	163 60	165 60	Ottawa	6
†Dr. J. Lane.....	140 00	19 75	2 00	157 75	159 75	Mallorytown ..	6
†Dr. L. Luton.....	130 00	13 00	2 00	141 00	143 00	St. Thomas...	5
†Dr. J. Macarthur...	110 00	12 00	2 00	120 00	122 00	London	3
Dr. J. A. McCallum..	80 00	.....	2 00	78 00	80 00	Toronto	0
†Dr. A. E. MacColl..	120 00	11 00	2 00	129 00	131 00	Belleville....	4
Dr. W. H. Merritt...	100 00	.....	2 00	98 00	100 00	St. Catharines.	2
†Dr. W. H. Moorhouse	110 00	12 00	2 00	120 00	122 00	London	3
†Dr. J. A. Robertson.	110 00	8 80	2 00	116 80	118 80	Stratford	3
††Dr. E. Ryan.....	120 00	17 50	2 00	135 50	137 50	Kingston.....	4
†Dr. W. Spankie...	140 00	16 50	2 00	154 50	156 50	Wolfe Island..	6
Dr. F. N. G. Starr...	80 00	.....	2 00	78 00	80 00	Toronto	0
Dr. A. Temple.....	70 00	.....	2 00	68 00	70 00	Toronto	0
Dr. T. W. Varden...	100 00	5 70	2 00	103 70	105 70	Galt.....	2
Dr. E. E. Wickens..	100 00	4 00	2 00	102 00	104 00	Hamilton	2
	\$2,920 00	\$259 65	\$56 00	\$3,123 65	\$3,179 65		

*Absent part of time.

†Absent part of time: (Friday afternoon and Saturday morning after first half-hour.) Therefore either charged for full time and four half days or part time and six half days.

‡Charged excess of "one-half days necessarily absent from home."

Anyone with a railway time-table can see at a glance whether these half days are required for travel marked as "necessarily absent from home."

COUNCIL YEAR, 1909-1910.—*Continued.*

DISCIPLINE COMMITTEE.

Dr. R. J. Gibson.....	\$80 00	\$48 50	\$60 00	\$37 05	\$20 00	.....	\$245 55
Dr. J. W. Lane.	60 00	19 75	60 00	19 75	20 00	.....	179 50
Dr. L. Luton.....	60 00	13 00	60 00	13 00	20 00	.....	166 00
Dr. J. A. Robertson...	60 00	8 80	40 00	8 80	20 00	.....	137 60
							\$728 65

EXECUTIVE COMMITTEE.

Dr. E. A. P. Hardy...	\$15 00	\$.....	\$15 00	.....	.....	.....	\$30 00
Dr. J. W. Lane.....	45 00	19 75	.....	.....	.....	.....	64 75
Dr. E. Ryan.....	45 00	17 50	.....	.....	.....	.....	62 50
Dr. W. Spankie.....	45 00	16 50	.....	.....	.....	.....	61 50
Dr. J. A. Temple.....	15 00	.....	15 00	.....	.....	.....	30 00
							\$248 75

BOARD OF EXAMINERS, SPRING, 1907.

	Written.	Oral.	Mileage.	Total.
Dr. W. A. Brown.....	.....	\$195 00	\$63 40	\$258 40
Dr. F. J. Burrows .....	.....	165 00	44 60	209 60
Dr. H. R. Duff.....	.....	180 00	44 30	224 30
Dr. E. B. Echlin.....	.....	195 00	43 30	238 30
Dr. H. R. Frank.....	.....	180 00	37 00	217 00
Dr. S. M. Hay.....	\$50 45	225 00	28 20	303 65
Dr. G. Hodge.....	53 25	210 00	40 60	303 85
Dr. J. R. McCabe	98 40	210 00	46 25	354 65
Dr. J. S. McCullough .....	.....	180 00	38 80	218 80
Dr. T. W. G. McKay.....	57 45	180 00	31 67	269 12
Dr. T. H. Middlebro.....	50 45	210 00	41 00	301 45
Dr. W. H. Moorhouse.....	.....	30 00	12 00	42 00
Dr. J. Newell.....	50 80	285 00	42 85	378 65
Dr. W. T. Parke.....	98 75	210 00	41 20	349 95
Dr. A. R. Pyne	53 95	150 00	28 20	232 15
Dr. R. D. Rudolf	55 35	150 00	28 20	233 55
Dr. D. J. Sinclair.....	97 35	210 00	41 20	348 55
Dr. J. S. Sprague.....	51 50	195 00	42 75	289 25
Dr. I. Wood	96 30	180 00	28 50	304 80
	\$814 00	\$3,540 00	\$724 02	\$5,078 02

Wet material for Examiner in Anatomy.....	\$50 00
Express charges on papers of one Examiner	50
	\$50 50

FALL EXAMINATIONS, 1907.

	Written.	Oral.	Mileage.	Total.
Dr. W. A. Brown.....		\$60 00	\$25 10	\$85 10
Dr. F. J. Burrows.....		30 00	11 15	41 15
Dr. D. N. Carmichael.....	\$20 00	15 00	3 90	38 90
Dr. H. R. Duff.....		60 00	16 20	76 20
Dr. E. B. Echlin.....		60 00	26 00	86 00
Dr. H. R. Frank.....		30 00	7 20	37 20
Dr. W. A. Gray.....	20 00	30 00	21 00	71 00
Dr. S. M. Hay.....	20 00	45 00		65 00
Dr. G. Hodge.....	20 00	45 00	12 00	77 00
Dr. J. R. McCabe.....	20 00	45 00	14 50	79 50
Dr. J. S. McCullough.....		30 00	5 00	35 00
Dr. W. A. McFall.....	20 00	15 00		35 00
Dr. T. W. G. McKay.....	20 00	15 00	3 50	38 50
Dr. J. Newell.....	20 00	75 00	15 30	110 30
Dr. A. R. Pyne.....	20 00	15 00		35 00
Dr. R. D. Rudolph.....	20 00	15 00		35 00
Dr. R. W. Schnarr.....	20 00	15 00	6 55	41 55
Dr. D. J. Sinclair.....	20 00	45 00	9 20	74 20
Dr. R. R. Wallace.....	20 00	45 00	4 00	69 00
Dr. I. Wood.....	20 00	45 00	16 30	81 30
	\$280 00	\$735 00	\$196 90	\$1,211 90

Wet material for Examiner in Anatomy \$50 00

BOARD OF EXAMINERS, SPRING, 1908.

	Written.	Oral.	Mileage.	Total.
Dr. W. A. Brown.....	\$.....	\$ 180 00	\$ 63 60	\$243 60
Dr. F. J. Burrows.....		150 00	44 60	194 60
Dr. D. N. Carmichael.....	50 45	225 00	41 90	317 35
Dr. H. R. Duff.....		150 00	44 30	194 30
Dr. E. B. Echlin.....		165 00	67 50	232 50
Dr. H. R. Frank.....		165 00	34 40	199 40
Dr. W. A. Gray.....	64 45	180 00	50 25	294 70
Dr. S. M. Hay.....	49 40	210 00	28 10	287 50
Dr. G. Hodge.....	51 85	210 00	40 00	301 85
Dr. J. R. McCabe.....	100 50	225 00	47 00	372 50
Dr. J. S. McCullough.....		180 00	44 00	224 00
Dr. W. A. McFall.....	20 00	15 00		35 00
Dr. T. W. G. McKay.....	69 35	165 00	31 67	266 02
Dr. J. Newell.....	49 05	255 00	45 30	349 35
Dr. A. R. Payne.....	65 15	150 00	28 10	243 25
Dr. R. D. Rudolf.....	68 30	150 00	28 00	246 30
Dr. D. J. Sinclair.....	97 70	225 00	42 00	364 70
Dr. W. Spankie.....		30 00	16 50	46 50
Dr. R. R. Wallace.....	98 75	210 00	34 70	343 45
Dr. I. Wood.....	97 00	225 00	30 00	252 00
	\$881 95	\$3,465 00	\$761 92	\$5,108 87

Wet material for Examiner in Anatomy, \$50.00.

FALL EXAMINATION, 1908.

	Written.	Oral.	Mileage	Total
Dr. W. I. Bradley.....	\$20 00	\$120 00	\$27 60	\$167 60
Dr. W. A. Brown.....	20 00	60 00	25 10	105 10
Dr. F. J. Burrows.....	20 00	45 00	11 30	76 30
Dr. D. N. Carmichael.....	20 00	75 00	9 20	104 20
Dr. H. R. Duff.....	20 00	60 00	16 20	96 20
Dr. E. B. Echlin.....	20 00	60 00	28 70	108 70
Dr. H. R. Frank.....	20 00	45 00	6 50	71 50
Dr. S. H. Glasgow.....	.....	15 00	9 00	24 00
Dr. W. A. Gray.....	20 00	30 00	21 20	71 20
Dr. S. M. Hay.....	20 00	90 00	.....	110 00
Dr. J. A. MacGregor.....	20 00	75 00	12 00	107 00
Dr. J. R. McCabe.....	21 05	90 00	15 50	126 55
Dr. J. S. McCullough.....	20 00	45 00	5 20	70 20
Dr. T. W. G. McKay.....	20 00	15 00	3 50	38 50
Dr. A. R. Pyne.....	20 00	15 00	.....	35 00
Dr. R. D. Rudolph.....	20 00	15 00	.....	35 00
Dr. R. W. Schnarr.....	20 00	75 00	7 90	102 90
Dr. R. R. Wallace.....	27 70	75 00	5 10	107 80
Dr. I. Wood.....	20 00	90 00	18 30	128 30
	\$368 75	\$1,095 00	\$222 30	\$1,686 05

Wet material for Examiner in Anatomy.....\$50 00

Express charges on papers from one Examiner..... 1 00

\$51 00

BOARD OF EXAMINERS, SPRING, 1909.

	Written.	Oral.	Mileage.	Total.
Dr. W. I. Bradley.....	\$53 60	\$270 00	\$43 90	\$367 50
Dr. W. A. Brown.....	.....	165 00	64 00	229 00
Dr. F. J. Burrows.....	.....	150 00	44 70	194 70
Dr. D. N. Carmichael.....	52 55	225 00	43 50	321 05
Dr. W. S. Cody.....	.....	15 00	4 00	19 00
Dr. H. R. Duff.....	.....	150 00	44 30	194 30
Dr. E. B. Echlin.....	.....	165 00	66 85	231 85
Dr. H. R. Frank.....	20 00	165 00	35 00	220 00
Dr. W. A. Gray.....	62 35	210 00	51 90	324 25
Dr. E. A. P. Hardy.....	.....	15 00	.....	15 00
Dr. S. M. Hay.....	50 80	210 00	65 00	325 80
Dr. J. A. MacGregor.....	58 85	225 00	40 00	323 85
Dr. J. R. McCabe.....	102 25	225 00	44 70	371 95
Dr. J. S. McCullough.....	.....	180 00	45 60	225 60
Dr. T. W. G. McKay.....	72 85	180 00	31 52	284 37
Dr. A. R. Pyne.....	67 95	165 00	28 80	261 75
Dr. R. D. Rudolf.....	68 30	165 00	28 80	262 10
Dr. R. W. Schnarr.....	100 50	225 00	36 60	362 10
Dr. R. R. Wallace.....	119 40	225 00	35 20	379 60
Dr. I. Wood.....	98 75	225 00	30 70	354 45
	\$928 15	\$3,540 00	\$785 07	\$5,268 22

Wet material for Examiner in Anatomy, \$50.00.

FALL EXAMINATION, 1909.

	Written.	Oral.	Mileage.	Total.
Dr. R. H. Arthur	\$29 10	\$90 00	\$26 50	\$145 60
Dr. J. D. Balfour	20 00	120 00	14 00	154 00
Dr. W. I. Bradley	20 00	120 00	27 85	167 85
Dr. W. A. Brown		60 00	26 30	86 30
Dr. F. J. Burrows		45 00	11 30	56 30
Dr. D. N. Carmichael	20 00	90 00	10 30	120 30
Dr. W. T. Connell	20 00	45 00	16 50	81 50
Dr. E. B. Echlin		60 00	26 00	86 00
Dr. H. R. Frank		60 00	7 00	67 00
Dr. W. Goldie	20 70	45 00		65 70
Dr. W. A. Gray	20 00	60 00	21 20	101 20
Dr. E. A. P. Hardy		15 00		15 00
Dr. A. Lockhart		60 00	18 90	78 90
Dr. J. A. MacGregor	20 70	75 00	12 00	107 70
Dr. T. W. G. McKay	20 00	30 00	3 50	53 50
Dr. A. R. Pyne	20 00	30 00		50 00
Dr. R. W. Schnarr	25 95	90 00	8 00	123 95
Dr. A. F. Tufford		60 00	12 00	72 00
Dr. R. R. Wallace	38 55	90 00	5 10	133 65
	\$275 00	\$1,245 00	\$246 45	\$1,766 45

Wet material for Examiner in Anatomy, \$50.00.

PERSONAL AND NEWS ITEMS.

ONTARIO.

Dr. Stanley Ryerson, of Toronto, was married recently.

Dr. James Third, of Kingston, is taking a trip through Europe.

Dr. E. C. Burson was married a short time ago to Miss Gooderham, a daughter of Col. Gooderham.

Dr. Don Balfour, of Hamilton, was married to Miss Carrie Mayo, daughter of Dr. J. W. Mayo, of Rochester, Minn.

Dr. Allen Baines, of Toronto, attended the meeting of the British Medical Association.

Dr. G. Sterling Ryerson, of Toronto, has been spending some time in Paris paying attention to the treatment of disease by radium.

Dr. F. A. Clarkson, of Toronto, will return home in October. He will have visited Vienna, Paris and London.

Dr. Adam H. Wright is in Britain. He attended the meeting of the British Medical Association.

Dr. C. A. Hodgetts is now fully installed in work at Ottawa under the commission on the Conservation of Canadian Resources.

Dr. J. A. Amyot has been appointed to the position of Professor of Hygiene in place of Dr. W. Oldright who resigned.

Dr. B. G. Hawke, of Toronto, had a charge laid against him for attempting to perform an illegal operation.

Drs. Gibb and Willinsky, of Toronto, Dr. Gunn, of Kenora, and Dr. Kelly, of Hamilton, are in Vienna.

Dr. A. MacLaren, one of the coroners for London, has been seriously ill.

Dr. J. W. S. McCulloch, of Alliston, has been appointed secretary to the Ontario Board of Health.

Hon. Dr. R. A. Pyne has gone to Paris to attend the International Convention on School Hygiene. He will visit England and some other countries.

Miss Gwynne who died in Toronto recently, left \$75,000 to the Antivivisection Society of Britain. This fact shows what fools people can be.

Dr. Sheard, Medical Health Officer for Toronto, states that Toronto is to be congratulated on the small number of cases of smallpox. Often there are none, and never more than a few. In cities the size of Toronto there are sometimes as many as 1,000 cases at one time.

The trustees of the Toronto General Hospital have appointed the following internes: Dr. J. C. Watt, Toronto; R. M. Batterfield, Guelph; R. S. Pentecost, Toronto; James A. Simpson, Sarnia; W. T. McLean, Toronto; Julian S. Boyd, Simcoe.

Sir Felix Semon, the eminent laryngologist, visited Toronto, and was entertained by Dr. D. J. Gibb Wishart and by Dr. J. Price-Brown. Sir Felix left a good impression of his many attainments, which are well known to extend far beyond the domain of medicine. Dr. Price Brown gave a luncheon for him at the Prince George at which there were about 20 present.

The police department of Toronto wish it to be understood that doctors must not speed their auto-cars at a greater rate than that allowed by law. Constables have been notified to this effect. The police authorities feel that they cannot make distinctions among classes. Doctors have been summoned, but none have been fined, as reasonable excuses were forthcoming for going at a higher rate of speed than that named in the law.

QUEBEC.

At the convocation of McGill University, Dr. F. J. Shepherd, the Dean, stated the total number of students studying medicine was 312. There were 17 in Dentistry and 3 in Public Health.

At the convocation ceremonies of McGill, Dr. Wesley was made the recipient of a present from the faculty. He has retired from the chair of physiology.

Dr. William Gardiner has retired from the chair of gynæcology in the University of McGill. He held the position for 27 years, and was professor of medical jurisprudence for 8 years before he was appointed to the chair of gynæcology.

MARITIME PROVINCES.

The medical examinations of the medical council of Prince Edward Island were held on 27 and 28 July.

The meeting of the Prince Edward Island Medical Society was held in Charlottetown in July. The meeting was well attended and the discussions good.

In the fire which destroyed Campbellton, N.B., Dr. Doherty and Dr. Sproule lost their lives. Dr. Sproule was attempting to escape in his automobile when the engine exploded. Dr. Doherty lost his life during an attempt to take him across the river. He was ill at the time.

WESTERN PROVINCES.

From the pages of our contemporary, the *Saskatchewan Medical Journal*, we learn that everything is not as clear as might be in the statements of the medical council for that province. Our contemporary is putting up a good fight to get at the facts.

The Manitoba Medical Society elected the following officers: President, Dr. F. S. Keele; 1st Vice-President, Dr. H. W. Speechly; 2nd Vice-President, Dr. F. Schaffner; Hon.-Sec., Dr. J. Halpenny; Hon.-Treas., Dr. R. F. Rooke; Executive Committee, Drs. Matheson, Ross, and Montgomery; Auditors, Drs. Blanchard and Moodie.

FROM ABROAD.

The marriage rate for 1,000 has been steadily declining in England. In 1874 it was 19 per 1,000, whereas in 1909 had fallen to 15.

James Startin died at Broadstan's at the age of 59. He was a noted London skin specialist.

Dr. Claud Muirhead, a distinguished physician and clinical teacher in Edinburgh, died on 22nd June, in his 75 year.

Dr. A. H. Ferguson, of Chicago, was elected president of the medical society of that city.

Dr. A. Yale Massey, an old Belleville boy, is winning marked distinction in his research work on tropical diseases.

Dr. A. Lyons, of New York, died on 6th July, at the age of 56. He was at one time associated with Dr. Willard Parker and later with the late Dr. W. T. Bull. He was born and educated in Toronto.

Dr. P. G. Bamerster died at Montrose, Scotland, recently. He was a graduate of Queen's, Kingston, and had been in practice in Montrose since 1899.

Sir Walter B. Foster, the author of a work on physiology, has been raised to the peerage. This is the second medical peer, Lord Lister being the other.

At the tuberculosis conference at Edinburgh, Dr. Wm. Osler presiding, Prof. Adami of Montreal said the majority of cases in man were due to inhalation, but the time had not come to enunciate any sure teaching regarding avenues of infection.

Dr. H. W. Wiley, Chief of the Bureau of Chemistry of the Agriculture Department, U.S., said recently that the patent medicine men were spending \$25,000 a day in advertising to defeat the bill pending in congress for a National Board of Health. He said the bill had the support of the medical profession and should become law.

Dr. Elizabeth Blackwell died in England at the age of 90. On a vote of the students of Geneva University, in the state of New York. She was admitted to study medicine. She took an active part in the establishment of a dispensary in New York, which became the New York Infirmary for Women. She went to London, England, where she remained during the rest of her active medical career.

BOOK REVIEWS.

HYGIENE AND MORALITY.

A manual for nurses and others giving an outline of the Medical, Social and Legal aspects of the Venereal Diseases. By Lavinia L. Dock, R.M., graduate of Bellevue Hospital Training School; Resident Member of the Nurses' Settlement, New York; Secretary of the International Council of Nurses. G. P. Putnam's Sons, New York and London: The Knickerbocker Press, 1910. Price, \$1.25.

This neat little volume of 200 pages deals with the venereal diseases, prostitution, and the prevention of venereal diseases. The authoress discusses with much clearness the whole question of the prevention of the venereal diseases, and quite frankly takes the position that this resolves itself into the control of prostitution. On this important subject she contends that there must be education upon these topics. In the next place she claims that child labor must be prohibited. All girls

employed in stores, factories and offices must be given a living wage, so that the temptation of adding to their income by indulging in vice will be removed to a great extent. The dangers of these diseases should be taught to boys and girls. It is contended that the enfranchisement of women would do much good, as their influence in practical politics would help in effecting needed reforms. We have had much pleasure in reading this book and congratulate the authoress.

BORDERLAND SURGERY.

Practical Suggestions in Borderland Surgery for the use of Students and Practitioners. By Gustavus M. Blech, M.D., Professor of Clinical Surgery, Medical Department, Loyola University, Chicago; Director-in-chief Illinois Legion American Red Cross; Surgeon-in-chief Abraham Lincoln Hospital, Chicago, etc., etc. Professional Publishing Company, Philadelphia, 1910. Price, \$1.50.

This book is specially intended as a guide to when one should operate and when not to do so. Don't cut when you can avoid it, is laid down as a leading axiom for all good surgery. The technic of operative work is made very simple and practical. It is specially planned for the general practitioner. The book is brief, crisp, and clear. It is full of the common sense of the first principles of surgery. This little book will well repay a very careful perusal. The author is not a dogmatist nor an advocate, but a judge, and his rulings are sound.

HYPNOTISM.

An Introduction to the Study of Hypnotism, Experimental and Therapeutic. By H. E. Wingfield, M.A., M.D., B.C., Contab, Consulting Physician, Royal Hants County Hospital; Formerly Demonstrator of Physiology in Cambridge University. London: Baillière, Tindall and Company, 8 Henrietta Street, Covent Garden, 1910. Price, 5s. net.

Hypnotism is always an interesting subject, because it throws light upon some of the workings of the mind and nervous system that, without its aid, would be less known than they are. It has its practical uses also; but these are more limited than was at one time hoped they would be. Dr. Wingfield has a thorough mastery of his subject and can speak with authority upon it. He discusses the subconscious condition, methods of inducing hypnosis, the phenomena of hypnosis, treatment by suggestion and the case against hypnotism. In this latter chapter the objections are stated and answered. The author concludes by stating that certain conditions it is our only means of treatment.

PROGRESSIVE MEDICINE.

A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D., assisted by L. F. Appleman, M.D., June, 1910. Lea and Febiger, Philadelphia and New York. Price, \$6 per year, paper covers.

This number deals with hernia, by W. B. Coley, surgery of the abdomen, by E. M. Foote, gynæcology, by J. G. Clark, diseases of the blood, etc., by Alfred Sturzel, and ophthalmology, by Edward Jackson. Each chapter is good. The binding, paper, and illustrations are as usual, up to the standard of former numbers of this well known series. Each writer is a well-known authority upon the section of the work assigned to him; and his number is a guarantee for the quality of his contribution. We can recommend this number, and the series of which it forms a part.

OBITUARY.

FREDERICK F. KELLY, M.D.

Dr. Frederick F. Kelly died at his home in Charlottetown, P.E.I. Last spring he underwent an operation on his head. The disease returned and he succumbed in the latter part of June. He was in his forty-fifth year. He had a very large practice, but also took a deep interest in the social life of Charlottetown and surrounding country. He was a member of the city council, and was once its mayor. He was identified with a number of societies. He graduated from the University of New York in 1888. He is survived by his widow and one son. All who became acquainted with him admired his genial disposition.

EDWARD T. GAUDET, M.D.

Dr. Gaudet died at St. Joseph's, near Dorchester, Westmoreland, N.B. He was in his 52nd year. He had been the victim of Bright's disease for some time. He was at one time president of the New Brunswick Medical Society, and also president of the Council of Physicians and Surgeons for the province. In 1908 he was appointed to the position of surgeon to the Dorchester Penitentiary. He always took an active interest in local municipal affairs, and was an active member of several societies. He leaves a widow and six children to mourn his loss. His eldest son is practising at St. Joseph's.

COLIN O. MACARTHUR, M.D.

Dr. MacArthur met with an accident two years ago that injured several vertebrae. This rendered him a confirmed invalid. He died at North Wiltshire, P.E.I. He was quite young, but gave evidence of much ability.

E. C. RANDALL, M.D.

Dr. Randall, of Hillsboro, N.B., died in June past at the age of 56. He was an active practitioner, and a native of Aylesford, N.S.

WILLIAM A. HACKETT, M.D.

Dr. Hackett died at his home in Grimsby. He was a graduate of the University of Toronto of 1894. For a time he practised at Stoney Creek. He removed from there to Grimsby. His death was sudden and quite unexpected.

MISCELLANEOUS.

ONTARIO MEDICAL COUNCIL EXAMINATIONS:

FINAL EXAMINATIONS.

The following candidates have passed the final examination of the College of Physicians and Surgeons of Ontario. The graduates are from Ontario, except where it is otherwise stated:—W. F. M. Adams, Toronto; N. G. Allin, Bowmanville; G. W. Anderson, Toronto; J. R. Anderson, Ailsa Craig; G. Barclay, Winchester; P. W. Barker, Stratford; G. Belfie, Gananoque; J. S. Boyd, Simcoe; A. G. Brown, Toronto; C. E. Brown, London; R. M. Butterfield, Guelph; J. A. Charlebois, Fournier; J. R. N. Childs, London; D. A. Clark, Toronto; D. V. Vurrey, Toronto; L. C. Conn, St. Catharines; J. D. Cunningham, Sarnia; D. W. Davis, Brockville; W. Davis, Onondaga; W. E. C. Day, Shallow Lake; L. A. Douglas, Yarmouth Centre; J. G. Dwyer, Kingston; G. N. L. Earle, Omeme; H. G. Emerson, Wheatley; J. M. Fettes, Le Mars, Iowa; S. M. Fisher, London; T. M. Galbraith, Thornbury; J. L. Graham, Ottawa; M. J. Haffey, Toronto; A. K. Haywood, Toronto; C. A. Harvie, Orillia; J. J. Healey, Toronto; B. H. Hopkins, Lindsay; E. K. Henderson, Toronto; W. G. Hutchison, Port Rowan; T. O. Hutton, Berlin; G. Hyland, Toronto; D. Jamieson,

Glenarm; E. F. Jeffries, London; J. A. Johnston, Strongville; H. J. James, Linden, Wis.; C. B. Kelly, Guelph; W. G. Leggett, Toronto; H. C. L. Lindsay, Strathroy; R. W. Lynn, Calgary, Alta.; R. D. Lane, Kinlough; J. C. J. Lannin, South Mountain; J. W. Lennox, Toronto; P. K. Menzies, Toronto; W. S. Millyard, Goderich; W. J. M. Marcy, Valens; E. A. W. Morgan, Oakville; S. Gordon Mills, Toronto; O. W. Murphy, Portland; C. J. McBride, Egbert; V. McCormack, Vivian; J. J. F. McCann, Perth; J. A. McEwen, Hensall; R. J. McEwen, Moffat; F. B. McIntosh, Williamsburg; J. F. McKee, Toronto; N. J. McKinley, Stealey's Bay; W. T. McLean, Toronto; R. McTavish, La Vallee; F. J. O'Connor, Campbellford; W. E. Pearson, Weston; R. S. Pentecost, Toronto; T. R. Phipps, London; F. P. Quinn, Ottawa; J. S. Quinn, Tweed; C. F. W. Ross, Peterboro; V. B. Shier, Kirkton; J. A. Simpson, Sarnia; J. S. Simpson, Maynard; J. L. Stapleton, London; J. W. Sutherland, Ottawa; A. E. Sutton, St. Thomas; A. H. Taylor, Goderich; N. L. Terwillegar, Oshawa; J. J. Thompson, Toronto; J. O. Walker, Toledo; J. C. Watt, Toronto; E. R. Wells, Barrie; R. W. Wesley, Newmarket; E. G. Worley, Haley's Station; M. B. Whyte, Toronto; R. Wightman, Lancaster; Catherine F. Woodhouse, Toronto; L. B. Williams, Toronto.

INTERMEDIATE EXAMINATIONS.

The following candidates have passed the intermediate examination: F. Adams, Coboconk; E. B. Alport, Orillia; G. W. Anderson, Toronto; J. L. Anderson, Ailsa Craig; W. E. Anderson, Kingston; W. C. Arnold, Zephyr; P. W. Barker, Stratford; C. E. Brown, London; F. H. Buck, Norwood; H. Buck, Port Rowan; R. M. Butterfield, Guelph; G. E. Butterfield, Guelph; G. E. Butterwick, London; R. W. Clark, Ballyduff; J. A. Charlebois, Fournier; D. A. Clark, Toronto; L. Conn, St. Catharines; D. V. Currey, Toronto; D. W. Davis, Brockville; W. Davis, Onondaga; W. F. I. Dey, Simcoe; I. W. Dickson, Toronto; J. G. Dwyer, Kingston; M. N. Faris, Bradford; G. D. Fripp, Ottawa; T. M. Galbraith, Thornbury; J. G. Gallie, Barrie; W. Geiger, Hensall; H. C. George, Port Hope; A. T. Gillespie, Galt; R. R. Graham, Lobo; W. L. Hackett, Belfast; M. E. Hall, Gore Bay; F. R. Harvey, Arthur; H. D. Harrison, Toronto; A. K. Haywood, Toronto; J. J. Healey, Toronto; E. K. Henderson, Toronto; R. H. Henderson, Toronto; E. M. Horton, Roblin; W. G. Hutchison, Port Rowan; T. O. Hutton, Berlin; E. W. Huxtable, Sunderland; G. Hyland, Toronto; H. L. Jackes, Toronto; G. P. Jackson, Toronto; D. Jamieson, Glenarm; G. L. Jepson, London; H. E. Johnson, Randolph; J. B. Jupp, Belwood; C. B. Kelly, Guelph; R. T. Lane, Sault Ste. Marie; J. C. J. Lannin, South Mountain; W. G. Leggett, Allanford; J. W. Lennox, Toronto; H. C. L. Lindsay, Strathroy; A.

Lowrie, Tillsonburg; G. L. Macdougall, Toronto; J. B. Mann, Bridgenorth; P. K. Menzies, Toronto; S. G. Mills, Toronto; W. S. Millyard, Goderich; R. R. Montgomery, Wroxeter; W. G. Montgomery, Gorrie; O. W. Murphy, Portland; V. McCormack, Toronto; J. A. McEwen, Hensall; W. H. McFarlane, London; F. B. McIntosh, Williamsburg; J. F. McKee, Toronto; N. J. McKinley, Seely's Bay; K. A. McLaren, Ottawa; W. T. McLean, Toronto; J. M. Nettleton, Penetanguishene; O. F. Niemeier, Toronto; W. E. Pearson, Weston; R. S. Pentecost, Toronto; T. R. Phipps, London; T. R. Pickard, St. Mary's; J. L. Porier, St. Catharines; F. P. Quinn, Ottawa; C. F. Ross, Peterboro; J. S. Simpson, Maynard; J. L. Stapleton, London; W. O. Stevenson, Hamilton; S. J. Straight, Oxford Mills; J. W. Sutherland, Ottawa; A. H. Taylor, Goderich; F. J. Thompson, Lucknow; J. J. Thompson, Toronto; M. J. O. Walker, Toledo; J. C. Watt, Toronto; T. M. Weir, Rayside; E. R. Wells, Barrie, R. W. Wesley, Newmarket; M. B. Whyte, Toronto; R. Wightman, Lancaster; C. F. Woodhouse, Toronto; E. G. Worley, Haley's Station; C. S. Wright, Campbellford.

PRIMARY EXAMINATIONS.

The following candidates have passed the primary examination: G. T. Bailey, Toronto; W. H. Birks, London; E. Brunet, Clarence Creek; A. Campbell, Belmont; J. Charlebois, Fournier; D. A. Alexander Toronto; F. R. Klegg, Kippen; L. C. Conn, St. Catharines; D. A. Craig, Kemptville; R. W. Digby, Brantford; H. T. Douglas, Montreal, Que.; J. A. Dongan, Lindsay, J. G. Dwyer, Kingston; S. Ellis, Windsor; G. A. J. Glionna, Toronto; C. R. Graham, Arnprior; M. E. Hall, Gore Bay; E. K. Henderson, Toronto; C. A. Howard, Athens; J. J. Hurley, Toronto; D. C. Irwin, Ottawa; A. D. W. Kay, Windsor; A. J. Keeley, Arthur; G. E. Kidd, Kingston; D. B. Kinsella, North Bay; W. J. Knight, Exeter; W. E. Lake, Ridgetown; J. C. J. Lannin, South Mountain; J. W. Lennox, Toronto; W. F. Lockett, Kingston; T. W. F. MacKnight, Ingle; R. G. MacRobert, London; S. G. Mills, Toronto; J. G. McCammon, Gananoque; A. McCausland, St. Thomas; S. M. McLay, Woodstock; G. A. McQuibban, Harriston; E. M. A. Oldham, Chatsworth; R. Park, Chesley; R. S. Pentecost, Toronto; F. P. Quinn, Ottawa; N. W. Rogers, Barrie; C. S. Russell, New Liskeard; R. R. Scott, Perth; L. J. Sebert, Brooklin; G. Sewell, Windsor; G. A. Simmons, Simmons, Que.; E. K. Simpson, Ridgetown; W. R. Slater, Toronto; R. S. Stevens, Delta; J. G. R. Stone, Sault Ste. Marie; C. E. Tran, Parry Sound; A. M. Warner, De Cewsville; J. B. Widdis, Hagersville; C. F. Williams, Cardinal; E. G. Worley, Haley's Station; L. R. Yealland, London.

MCGILL MEDICAL GRADUATES.

The 78th Annual Convocation for conferring Degrees in Medicine and Dentistry was held in the Royal Victoria College, Thursday, June 9th, 1910.

The Principal presided; and of the Governing Body E. B. Green-shields, LL.D., was present. Members of the Faculty, of the Staff, and of Convocation to the number of 53 were in attendance, and the Hall was quite filled by undergraduates and the public.

The following Honour List was presented:—

Fourth Year.—Holmes' Gold Medal for highest aggregate in all subjects forming the Medical Curriculum, T. A. Robinson, St. Mary's. Final Prize, for highest aggregate in the Fourth Year Subjects, H. Mac-Millan, Victoria. Wood Gold Medal, for best examination in all the Clinical Branches, Sidney B. Peele, New Westminster. Woodruff Gold Medal, for special examination in Ophthalmology and Oto-Laryngology, Sidney B. Peele, New Westminster. McGill Medical Society Senior Prize, D. M. Brown, Motherwell, Scotland.

Third Year.—Third Year Prizeman, F. H. Mackay, Mount Stewart, P.E.I. Sutherland Medallist, D. S. Lewis, M.Sc., Montreal. Joseph Hills Prize, C. D. Hamilton, Cornwall. Morley Drake Prize, F. H. Mackay, Mount Stewart, P.E.I. McGill Medical Society Junior Prize, E. H. Falconer, Prentice, Wis.

Second Year.—Second Year Prizeman, A. L. Jones, Victoria. Senior Anatomy Prize, W. G. Morris, Regina.

First Year.—First Year Prizeman, C. R. Joyce, Woodstock. Junior Anatomy Prize, C. R. Joyce, Woodstock.

The degree of M.D., C.M., was conferred on the persons, 79 in number, whose names follow, alphabetically arranged:—Allen, John Anson Lorne; Allen, Kenneth Watson; Allingham, John Heber, B.A.; Amant, Harry; Anderson, William Marcus; Baldwin, William James; Benner, Frank Aubrey; Black, Vaughan Elderkin, B.A.; Booth, Gordon Elliott; Boudreau, Frank George; Brown, David MacCulloch; Burton, William Elliott; Carruthers, Robert Sim Patterson; Champion, Benjamin Hiram; Chisholm, Hugh Gillis, B.A.; Crease, Arthur Lionel; Culver, Cyrus Whitney; Dakin, Warren Augustus, M.A.; Doyle, Philip Ernest; Dunbar, David Archibald; Dunnet, Henry Watters; Elliott, Robert, B.A.; Ewert, Carl, B.A.; Fraser, John Roger; Fraser, Wilbert Grieve; Froomeess, Leo E.; Gallagher, Joseph Bernard, B.A.; Gillis, Stephen Herbert; Gil-mour, William Norman; Graves, Charles Allan; Hepburn, Howard Havelock; Hepburn, William Graham; Herbert, Thomas Archibald; Hicks, Elbert, Roy, B.A.; Hutchinson, George Wellington; Keay, Arnold; Lavers, Percy Lorne; Locke, J. Allan; Lockwood, Ambrose

Lorne; Logie, H. Burton, B.A.; McAlister, William Jonas; Macaulay, Albert Edward; McBurney, Albert, B.A.; McCracken, William Alexander; McEachren, Malcolm Thomas; Mackintosh, Arthur Emerson; MacMillan, Hugh; MacMillan, Stanley; McNaughton, Murray William Armour; MacNeill, Alvin L.; Hodge; MacPhee, John Adolphus, B.A.; Malcolm, Robert Bruce; Marchant, Harold Bertram; Moodie, Alex. Russell; Morse, David Garnet; Mundie, Gordon Stewart, B.A.; O'Brien, John Francis; O'Callaghan, Robert Hay Lismore; Park, John Edmestone; Patten, Lee Alfred; Peabody, Harry Sherman; Peele, Sidney Beresford; Piper, John Obed, A.B.; Raphael, Howard MacLaren; Reed, Everett Hobart; Richardson, James Wilson; Robinson, Thomas Arnold; Scott, George Orville; Shephard, Harold Middleton; Shillington, Richard Newton Wellington; Sihler, George Albert; Sinclair, Fred Douglas, B.A.; Speer, Robert Brandon; Stewart, Archibald; Strudwick, Henry Thompson; Turner, John Smicle; Walker, Edmund Eugene Watlington; Wilson, George Thomas, B.A.; Youland, William Edward, A. B.

The Valedictory by the graduates was given by Dr. Thomas A. Robinson. Prof. T. Wesley Mills replied on behalf of the Faculty. Dr. Mills was then presented with an address accompanied by a gift from members of the Faculty and of the teaching staff, to which he made a suitable reply. The honorary degree of M.D., C.M. was conferred upon Dr. Maude Abbott, M.D. (Bishop's); and degrees *in absentia* were conferred upon William E. Fairfield, M.D.; Hyman Lightstone, M.D.; Douglas Dalzell Macrae, M.D.; Samuel W. Outwater, M.D.

THE PRESENT STATUS OF THE TONSIL OPERATION, A COLLECTIVE INVESTIGATION.

George L. Richards, of Fall River, Mass., gives a study of the modern position as to the removal of tonsils. Further study is needed of the physiological function of the tonsil in order to justify its frequent removal. When diseased the tonsil is a port of entry for infections, especially rheumatism and tuberculosis. The submerged tonsil is as likely to give trouble as the large, prominent one. Local measures for tonsillar disease have their place in therapeutics. Indication for removal consists in any condition in which the tonsil is exerting a bad influence on the entire organism which cannot be prevented by general treatment. Ether is the safest anesthetic. The horizontal postures is best for operation. The entire tonsil should be removed, instead of removal of only a part of the organ. The part left behind goes on receiving infections. The removal of the tonsil generally improves the voice.—*Medical Record*, Dec. 11, 1909.