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Treatment of Pneumonia.G. Ivanoff (Bulgarian Meditzina), senior physician to the Lom Hospital, says that he most successfully treats croupous pneumonia by the internal use of camphor with antipyrin ( $\mathrm{B}_{\mathrm{x}}$. Camph. pulver. 0.5 gramme; antipyrine, 2.0 ; morph. hydrochlor. 0.02 ; sacch. qs. M. f. pulv. One-fourth to be given every one or two hours). In adynamic cases he simultaneously resorts to hypodermic injections of camphor in the dose of from 0.05 to 0.1 g ., three or four times a day, for which purpose he employs a fatty solution ( 0.5 camphor to 0.1 g . olive oil). The writer reports a series of twenty-two cases treated consecutively by this method at the hospital during the period December 10, 1893, to March 25, 1894. All of them were
rather severe, but nevertheless every one ended in recovery. The hospital registers for 1889 to December, 1893 , show that, previously to the introduction of the treatment, from three to seven patients succumbed to the disease every year, the yearly number of pneumonia cases admitted oscillating between twenty and thirty.Medical and Surgical Reporter.
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may be, and perhaps are, coal tar products, but they cannot take the place of antikamnia; this was the first product and made a success because of its merit ; hence the host of imitators. Insist on getting the original antikamnia, and caution your druggist that if he practices any substitution you will not only decline further to deal with him, but hold him personally responsible for any untoward action of his substituted remedy."

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The Treatment of Vomiting. -The Province Medicale publishes an article in which the writer considers the question of the difficulty of controlling various kinds of vomiting. He recommends the following formulas, the first of which, according to Steffen, is useful in the vomiting of pregnancy: Distilled water, five ounces ; tincture of iodine, twelve drops. A tablespoonful of this in half a glass of sweet water is to be taken every two hours. The same author recommends the addition of a few milligrammes of morphine hydrochloride to each spoonful, or an ounce of the distilled water may be replaced by an ounce of cherry-laurel water. The Centralblatt $f$. de Gesammte Therapie, in one of its last numbers, recommends the two following for-
mulas : 1. Chloroform, nine hundred grains ; tincture of iodine, a hundred and twelve grains. Five drops of this are to be taken every night in a glass of Seltzer water. 2. Distilled water, three ounces and a quarter; cocaine hydrochloride, half a grain; antipyrine, fifteen grains. A teaspoonful may be taken every half hour. The following procedure, says the writer, in which three solutions are used, has often been employed successfully: 1. A1cohol, a hundred and fifty grains; menthol, eight grains ; tincture of nux vomica, thirty grains. 2. Tincture of iodine, a hundred and fifty grains. 3. Saturated chloroform water, three ounces. Every half hour, or every fifteen minutes if necessary, the patient should take a dessertspoonful of the chloroform water, which may [Continuez on page 598

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be diluted with iced Seltzer water, after having added ten drops of the first solution to it. If this is not sufficient two drops of the tincture of iodine may be added to each spoonful. Finally, if it is necessary, from two to three drops of a one-in-fifty solution of morphine or cocaine may be added to these formulas. These two solutions are usually employed for subcutaneous injections. It is well to substitute occasionally for one of these medicaments from two to four drops of the ordinary solution of antipyrine for cutaneous injections, according to the following formula: Antipyrine, seventy-five grains ; cocaine hydrochloride, two grains and a half; distilled water, a sufficient quantity to make ten cubic centimeters. If these different medications fail, says the
writer, the physician may resort to the following therapeutic measure, which is very simple and has been successfully employed by M. Robin in serious cases: Apply a small blister to the pit of the stomach, also administer a small suppository containing a grain and a half of powdered crude opium and a sufficient quantity of cocoa butter once or twice during the twenty-four hours. The vomiting is very often arrested, even if it is the serious vomiting of typhoid fever. Sometimes, also, inhalations of oxygen are useful.-N. Y. Medical Journal.

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Illegal Practitioners.- List of persons prosecuted and cases investigated by Detective Wasson and his assistants, Constables Brown, Briggs, McRener and Boyd, for violation of the Ontario Medical Act in the various parts of the Province: R. S. Gilmore, Wiarton, fined $\$ 25$; James Beaton, Kincardine, fined $\$ 25$; Dr. G. J. Fell, Ridgeway, fined \$35; Kickapoo Indians, Stevensville, dismissed; J. McKelvey, St. Catharines, no case; Henry Musson, Allenburgh, no case ; J. S. Powly, Toronto, fined \$30; Mrs. Gilbert, Huntsville, fined \$27; J. W. Black, Toronto, fined $\$ 25$; M. A. Graham, Toronto, fined $\$ 25$, skipped out ; A. McLeod, Owen Sound, no case ; A. P. Stirritt, Toronto, fined $\$ 35$; Ruth Beasley, Toronto, fined $\$ 25$; Dr. Washington,

Crysler, fined $\$ 50$, has appealed; F . N. Cadeaux, Toronto, dismissed ; W. D. McNabb, Tara, fined $\$ 25$; Mrs . Bauvine, Berwick, no case; Mary A. Labrick, Toronto, left town; T. A. Pine, Northbrook, fined $\$ 25$; F . H. McCarthy, Ottawa, fined $\$ 40$; Dr. A. Oumet, Ottawa, fined $\$ 25$; Mrs. R. Thompson, Ottawa, fined \$25; Mrs. A. McKelvie, Ottawa, fined $\$ 25$; Mrs. R. Lange, Ottawa, fined $\$ 25$; S. Townsend, Ottawa, withdrawn; Professor Gustin, Orangeville, skipped town, warrant issued for his arrest; J. W. Wesley, Petrolia, committed to jail: J. McCarthy, Paris, committed to jail, subsequently he paid his fine and was released; laid another charge against Dr. N. Washington, to appear at Chesterville on 22nd instant; J. Bealing, North [Continued on page 5se

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Bend, withdrawn ; T. A. Pine, Flinton, fined $\$ 25$; Andrew Robinson, Maberly, fined \$25; A. Finlay, Mountain Grove, fined $\$ 25$; Mrs. John Kane, Ottawa, no case ; Mrs. Enoch Thompson, Ottawa, no case; Mrs Ann Kelly, Ottawa, no case; Mrs. M. Ackland, Ottawa, no case ; Mrs. Sherron, Clarkstown, no case; Mrs. Burton, Bytown, no case ; Professor Glenn, Wasego, fined $\$ 25$; Dr. Jebb (oculist), Orangeville, was billed for four days, stayed only one day and left as I arrived there; laid an information in Orangeville against J. W. Black, of Toronto, case to come up .on the 16 th ; Mrs. Mitchell, Deleware, no case ; Matilda Spring, Dorchester, no case; M. Durdand, Hawkesville, left the place; Joseph Zehr, Topping, away in the country ;

Prof. Shrives, Moraviantown, no case; T. H. Blam, Wiartown, fined $\$ 25$ and costs. Dr. High was summoned to appear before the magistrate in Preston. He did not appear and a warrant was issued for the arrest. He left the place. I have arranged with J. Hughes, High Constable of Dufferin County, to assist me in that district. I am getting up evidence in two cases against qualified practitioners, one east and another north, for investigation by the Discipline Committee. I have sent Brown to Palmerston and all through places in that section, where I hope to be successiul. Next month I intend to go to Muskoka and Algoma districts prosecuting.

Thomas Wasson, Detective, C. P. \& S. O.

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3. TAKA-DIASTASE is in powdered form, dose from 1 to 5 grains. Malt extracts contain a preponderance of foreign matters, necessitating large doses.
4. TAKA-DIASTASE is free from sugar. Malt extracts are heavily loaded with sugar and apt to exaggerate already present pathological conditions.
5. TAKA-DIASTASE is perfectly soluble; and is compatible with other medicaments in neutral or slightly alkaline media. Malt extracts, owing to their viscosity, are difficuls to handle and to incorporate with other ingredients in prescriptions.
'6. TAKA-DIASTASE is economical, owing to its small dosage. Necessarily large dosage renders malt extracts expensive in comparison.

Correspondence upon this subject respectfully solicited.
Parke, Davis \& Co., ${ }^{\text {detroit, new rork, kansas citr, v.s.a. }}$ LONDON ENG., and WALKERVILLE, ont.


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## ORIGINAL ARTICLES.

(No saper published or to be published elsewhere as original, will be accepted in this department.)

# A CASE OF PLACENTA PRIEVIA WITH HYDATIDS.* 

By Alex. Bethune, M.D., Seaforth, Ont.

On December 7 th, 1893 , I was called to visit Mrs. J., aged twenty-three, who was pregnant with her second child. I had attended her in her first labor, about two years before. The labor was normal. When I saw her she said she was about six months gone; had felt life about a month before, but none since ; that for the last ten days she had been flooding occasionally and that the discharge was watery and mixed with blood-sometimes there was a great quantity, and at others very slight ; little or no pain accompanied these discharges. On examination, the enlargement of the abdomen was such as would be expected about the sixth or seventh month, but on pressure and palpation there was a flaccidity and peculiar softness, different from what is usually found in normal pregnancy at that period; auscultations also gave no indications of the sound of the foetal heart. . The breasts were soft and flaccid, although the areola was quite distinct. On examination per vaginam, I found the vagina quite relaxed and moist, the cervix uteri was almost obliterated and the os dilated so as to admit the point of the forefinger ; there was a slight semisanguineous discharge, and the placenta could be felt obstructing the orifice. What little discharge came away on the point of my finger was more watery than sanguineous and seemed to contain echinococci.

[^1]After carefully considering all the symptoms, I formed the opinion that it was a case of placenta prævia with hydatids, as during thirty-six years' practice I had found two cases almost precisely similar. I advised the patient to stay in bed and keep very quiet ; also, if she had any very severe pain or great discharge to let me know, and to try and preserve a quantity of the fluid so that I could see it. I ordered a dose of castor oil, and gave no other medicine at that time, as she lived in town and could be seen in a hurry at any time.

She remained in bed and followed my directions. I visited her every second or third day until the 19th. During the twelve days she was in bed there were occasional discharges of watery fluid mixed with blood and containing hydatids.

On the Igth she was taken with labor pains and severe flooding; the os uteri was pretty well dilated and flaccid, so that I soon got my hand inserted, and was rather astonished to find the placenta enlarged to three or four times its normal size and quite porous and friable ; it was detached in some spots and in others quite adherent. I could not feel any foetus at that time-the placenta seemed to fill the whole cavity of the uterus. The flooding soon ceased after the insertion of my hand, and I removed the placenta piecemeal, some of the pieces being as large as my hand and others much smaller. After it was all removed it filled a common-sized chamber pot more than two-thirds full. The placenta had the appearance of a very large sponge, and it was full of capsules or cavities, some large enough to insert the end of the little finger, others very much smaller; many of these cavities contained hydatids in a broken state. The placenta was also very friable, breaking into pieces on the least pressure, but there was no bad odor either from the discharge or the placenta. The umbilical cord was decayed, and no trace of it could be found.

After the removal of the placenta, I administered a full dose of tincture of ergot, and in a short time a dead foetus was expelled. It was not decayed, but was flattened as if it had been subjected to great pressure ; in fact, it had the appearance of a large, thick pancake. No doubt this was caused by the pressure of the placenta and the great amount of fluid contained in the uterus. The woman stood the operation well and made a good recovery, being up and around on the twelfth day. She has kept well ever since.

Hydatids of the uterus usually occur in pregnant women, and they are generally accompanied by the death of the foetus and the production of premature labor. Dr. William Ker, physician to the Northampton General Infirmary, in the "Cyclopædia of Practical Medicine," Vol. II., publishes an interesting and exhaustive monograph on hydatids, in which he describes five different species of hydatids, most of which are found in the lower animals, but not in man. The species which seems to affect the human family he calls echinococcus hominis. The others he also describes and classifies in a distinct and interesting manner, but the extent of this paper will not admit of my going into the minutia of the subject. Dr. Ker says :
"Hydatids of the uterus constitute a morbid condition of this organ, very frequently referred to in medical writings, but it is probable that they are invariably attached cysts, and never acephalocysts. The cause of this complaint has not been ascertained. It sometimes appears as a morbid condition of the opaque membranes of the ovum ; and in such cases interfering with its functions, it destroys the vitality of that body and produces abortion."

Dr. Bedford, who was one of the best teachers and most practical obstetricians of his time-in fact, his name was a household word with students and practitioners in my early days-gives in his clinical lecture on the diseases of women and children the history of a case of uterine hydatids, accompanied by a periodical watery discharge per vaginam, in a married woman, the mother of two children, the youngest four years old, and the symptoms were very similar to the case I have reported. Dr. Bedford says: "There is much discrepancy of opinion as to the cause of these hydatid growths. The weight of testimony appears to refer their origin to conception, many authors of high name contending that these growths are undoubted evidence of previous pregnancy. But, on the other hand, we believe that they may exist independently of conception, in the same way polypi, fibrous tumors, etc., are occasionally found in the virgin womb."

Other writers also believe that conception is not absolutely necessary for the production of this disease ; but in the great majority of cases there has been conception. All the cases that have come under my observation occurred in pregnant women, and most of them aborted about the sixth or seventh month. In two cases that went to the full term, one, which I attended about thirty-four years ago, was a primapara, aged forty-seven. At the seventh month she was attacked with severe flooding, and on consultation with an experienced brother practitioner, the late Dr. McPherson, of Caledonia, we came to the conclusion that it was a case of placenta previa. The woman, however, went on to the full term ; although she had several hæmorrhages, they were not severe. At the ninth month labor came on and there was severe flooding, accompanied by a great deal of watery fluid containing hydatids. As the os was dilated, I soon got my hand inserted and detached a portion of the placenta, so as to make room for the descent of the foetal head, which was forcibly pressed against the os so that the bleeding was stopped. By this time Dr. McPherson, whom I had sent for, had arrived, and after an examination of the foetal head we found that there was hydrocephalus, and as the woman was very weak we punctured the head, applied the forceps and delivered the child, which was full grown, with an immense hydrocephalic head. It had been dead for some time. There was little or no difficulty in removing the placenta, which was very much decayed. The woman died from septicæmia on the tenth day.

The next case I attended occurred about a year after the preceding one. The patient had got into the habit of aborting about the third month. She was a woman aged forty-two ; had been twice married, and had five living children. Then she had four abortions and became so weak she could hardly
walk, and I told her if she had any more miscarriages she would likely die ; but if she would keep quiet and go on to the full time she might regain her health. So she went on with the next one to the full time, and when labor came I saw her immediately, and found a large bag of water protruding through the os into the vagina. As the os was well dilated, I immediately ruptured the membrane, and an immense quantity of water gushed out, and it was mixed with hydatids, varying from the size of a small pea to the size of a pin-head. The child's head presented, but it was so enlarged with hydrocephalus that I had to puncture it and deliver with forceps. She made a good recovery. I afterwards delivered her, in the course of four years, of two living children, and she herself is still living.

Now, I must apologize for detaining you so long, but as these cases are rather unique and require a good deal of explanation, it was almost impossible to deal with the matter in less space. I could quote several other writers in support of such cases, but I think you will all be satisfied with the report given. In summing up, I think that most cases of hydatids occurring in the uterus are the products of conception, and that their pressure with the enlargement of the placenta cause the death of the foetus and produce abortion ; also, that in most of such cases the head will be partially hydrocephalic. I have also thought that as hydatids are frequently found in the brain, there might be some absorption by vessels which supply nutrition to the foetus. Of course, I have seen no opinion by those who have written as regards the occurrence of hydrocephalus in such cases ; I only make the suggestion that it might be so. All writers agree that these cases are nonmalignant.

## Fetus with Spina Bifida.

On January 6th, 1895, about thirteen months after the former labor, I was sent for to see the same patient. I found her in the first stage of labor, with very little pain. She said that she had not felt well for several weeks, that she had not felt life for some time, and that there had been a watery discharge during the past two weeks, but not enough to cause her any alarm. As I had promised to visit another patient in the country before being called to see this one, I left her in charge of my confrere, Dr. Campbell, and before my return she was delivered of a full-grown child, which had been dead for more than a week, and there was spina bifida of the four lower dorsal vertebra. The woman's family history is good, and she said that she knew of nothing in the way of fright, etc., that would cause these malformations. Her husband's father died in the lunatic asylum, and he has a sister who is an idiot. The other members of the family are all right.

Now the question is, Had heredity anything to do with these cases? I am of the opinion that it had, as I have had several cases in my own experience that led me to form that opinion; but as authorities differ with regard to the effects of hereditary influences in such cases, I leave it with the members of this Association to form their own opinion, as it is an open question and an interesting subject for discussion.

## Special Selections.

## THE TREATMENT OF INTERMITTENT FEVER.

By Walter M. Fleming, M.D., New York.

Before the discovery of the tubercle bacillus, many a cough was allowed to continue without treatment, and the real difficulty not suspected until a sharp hæmorrhage or a hectic fever revealed the true situation. Only a few months ago diphtheria patients walked the streets with a simple sore throat, while cases of follicular tonsillitis were carefully treated as diphtheritic in character. Nearly all of us were taught that malaria was an earth-born poison which filled the air with "a fever-generating agent."

Now, this is all changed. The bacilli can be detected in the earliest stages of phthisis. The KlebsLoefler bacillus decides the presence of diphtheria ; and the malarial germs of Laveran tell us we have an intermittent fever.

It is natural that we look for a remedy which will destroy these germs or counteract their poisonous products. Indeed, it now appears that we have, unconsciously to be sure, been giving a perfect specific for the cause of the latter disease. Quinine is no longer administered in an empirical manner. We know precisely why we give it and what it does. Quinine exerts a deathly influence over the malarial germ, therefore it may be given with the satisfaction of knowing that it will invariably check the paroxysms of an intermit-
tent fever. If its use is not followed by this cure, then it is certain that it never came in contact with the red corpuscles of the blood. Absorption was incomplete or the quantity of the drug was insufficient. In the light of all this it is certainly bordering on the ludicrous that the National Dispensatory should give a list of seventy-six remedies in the index under Intermittent Fever.

The patient has usually had a malarial paroxysm before seeking medical advice. As hepatic activity is necessary to obtain the best effect of the specific treatment, so, in cases of constipation at least, it is better to begin the treatment with the following prescription, which should be taken five or six hours prior to the quinine:

B Hydrarg. chloridi mite, Sodæ bicarb. . . . . . .àā gr. i.
M. Divide into six powders. Sig. : Take one powder every fifteen minutes, using all the powders.

This is far preferable to giving the calomel in one single dose and in larger quantity. However, it may be necessary, if the patient is insensitive to purgatives, to increase the quantity in the prescription by one-half. While this preparatory treatment is not necessary, yet it is certainly true that after its employment a less quantity of quinine is required, and the general condition of the patient is improved.

It has been stated that this treatment should be given five or six hours before the specific treatment. It should now be said that the latter treatment is best inaugurated at such a time that it will
be exerting its fullest physiological action when the next paroxysm is due. This time can be quite accurately stated when we remember that a paroxysm often begins an hour earlier than the preceding one, and that about three hours are required for the quinine to be in its most active condition in the body.

To insure prompt and complete absorption the quinine is best given in liquid form. The following is a favorite prescription :

R Quinia sulph.... grs. xv.
Aquæ. . . ........ oz. j.

Acid sulph... dil. q. s. ft. sol.
M. Sig. : Take at one dose in one-third glass of water.

With the above preparatory treatment and with the quinine dissolved, this dose is equivalent to at least twenty grains given after the usual manner; while it is certain we should not trust to pills or capsules at such a time unless we know positively that these are in a perfectly soluble condition.

To prevent the uncomfortable head symptoms which accompany full doses of quinine, and also to relieve the pain which is likely to be present at the same time of the expected paroxysm, the following prescription should be given four or five hours after the specific :

B Antikamnia tablets ( 5 gr . each) No. xxiv (24).
Sig. : One tablet every two hours while pain necessitates.

While the above dose of quinine is sufficiently large for residents of most parts of the United States, yet in some of the Southern States and in other sections where malaria abounds with unusual force, it may be neces-
sary to give the quinine as high as twenty, forty, or even sixty grains. But in the great majority of cases the above single dose will be sufficient to prevent a second chill.

In order that there may be no question about the recurrence of an attack, and also in order to bring the system under the influence of a good tonic, the quinine should be continued for one or two weeks in doses of five to ten grains a day. As the malarial germ has left its effect on the nervous system, and often to a marked degree, so a remedy is indicated which will put at rest the disturbed condition. The following will be found satisfactory in every way :

B Antikamnia and quinine tablets, 5 gr. each, No. xxiv.
Sig. : One tablet three times a day after meals. This tablet contains $21 / 2 \mathrm{grs}$. sulph. quinine, and $21 / 2 \mathrm{grs}$. antikamnia, being the most desirable proportion.

If the physician be called while the patient is suffering from a paroxysm, and he is in doubt as to its nature, he has only to remember that any intermittent fever which resists the action of quinine is not necessarily of malarial origin. Even during the chill of a malarial attack the temperature may rise to $102^{\circ}$ or higher, while it is often true that when the chill has passed and the fever is on, the thermometer will show a lower degree of heat. Therefore no better treatment can be given at the beginning of, or during the chill, than the following :

B Antikamnia tablets, 5 gr. each, No. xxiv.
Sig. : Take two tablets immediately. Repeat dose in two hours if pain necessitates.

The antikamnia will relieve the congestion of the abdominal and thoracic organs, and will materially alleviate the headache of the second stage especially. In fact, it practically robs the fever of its most distressing features.

When we consider that the cause of intermittent fever is so thoroughly understood, and that quinine is regarded as its specific, destroying said cause, how puerile are all attempts to bring forward new substitutes. Although pain may not be dependent upon any special living organism, yet it is certain that in antikamnia we have a most reliable specific.

In regard to the treatment of all forms of febrile maladies, periodic or continued, I have found the antikamnia tablets, with their various combinations of codeine, salol or quinine (as indicated in each individual case), the most reliable, prompt and satisfactory remedies in controlling these intractable disorders of any remedial agent known to me in a general active practice of over thirty years.

## British Columbia.

Under control of the Medical Council of the Province of British Columbia. Dr. McGuigan, Associate Editor for British Columbia.

## A MOMENTOUS MATTER.

## To the Editor:

SIR,-I think I may fairly assume that very few, if any, of the medical readers of this journal have tried my proposed experiment with belladonna. This is what I anticipated and what anyone knowing the characteristics of our species would expect.

What I wish now is to try and make the doctors realize what it is they are doing by refusing to comply with my suggestion, and in so doing I hope they will not mistake plain speech for anything worse.

I have no other object than in my declining years to forward the interests of truth, and in a kindly manner. In calling the proposed test an experiment, it is only with reference to the large class who know nothing of the matter or are prejudiced against it. To millions it has long ago passed the experimental stage and is a plain fact of every day, and in thousands of cases every hour's experience.

My plan is to simply bring down to the plain solid ground of a practical test what has been obscured or lost by partisan strife and sectarian bigotry, with the result of a divided profession and a long train of resultant evils. It is, however, easy for the present generation of doctors to say that they want no sectarianism in medicine, and that they care nothing how a man practices so long as he is a doctor or learned in medicine. Persecution drives its victims to make common cause against their enemies, and so the foundations of sects are laid. It is gratifying to note the decay of the persecuting spirit. I hear nothing of any attack upon your own self for admitting my heterodox articles into the pages of the Ontario Medical Journal. Nor has Lister been persecuted for his splendid achievement in antisepsis. Nor of Pasteur or Koch or the antitoxine man for their brilliant deeds, bearing the stamp, as anyone can see, of homœopathy, unless it indeed be isopathy. It is plainly on the "hair of the dog that
bit you" principle, but of a very crude kind as to the manner of carrying the principle into effect and consequent indifferent success or failure.

And here I beg my readers to keep in mind that I use these words homœopathic, isopathic and allopathic with strict regard to their literal meaning and not with reference to any sect or party. The human animal has a strong penchant for taking "sides" on most all matters, and forthwith the emotions or feelings are aroused and truth is lost sight of altogether. And so it has happened in regard to these two words homœopathic and allopathic. They have been regarded as mere names of opposing medical sects, and worse still, have been given a meaning utterly absurd. The word homœopathic has been regarded as being synonymous with small and allopathy with large as applied to quantities of medicine. I know that I am writing for readers who have at least a rudimentary knowledge of Greek and need not dwell on so stupid an error.

It is plain that the same medicines can be used either homœopathically or allopathically, and it is not easy to see how they can be used in any other way than in one of these two ways unless in using the cause or active agent which produces a disease to cure the same disease, which might be claimed as isopathy.

But as I do not at present intend to discuss this question of principle, I must leave my intelligent readers to think it out if it is not apparent to them at once. I wish my medical brethren to be so kind as to recognize existing facts-merely to open their eyes to what is going on all around
them. If they will but do this medical revolution now proceeding in a very gradual manner and with much unpleasantness will be speedily accomplished. Thefirst and mainobject to be plainly recognized is that the medical practice of to-day as more generally adopted like that of all preceding generations is in the main a mere empiricism utterly without scientific foundation, barbarous.

If this were a mere bare assertion of mine I would not ask or expect for it any serious attention. In regard to the past theories and practices of the profession I have dealt in a previous article. In regard to the present status it would be little short of a miracle if its condition is anything markedly in advance. No revolutionarly change has occurred and nothing short of this is even hopeful.

Thousands of years of failure to arrive at something solid-something that will stand the test of experience, give presumptive evidence of some medical wrong requiring radical treatment. I do not speak in a faultfinding or partisan spirit. I regret that such is the case. In a matter of such momentous significance it behooves as all to divest ourselves of every other feeling than a sincere desire to know the truth.

In an address before the Oxford Medical Society (Lancet, Nov. 24th) Dr. Wilks says: " The prevalent method of prescribing drugs for disease is simply pandering to human weakness." He objects to "the attempt to treat disease on principle when there is no principle." "As to therapeutics, it goes too fast, constantly changing with every fresh
view of disease. At present every man is a free lance and treats his case according to his fancy." I forbear giving further testimony as I know that a great majority of those, at least, who have grown gray in the practice of medicine know it to be only too true.

The second great fact to be plainly recognized is that there is an incomparably better way of treating disease known to at least 12,000 medical men on this continent alone. It is adopted to the utter exclusion of the ordinary treatment in forty general hospitals, and thirty-nine special hospitals and fifty-five dispensaries. Sixteen medical colleges teach its doctrines and practice, and millions (ten millions it is claimed) of people pass through life with what they consider a happy escape from the pills and potions of the apothecaries' art. Thirdly, it needs to be known that in this revolution, or by it the bottom, if it ever had a bottom, of the atonic theory has so far as can be discerned fallen completely and hopelessly out.

There are things which can not be argued into any person's consciousness. The hospitals, dispensaries and colleges, and thirty state societies, and thirty medical journals, and the noble army of 12,000 are objective and can be made to materialize on the retina. So also can the crudities and fallacies of the medical art of to-day, as well as of all past ages, and the outrageous notions which have prevailed and prevail concerning posology, pharmaceutics and pharmacology be thoroughly realized by a little simple practical investigation. This investigation must take the shape outlined in my previous article.

I suggested belladonna as the subject of a posological test, but any other drug would do just as well. What is found to be true of belladonna is also true of all others, and the investigator finding, as he is sure to do, that the experiment is a success, will feel a spark of enthusiasm electrifying ing him, urging him forward to greater light. As he proceeds he will see the whole armamentarium medicorum of the past and the present with all its nauseousness and bitterness and its painful workings receding into the darkness, forming with similar monstrosities which have gone before a huge pile of abominations, illustrating, like the implements of the inquisition, a sad mixture of zeal, earnestness and folly.

The condition of things medical is very similar to that which prevailed a few centuries ago with reference to surgery when Ambrose Pase sought to supersede boiling pitch, and so forth, as a hæmostatic by the ligature. It seemed such folly in such a startling emergency as an arterial hæmorrhage, especially from the larger vessels, to trust to a few bits of string tied on the air tubes. Surely. something very powerful was needed in such a contingency. But sentiment had only been educated in a wrong direction, and, as usual, strength of sentiment was considered as proof of truth.

Poor Ambrose Pare, who advocated the innovation, was obliged to quote garbled extracts from Galen's writings in his support to mitigate the storm of opposition.

Perhaps humanity will see the dayindeed I think it is dawning-that the value of any novel proposition will be
decided altogether on its merits. A man named George Combe, whose country is called Scotland, said this : "Ridicule and denunciation may rightly be employed to explode errors when they shall have been proven to be such, but they are the most unfit instruments for the primary investigation of truth." "We know," said he, "far too little of the constitution of nature to be able to say a priori what can and what can not be true in regard to the way in which vital operations are conducted or in which they may be modified by external agents."

Now, the doctors of the time of Ambrose Pare were not imbued by any such sentiments, but first denounced and in the course of two centuries tried the simple remedy and adopted it. The first stage has well nigh expended itself in regard to the matter in hand. The profession generally should be about ready for the second stage-thousands of them have one by one gone through it. But why take centuries to decide what can be decided almost immediately ? Is it not time this gaping wound was healed and the profession harmonized? And when it can be done as easily as testing the ligature and with as decisive results, why longer hesitate?

As I happened to suggest belladonna as the subject of the first experiment, and only referred to the matter incidentally, I wish now to restate the proposition.

The preparation of the remedy consists merely in diluting a good tincture of the drug by pure alcohol in some definite way, as one drop of the tincture to ninety-nine of alcohol,
or five to ninety-five, or ten to ninety, and marking this No. I dilution, and in like manner make the second dilution, using the previous No. I instead of the tincture. At the third dilution the medicine is ready. It may be ready at the first or second, but I have no experience of them. Now the diseased condition it will infallibly relieve or cure, "cito, tuto et jucundo," is indicated thus: Any acute idiopathic inflammation of any organ or tissue when the brain is either originally or sympathetically affected as follows: Headache, usually frontal with throbbing of the carotids, flushed face, intolerance of light and noise, dilated pupils, fever, quick pulse. These symptoms are a centre around which many others may cluster, according to the part affected. Alone they may represent an ordinary congestive headache, curable by belladonna, and common in women. These symptoms may bepresent in the pyrexia of ague, but belladonna is not well adapted to the intermittent disease and often will not cure. It is the only exception I make for this test. If the brain be affected deliri$u m$ of a wild character will be another reliable indication and may be that of simple acute inflammation or of typhus or typhoid. I do not pretend to give an account of the curative actions of this incomparable drug. It would take a separate article.

Of the prepared dilution a drop or a few drops are to be given in any non-medicinal vehicle (sugar or water) or straight, a dose every hour or two, or longer, tell better.

Now for the stumbling block over which thousands of doctors have fallen, viz.: Why give such small
doses ? The answer is, Clinical experience has proven the necessity. It is the basis of all the clamor in their favor. No a priori reasoning could suggest it. Let those who think otherwise give the belladonna in doses of five to twenty drops of the tincture, but I will not guarantee results. Inasmuch as the belladonna is homœoopathic to the symptoms, I would fear a fatal aggravation of them.

Will the doctors who read this take the matter up and try it? Will one or all of the medical societies do so ? The mother tincture for this test must be procured from a homœopathic pharmacy. A drachm will be enough for a large circle of doctors, or even m . x .

The alcohol must have the same immaculate origin, and having found the third dilution a success, let the diluting process go on till the point, if it can ever be found, at which failure to promptly relieve or cure the symptoms named and the pathological condition on which they depend is reached. Thousands upon thousands of doctors would be delighted to know where this point is, for no man has yet been able to find it! Indeed, very many of them affirm with fervent zeal that the more the diluting process is continued themore brilliant the results, so that amongst the advocates of the process of dilution there is a constant dispute. The medical Jacob's ladder is occupied by these thousands of doctors in clusters of various heights. I myself remained on the third rung (third dilution) during my first decade of practice. I thought all those above me were deluded. Since then I have been on the 200th rung as
headquarters, coming down rarely to the third, very rarely to the bottom (mothẹ tincture) or crude drug. Once I alighted with success on the roooth.

My opinion is that he will best succeed who will go up and down the ladder according to clinical experience. But, as usual, "sides" have been taken on this matter and two camps formed, "high" and "low" dilutionists, and, as usual, the truth has been obscured. The only defect in the Jacob's ladder simile is that the angelic ladder is said to end somewhere, whereas our ladder is not known to have any upper end at all! Alas for the atonic theory and the vanity and arrogance and conceit of human midges!

But I only ask my readers to proceed at present to the third rung. Even from that moderate height the swamps and morasses of the common practice in which millions of earnest, zealous, self-sacrificing doctors have floundered will come into view. Sufficient success will be achieved from this lowly position to incite to greater achievements on what is now a wellbeaten path. No matter, too, how the patient has been secured. By a lucky twist of the moustache, a pleasant " good morning," or the more intricate mazes of running some organization, yea, even if by the assassin's stab at the good name of a brother practitioner, relief or cure will follow all the same.

Will the ligature be tried, or will the costly, nauseous, painful, boiling pitch methods be continued in the face of the demonstrations of their being worse than useless? No perturbance of the functions is proper in
the cure of disease. As Hg . will cure the lues or bark ague, so may all diseases be relieved or cured. Of course I refer exclusively to the use of drugs, not to non-medicinal substances or to hygiene.

The indications for the use of drugs in the described manner are derived from two sources, viz., experiments conducted on healthy persons and clinical observation. Often when the pathology is unknown or doubtful, the proper remedy can nevertheless be selected, an immense advantage when we consider the vast number of diseased conditions, the pathology of which is unknown, and the mistakes in diagnosis of the remaining few where pathology is known.
In acute inflammations in which belladonna is curative, the stage of active congestion which immediately precedes will frequently require aconite prepared and administered in the same way ; but the moment the cerebral symptoms mentioned manifest themselves, belladonna is required. It is perhaps only fair to warn those who do not wish to have their therapeutic ideas upset to have nothing to do with this "experiment." Many, no doubt, will prefer to plod along on the beaten track, although it is in the wrong direction as proven by history. To those who need encouragement by way of scientific discovery, I would refer to an article in the last number of the New York Therapeutic Review, entitled " Biological Investigation on the Toxic Effects of Infinitesimal Quantities of Metallic Salts."
The authorities quoted have not the slightest suspicion of the dreadful homœopathic heresy, and yet it
is announced that the famous bi chloride proved destructive to spirogyra in a solution of 1 to 1,000 ,$000,000,000,000,000,000,000$. Perhaps in considering the problem of dosage the mistake has been made of regarding the weight and size of men instead of microbes.

I have not discussed the question of principle or principles on which the selection of the remedy is to be made. But for to succeed with the infinitesimals or lower dilutions or appreciable fractions of the mother preparations the homœopathic principle or clinical observation is essential. This opens too wide a field for consideration at present. Those who are too wise in their own conceit to try the experiment should, I think, skip the usual and useless ridicule and denunciation, as it is simply based on ignorance, that is allnothing worse or else. For myself, I am not deeply concerned so long as the public have such foolish tests for doctors, and doctors have such foolish notions of philanthropy, and so long as no effort is made to prevent the sowing of bad human seed with its crop of human weaklings. But surely it is time for the profession generally to know what a large part of it knows already; and I but speak the sentiment of the twelve thousand when I emphatically say that the doctors generally are ignorant of the real actions of the drugs with whose names they have long been familiar, and, of course, of the proper way to use them. What wonder then that the treatment of disease by drugs is, with a very few exceptions, no more successful than in the days of Hippo-
crates or his Indian teachers. Witness typhoid fever, cholera, yellow fever, etc. In prevention much has been done, but in cure nothing! The doctor merely dances attendance, while nature cures the case perhaps in spite of him.

In the announcement of a certain university just to hand, in which doctors are propagated, it is mentioned that the College of Physicians and Surgeons of Ontario requires that the candidate shall have spent six months in compounding medicines. Now every one of the twelve thousand knows positively that medicines should not be compounded. Learning the art is therefore time and energy wasted. This mixing of medicines has been the chief stumbl-ing-block in the way of progress in a knowledge of the action of individual drugs.

I might say much on this point, but must bring this article to a close. The main thing is to try the belladonna experiment. I forgot to say that it is orthodox to shake the bottle vigorously a few times in making each dilution. Premising the use of a pure tincture and pure alcohol, and a fair trial, I defy anyone to fail, and no amount of diluting will help him to fail. After this the next step is to procure almost any, even a domestic, book on homœopathic practice, and box of medicine, and go to work and cure a lot of refractory cases. All other practice, including that represented by this journal, will soon appear to him as barbarism. I know it. Those who try the belladonna experiment will please report in this journal.
E. Stevenson, M.D., M.C.P.S.O.

## IS THERE ANYTHING IN HOMCEOPATHY?

The word homœoopathy is derived, as all our readers are aware, from two Greek words ő $\mu$ мozs "like," and $\pi \dot{\alpha} \theta$ os "affection," and is defined by Dunglison as "A fanciful doctrine which maintains that disordered actions in the human body are to be cured by inducing other disordered actions of a like kind, and this to be accomplished by infinitesimally small doses often of apparently inert agents ; the decillionth part of a grain of charcoal, for example, is an authorized dose." Hahnemann, a German physician who was born in Meissen, a small town in the neighborhood of Dresden in the kingdom Saxony, in 1755, is the modern apostle of the system; but we have reference to it in the Greek poets, particularly Antiphanes, who lived 404 B.C. It is also alluded to in the writings of Gregory the Great, who was born at Rome about the middle of the 6th century. Shakespeare in "Romeo and Juliet" thus expresses himself in homœopathic terms :
"Tut, man! One fire burns out another's burning;
One pain is lessened by another's anguish. Take thou some new affection to the eye; And the raik poison of the old will die."

According to Dr. Biglow, homœeopathy consists in leaving the case to nature, while the patient is amused with nominal and nugatory remedies. With the e few remarks made in an off-hand way, we think it will be interesting to our readers to here what a homœoopath has to say on the subject, as we believe strongly in the maxim audi alterem partem.

# Proceedings at Meeting of Medical Council of Ontario. 


#### Abstract

Dr. Rogers moved, seconded by Dr. Williams, that the by-law appointing the Discipline Cummittee be now read a first time. Carried.

Dr. Rogers read the by-law, and said, "This is the by-law, and in moving the first reading, which I have now done, I would like, with your permission, to say a word in regard to this matter. I feel sorry that so much dramatic effect was given to a subject which turned out, when it came before the solicitor of this Council, to be so trifling. I cannot help but regard the matter as deplorable ; first, because the subject was brought before this Council wuen there were reporters of the public press here who undoubtedly would gather the idea that a very great and very serious defect had occurred in a by-law of such importance, and it would go out to the public in a manner that would nut be understood by them, and I think it wou ld injure this Council. The dramatic effect, the emphasis, the terribleness of the situation which was pointed out made most members of this Council feel that some calamity was about to happen to them. It gave a certain amount of dramatic effect to what the gentlemen said, and I cannot help but feel sorry that a member of this Council, who must feel in his heart the welfare of his profession and the welfare of this Council, would not have taken another course equally open to him at the time, a course which, to say the least, I am satisfied the majority of the members of this Council would have taken, that is, of asking first the Registrar if this error was anything else but a clerical error, and if he found it was a clerical error to at least infurm the President and the Registrar of this little error and have it rectified in a very much more simple manner. It turns out that the matter was a clerical error, one that was viewed in the lightest manner possible by our solicitor, whose first suggestion was, 'Pass a resolution and rectify it, that is all you have to do,' and it was only after a great deal of trouble, as you can verify, Mr. President, we got the solicitor to agree to draw up the by-law at all, and it was only after it was explained to him that another notice would have to be given if it was not put in the form of a by-law. That is the matter, and I do not want to dilate on it, only I am sure I am expressing the feelings the Council will entertain when they know the facts in regard to it."


Moved by Dr. Rogers, seconded by Dr. Williams, that the by-law appointing the Discipline Committee be referred to Committee of the Whole and read a second time.

The President put the motion.
Dr. McLaughlin-No member of the Council will rejoice more than I if the opinion that has been given by young Mr. Osler is in harmony with the fact. I have the welfare of the profession as much at heart as the gentleman who has undertsken to give me a little scolding, and I have the welfare of this Council as much at heart as any man in this Cuuncil. The experience I have had, and I venture to say almost every member of this Cuuncil has had a similiar experience, as to by-laws passed by municipalities is not in harmony with what we have heard to-day. I presume, however, almost every member of this Council has heard of by-laws upset by judges on the smallest microscopic technicalities, and if they are upset by small technicalities, and we have all a knowledge of such, I would fear that upon such serious irregularities such as we have found in these by-laws, there might be danger. I repeat myself, that I earnestly hope the opinion we have heard expressed this afternoon by the lawyer may turn out to be true. But it ought to be remembered that that opinion is given by a member of a firm who made a serious blunder to begin with and gave this Council a form that was not lawful and correct, and it is natural he would venture to say that the

Dr. Rogers-I rise to a point of order. Dr. McLaughlin says that Mr. Osler's firm gave a form that was not lawful and correct. I demand the proof. I deny it was an incorrect form.

Dr. McLaughlin-I call for order. I have made my statement. In the original form prepared by Mr. Osler he bases the by-law upon Chapter 121 of 50 th Victoria, and there is no such chapter in existence. I therefore say it was an improperly prepared by-law, an improperly prepared form, and I stand by that. Who on earth wants proof for a thing that is so palpable? If my friend, Dr. Rogers, calls for proof, I do not desire to discuss this matter.

The President-If you will allow me just at this stage to interrupt the speakers, I might explain to the members of the Council that Mr. Osler said that the mistake must have been made and was made simply by the typist, and I do not think it can be said it was a mistake made by Mr. Osler's firm ; it was a slight thing, and might be overlooked; it was a mistake made in the copying of Mr. Osler's draft.

Dr. McLaughlin - I am glad to hear your statement, Mr. President, but Dr. Rogers told me in the presence of others that they confessed it was their mistake, and I merely repeated what Dr. Rogers had said to me. I want to say one thing more. I was anxious this matter should be kept to ourselves, and I suggested it should be discussed without the
representatives of the press being present order in that we might keep it to ourselves, but I was at once snapped up and told that nothing should be said here that should not go to the press. That is thoroughly in harmony with my wishes and desires under ordinary circumstances, but I felt this was of such a case it would have been better for us had my suggetsion been carried out. (Hear, hear.) If it has gone to the public I am not at fault. It was my duty to point out to the Council that an error had occurred, and instead of my friend, Dr. Rogers, scolding me because I brought this under the attention of the Cuuncil, he ought to turn his eyes and his batteries upon himself, for I say it was the duty of the member who introduced that by-law to read it over in such a way as to see that there was one sentence in it that was ungrammatical, that was incomplete, and that mide no sense. I refer to the second section of that by-law, and I say it was his duty to do it, and it would be more in harmony, I think, with his dignity, and what becomes every member of the house, that he would look to his own home and straighten that up first, before he goes outside to look after his friends.

The President put the motion, and on a vote having been taken, declared it carried.
Council in Committee of the Whole. Dr. Emory in the chair.
The by-law was then read and adopted clause by clause. On motion, the committee rose, and reported the adoption and second reading of the by-law. The President in the chair.

Dr. Rogers moved, seconded by Dr. Williams, that the Report of the Committee of the Whole on the by-law appointing a Discipline Committee with the blanks filled with the names mentioned be adopted. Carried.

Dr. Rogers moved, seconded by Dr. Williams, that the by-law be read a third time, passed, numbered, and signed by the President, and sealed with the seal of the College of Physicians and Surgeons of Ontario. Carried.

The by-law was then read a third time, as follows :
Under and by virtue of the powers and directions given by sub-section 2 of Section 36 of the Ontario Medical Act, Revised Statutes of Ontario, 1887, chapter 148, the Council of the College of Physicians and Surgeons of Ontario enacts as follows:

First. By-Law No. 65, appointing a Discipline Committee and passed on the 13th day of June, A.D. 1895, is hereby repealed.

Second. The committee appointed under the provisions and for the purposes of the said sub-section shall consist of three members, three of whom shall form a quorum for the transaction of business.

Third. The said committee shall hold office for one year, and until their successors are appointed, provided that any member of such committee appointed in any year shall continue to be a member of such committee notwithstanding anything to the contrary herein, until all business brought before them during the year of office has been reported upon to the Council.

Fourth. The committee under said section shall be known as the Committee on Discipline.

Fifth. Dr. John L. Bray, of Chatham, Ont. ; Dr. Geo. Logan, of Ottawa, Ont. ; Dr. V. H. Moore, of Brockville, Ont. ; are hereby appointed the committee for the purposes of said section for the ensuing year.

W. J. Hunter Emory, Chairman Committee of the Whole. R. A. Pyne,<br>Registrar College of Physicians and

June 14th, 1895, adopted in Council.

# William T. Harris, <br> President, College of Physicians and Surgeons of Ontario. <br> INQUIRIES. 

None.

## REPORTS OF STANDING AND SPECIAL COMMITTEES.

Dr. Henry presented and read the report of the Committee on Complaints.
CONSIDERATION OF REPORTS.
Dr. Henry moved, seconded by Dr. McLaughlin, that the Council go into Committee of the Whole to consider the report of the Committee on Complaints. Carried.

Council in Committee of the Whole. Dr. Fowler in the chair.
Clause 1 of the report was read, and, on motion, was adopted.
Clause 2 of the report was read, and, on motion, was adopted.
Clause 3 of the report was read, and, on motion, was adopted.
Clause 4 of the report was read, and, on motion, was adopted.
On motion, the report was adopted.

Dr. Campbell moved that the committee rise and report progress. Carried. The
ident in the chair. President in the chair.

Dr. Fowler presented the report of the Committee of the Whole adopting the report of the Committee on Complaints as amended.

Moved by Dr. Henry, seconded by Dr. McLaughlin, that the report of the Committee of the Whole on the report of the Committee on Complaints be adopted as follows. Carried. To the President and Members of the Council :

Gentlemen,-Your committee beg leave to say that they have carefully looked into the several complaints referred to them by Council.

In the case of Mrs. Martinson, of the County of Kent, who with a number of friends petition that she be allowed to practice as a Specialist on Eye Diseases, we recommend that such request be refused.

The request of A. E. Forster, complaining of the alleged unprofessional conduct of Dr . Johnston, is not borne out by facts in our possession, and does not come within the perview of the Medical Act.

We referred to Discipline Committee the following cases: Dr. W. E. Olmsted, of Caledonia ; Dr. H. O. Marten, of Dufferin Street, Toronto ; Dr. J. H. Danter, of Toronto ; Dr. C. Parsons, of Coe Hill; who have been accused of unprofessional conduct.

We have carefully considered the nineteen appeals from students, fourteen of whom were final men.

The committee recommend the Council to grant registration to H. E. Wallace, W. G. McKechnie and Alexander McKay. Those gentlemen, whom we recommend to your consideration for registration, have passed with credit on every subject but Surgical Anatomy, and have only been a few marks short on this one.

All of which is respectfully submitted.
(Signed,)
James Henry, Chairman.
J. P. Armour.
J. W. McLavghlin.

Fife Fowler.
None.
Unfinished business from previous meeting.

## None.

## MISCELLANEOUS BUSINESS.

Moved by Dr. Williams, seconded by Dr. Moore, that the Council do now adjourn to meet again on Saturday, the 15 th June, 1895, at 10 o'clock a.m.

Dr. Dickson - I would like again to ask for information as to the probable length of this session of this Council; what are the probabilities of our completing the work by to-morrow (Saturday) night or even to-morrow morning? My reason for asking this, as I said before, is that it will take me a whole day to get home after the session is over, and I

The President - If my patients and friends at home when I am likely to reach there. Council, I do not see how it will be possib, gathered from ten years' experience at this Saturday night, or perhaps the middle of next wis to get through before (to-morrow) You must remember that the two most important , Committees have not yet returned, and their reports will be the Education and Finance them will take up a great deal of time, and besides this we long and the discussion on business to do. It is my opinion we will not get through this week a great deal of other

Dr. Rosebregh- With regard to the adjournment, it is propo ten o'clock to-morrow morning ; instead of that I would suggest thosed that we adjourn till o'clock to-morrow, and that the committees meet at nine o'clock.

Dr. Armour-Will you allow me to give a suggestion? stood that when we adjourn after the morning session to-morrow (Sauld like it to be underadjourned until, say, two o'clock on Monday, if that will meet (Saturday) we will stand members, and let the committees work in the interval.

The President-That is a matter that might be brought up to-morrow morning.
The President put the motion, and, on a vote being taken, declared it carried.
The Council adjourned to meet again at 10 o'clock a.m., Saturday, the 15 th June, 1895.

## FIFTH DAY.

## Saturday, June 15th, 1895.

The Council met at 10 a.m., according to motion for adjournment. The President, Dr. Harris, in the chair, called the meeting to order. The Registrar called the roll, and the following members were present : Drs. Armour, Barrick, Bray, Britton, Brock, Campbell, Dickson, Emory, Fowler, Graham, Hanly, Harris, Henderson, Henry, Logan, Luton, Machell, Moore, Moorhouse, McLaughlin, Reddick, Rogers, Roome, Rosebrugh, Sangster, Shaw, Thorburn, Thornton, Williams.

The Registrar read the minutes of the preceding meeting, which were confirmed and signed by the President.

NOTICES OF MOTION.

1. Dr. Bray-Re the appointment of an Executive Committee.

## COMMUNICATIONS.

The Registrar read a communication from Percy A. Gadd, asking to be registered as a matriculate and placed under the four years' course. Referred to Education Committee.

## MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

Moved by Dr. Thorburn, seconded by Dr. Campbell, that all cheques issued by this Coun il be signed by the Registrar and Treasurer, or in the absence of the latter by the President.

The President put the motion.
Dr. Thorburn-I do not think it requires any lengthy argument to convince this Council that it is wise to surround our financial actions by the greatest amount of precaution possible. Heretofore, as far as I am aware, we have never had any fault to find with the manner in which cheques are issued ; but I think it is our duty as guardians of the profession to see that our trusts are potected in every way possible, and 1 see that the Auditor, in his report, takes notice of the fact that the cheques are signed altogether by the Treasurer. As things now exist, no one else than the Treasurer can sign the cheques. I do not think there should be any objection to having two signatures on our cheques-those of the Treasurer and Registrar. In some business institutions three signatures are required, and though I cau conceive how difficult it would be sometimes to get a second signature, yet I think it is worth the trouble in order to see that things are done in a proper form and that all our actions are well surrounded and protected.

Dr. Armour-Did the Auditor suggest who should sign them in addition to the Treasurer.

Dr. Thorburn-He suggested that the Registrar should, and that in the absence of the Treasurer they should be signed by the President or somebody else.

Dr. Campbell- The President does not live in the city.
The President - I think if we had the signature of the Chairman of the Finance Committee, instead of that of the President, it should be sufficient.

Dr. Rosebrugh - I think, inasmuch as the President resides in Brantford and the Chairman of the Fin nnce Committee resides in Toronto, that at once says "Chairman of the Finance Committee."

Dr. Thorburn-It might read: "Signed by the Treasurer and Registrar or in the absence of the latter by the President or Chairman of the Finance Committee."

Dr. Wiminams-Mr. President, I think in most institutions it is customary to have the cheque signed by the treasurer and countersigned by some other officer. I do not agree with the idea of putting in the President and Chairman of the Finance Committee. I think we should say now who should countersign the cheques, and when we have passed a resolution to that effect give it to the bank, and the bank will be guided by it. I do not think it is advisahle to put in so many signatures ; I think we should just decide now we will have it signed by the Treasurer and countersigned by somebody else.

Dr. Barrick-There is no doubt that the object of the mover of this resolution is to guard the finances of this Council and see that the matters connected therewith are placed upon a sound business basis; but in the absence of a copy of the By-laws and Rules and Regulations of this Council, it leads to the asking of many questions by both old and new members of the Council, especially the latter, and I would like, before this matter can be intelligently discussed, to ask two questions. The first question I wish to ask is, Who has power to incur expense involving this Council ?

The President-The Council itself can authorize the President or authorize the Registrar or authorize the Treasurer to incur expenses, therefore the Cuuncil has sole power to incur expeuses.

Dr. Barrick - The second question is; Who has power to certify to the correctness of the accounts presented to the Treasurer?

The President-The members of the Council and the examiners individually certify to the correctness of their own accounts. They are furnished with blank forms similar to the one which I now hold in my hand, and on that there is the certiticate, "I certify the above to be correct," and that is supposed to be signed by the member of the Council or the examiner whose account it represents.

Dr. Thorburn-The statement is also verified by the Treasurer and Registrar.
Dr. Barrick - The reason I ask this is when a cheque is given to pay an account, it ought to be made clear that that account was authorized by the proper authorities, and in the second place it should be made clear that that account has been cortitied by the proper authorities, and consequently the work of the Treasurer would he greatly simplified when paying any account presented to him. If the account was certified to by this Council or by the Executive Committee that then would he his anthority and voucher for issuing his cheque. It seems to me that the most business-like way in dealing with this matter is that before the Trea urer assumes the responsibility of issuing a cheque for any account that comes before him it must be made clear that the account has been certified to by the proper body appointed by this Council. This would do away with the difficulty that has been mentioned by Dr. Thorburn as to signing cheques. If the gentlemen who have been mentioned as the ones to sign cheques would assume the responsibility of certifying to the correctness of all accuunts, then the Treasurer's signature alone would be sufficient, and he would have in his hand the evidence and voucher thit the account hid been certified by the authorities appointed by this Council.

Dr. Brock - There is no evidence before this Council that any improper use has been made of the powers of any officer appointed by this Council in connection with our fiuances, and I consider we are sufficiently protected if we do as all other corporatiuns do, simply have our cheques countersigned by an officer appointed by the Council.

The President-1/n the line of information asked for, the Registrar has just called my attention to the Rules and Regulations of the Council under the "duties of Treasurer." It reads: "The Treasurer shall keep a detailed statement of receipts and expenditure, and submit annually a balance sheet setting those forth fully, and pay different moneys on the order of the President certitied by the Registrar." This rule is to be found on page four of the Rules and Regulations.

Dr. Sangster-I just ask for further information upon one point. I thoroughly agree with what Dr. Barrick says, thit accounts should not be run and supplies should not be ordered by any officer of this Council without such accounts being submitted to inspection by some competent authority. I do not mean that there has anything improper been done, I do not mean nor wish to imply that for a moment, but the amounts covered under the head of Registrar's office expenses and miscellaneous accounts have sometimes been very high. While I believe the expenses of the Registrar's office for the present year do not amount to much over $\$ 20$, if you will look at the financial retnrns you will find they have sometimes run up vory high. For instance, in the years 1888 and 1889, I observe under the he id of "Registrar's office expenses," of which the Council, I suppose, at that time couid have known personally or individually very little, the amount is $\$ 1,139$, and in the next column, under the head of "other misce laneous accounts," we have $\$ 786$, or a total of nearly $\$ 2,000$ under the two headings. As to the propriety of which expenditures, I conceire the Council at that time and I believe the Council at this time, if similar expense were submitted to it, would not be in a position to form any idea as to whether they were on the line of esonomy or extravagance. I do think there is a good deal in Dr. Barrick's suggestion.

Dr. Thorburn-The resolution reads, "That all cheques be signed by the Treasurer and the Registrar, and in the absence of either of these officers, the Chairman of the Finance Committee shall sign the cheques instead." The idea is to have the greatest possible protection surrounding our affairs.

Dr. Sangster - I wish Dr. Thorburn would adopt Dr. Williams' suggestion, and add "comntersigned by the Chairman of the Finance Committec." The President may reside anywhere through the Province, but it can be arranged that the Chairman of the Finance Committre c in be selected from among the gentlemen residing in the city of Toronto.

Dr. Thorburn-That is the idea.
The Presinent-It, reads, "Thit all cheqnes shall be signed by the Treasurer and Registrar, but in the absence of either of these officers, the Chairman of the Finan e Cummittee shall sign the cheques instead."

Dr. Sangster-But "in the absence of either of these officers" is the clause I object to.

Dr. Campbell-The idea, as I understand it, relates to signing cheques on the bank, and is to provide that there shall be at least two signatures on each cheque. The Treasurer's signature must be there if he is in town. We provide by that resolution that the signatures of the Treasurer and Registrar shall go on all cheques on the bank. It is not a question of the expenditure of the money of this Council at all. The expenditures of the Council during the recess are paid by orders on the Treasurer drawn by the Registrar and signed by the President. I know during he year I was President all the expenditures during the recess were paid by orders drawn by the Registrar on the Treasurer and submitted to me, and if I was satisfied they were expenditures incurred necessarily in connection with the Council's work, either by regular contract or otherwise, I countersigned them and they were paid by the Treasurer, the Treasurer giving his cheque on the bank to the party entitled thereto. This motion is referring simply to the cheques on the bank, and in no way relates to the Council's expenditures at all.

Dr. Rogers - Does the Treasurer have to give bonds ?
The President-Yes. In that case the Rule would have to be changed, because the Chairman of the Finance Committee and the Registrar could draw money fron the bank without c insulting the Treasurer. The rule provides that the Treasurer shall give a bond for the whole amount now. In that case we could not make him give bonds. I believe the Treasurer has never been asked to give a bond, and he has never given one.

Dr. Barrick-I might just explain that the remarks I made were not at all intended to reflect upon the action of any officer of this Council. Heretofore the Treasurer has signed these cheques, and I think that so far as the expenditures of this Council are concerned the Treasurer should have in his possession, before the cheque is issued, the account, certified to by the proper officers appointed by this Council. That being the case, the Treasurer's signature alone is sufficient, because he is respousible, and he holds in his hand the voucher for the issuing of that cheque ; and it seems to me that if I were Treasurer of this Council and an action of that kind was taken, I would feel that it was a reflection upon my conduct, and, in consequence, I w.uld not be surprised at all if our Treasurer, looking on it in that light, would resign at once, because it is, I feel, a reflection on the Treasurer; and I repeat, it seems to me that there should be one body, whether the Executive or the Finance Committee, that should incur the expenses for which this Council is responsible, and that all accounts thus incurred should be certified to by this same body before they get into the hands of the Treasurer. With regard to anything outside of the current expenses of this Council, in regard to any bank accommodation, or anything of that kind, that is a different thing altogether. It seems to me that some course of this kind should be pursued. Whether it has been pursued I am not inquiring, and I am not finding any fault at all; but it seems to me that that would be the proper course to pursue, because I maintain that frum the President of this Cuuncil downward no individual member should incur any expense binding upon this Council.

The President-For the information of members of this Council, I wish to say that heretofore all accounts, except the accounts of members of this Council and the accounts of examiners, have been certified to by the Registrar and submit'ed to the President before payment by the Treasurer ; so that really the course Dr. Barrick suggests has been actually pursued by this Council.

Dr. Barrick-Have these three, then, the power of incurring expenses and the power of certifying to bills ?

Dr. McLaughlin-May I call this discussion to order? The question is, What shall be done with the cheque to make it safe and secure? not the teps that lead up to the cheque.

The Presidesti-You are quite in order, Dr. McLughlin.
Dr. Mclaughlix - While most of this discussion has been out of order, I do not say that it has not been a valuable discussion, but it would be better to get back to the question and then get on with other business.

The President-Adinitting that the discussion has been out of order, it is hardly objectionable, because it has been chiefly under the head of inquiries.

Dr. Whiliams-Dr. Aikins, our Treasurer, is a man in whom the Council has the most perfect confidence. He is above suspicion, and any restriction as to countersigning a cheque, or anything in that way should be placed on the Treasarer during the time we have the most perfect confidence in the incumbent of that office, because, supposing that is not done, and from ome cause Dr. Aikins ceases to be Treasurer and a new man comes in, and as soon as he comes in you make a regulation that cheques are to be countersigned, you would create the feeling that the new officer was rather questionable and that that was the reason the restriction was placed. I take the ground that when you have a man who is above suspicion, that is the time to put on safeguards ; and then the question of countersigning, as well as that of having reasonable bonds for any m meys that may pass thr ugh his hands, may be dealt with, because now you would cast no reflection on a new man taking the office, or on any other man.

The President-The Auditor's report notices it in these words: "Payments are made by the Treasurer, and not countersigned by any other officer, as in other institutions." It is on the strength ot this report that l suggest there should be always two signatures. As for impugning the Treasurer that is the most remote thing possible in my mind, and Dr. Barrick must know that, from the intimacy that has existed between me and the Treasurer, I would be the last man to cast the slightest slur in any form whatever upon him. As to the suggestion of having the Executive powers in Toronto, it would be all very well if you had a permanent parliament that could sit here every day and vouch every ten cent expenditure, but the public are complaining of the great expense, and I think justly so, too. (Hear, hear.)

The President put the motion, adding to it the words, "All cheques upon the bank."
Dr. Moore-I think the last part of that motion should be amended; and, instead of reading " in the absence of either of these officers," it should read "instead of the absent officer," because now it looks as if the Chairman of the Finance Committee was signing for both.

Dr. Campbell-No; it says "In the absence of either one of these officers the Chairman of the Finance Committee will sign in his stead."

Dr. Emory - Is it wisdom that we should have a Treasurer and that any cheque should go to the bank without his signature? (Hear, hear.) It would seem to me rather strange, and if I were the Treasurer I wouldn't like an one else to have the power to draw on that account without my signature. It may be right, but it seems to me rather odd.

Dr. Thorburn-Supposing the Treasurer is in Europe.
Dr. Emory - Then he cuuld leave his power of attorney with the Chairman of the Finance Committee, or somebody else, to sign his name, not the signature of the Chairman of the Fin ince Committee ; because I think the Treasurer's name should be on all cheques.

Dr. Dickson-I think the Treasurer should be at liberty to appoint the man who shall sign his name, because we might appoint a Chairman of the Finance Committee whom the Treasurer would object to.

The President-When we appoint a Treasurer he accepts the appointment under this restriction, if this passes now.

Dr. Moore-I would just like to advocate the objection taken by Dr. Emory and Dr. Dickson; I think if we have the cheques signed by Dr. Aikins and Dr. Pyne that should be satisfactory ; and I do not think it is fair to ask our Treasurer to let any man sign cheques without his sanction when we hold the Treasurer responsible. I do not say this because I have not the fullest confidence in Dr. Thorburn ; but he may not always be here, and, as Dr. Dickson has said the Treasurer might have some objection to any Chairman of the Finance Committee. We all know there could be no objection to Dr. Thorburn, but next year the Chairman of that Committee might be some man who does not live in the city of Toronto at all, and in that case it would put us to the necessity of going over this ground again next year.

Dr. Thorburn-The motion says the cheques shall be signed by the Treasurer and Registrar. If one of those officers is absent, who is to countersign ?

Dr. Moore-Let the absentee leave power of attorney.
Dr. Williams-I think the objection taken by Dr. Emory is a good one; if there is a bank account the Treasurer should sign or give power of attorney to somebody else to sizn.

Dr. Henry-I qu te agree with Dr. Emory's remarks. I understand the Treasurer has not furnished the C iuncil with any security, and I think the point is well taken that we ought to have security by the Treasurer.

Dr. Bray-I understand Dr. Aikins, the Treasurer, is out of the city now ; and I would like to ask who signs cheques in his absence, or whether he has authorized anybody to sign cheques, or has this Council power, or is it advisable, that we should appoint some one to sign cheques ?

At the request of the President, Dr. Pyne, the Registrar, said, "I do not know that Dr. Aikins has given any one power to sign for him. I would not like to sign for him without his authority or power of attorney."

Dr. SANGSTER-Have any cheques been paid since the treasurer's illness on the signature of the Regis rar alone?

The Registrar-No; I never signed any cheque at any time. As I told you before, Dr. Aikins has managed to sign all cheques himself since he has been ill.

Dr. Barrick-Is any one responsible for the finances except the Treasurer after they go into his hands? It has been stated here that there has been no responsibility by the the Treasurer ; and I ma ntain, a; I said before, that the Treasurer is the person who is resp nsible, and his signature alone should be sufficient, because the vouchers for the accounts for which cheques are issued are in the Treasurer' hands; and if no other person is responsible it seems to me a reflection upon the Treasurer that we should now say we are not satisfied with this, we must have some one else to sign these cheques, when he alone is responsible.

Dr. Thorburn-This discussion I see will very likely go on till very late in the day and late in the week; and if the Council is satisfied with the present arrangement I do not wish to force my motion, and with the consent of my seconder I will withdraw it.

Leave granted Dr. Thorburn to withdraw his mot on.
Dr. Roome-I have a motion to move which may be out of order. If it is, I will abide by the ruling of the President. I move that when this body adjourns it stands adjourned till Thursday of next week at 10 o'clock a.m. My reasons for this motion are that we cannot get through this week; we have not yet got to that point in our work, which is the most important point, the consideration of the reports of the Finance and Educational Committees ; we have either had more work to do or else we have had slower men placed on those committees or in the Council than in former years. It is now Saturday, and we do not want to stay here over Sunday, and it is with the object of accommodating those who have practice, which most of us have, although I am one of those not actively engaged now ; I think it is hardly fair to ask men to leave their practice for so long a time and to remain here over Sunday, and then go on in the beginning of the week, and I want to accommodate all or the greatest majority, and therefore I make this motion.

Dr. Moorhouse-I would suggest that the adjournment be until next Tuesday week, the 25 th, at 10 o'clock a.m I do not see any cogent reason that we should meet on Thursday next ; there is no particular haste for the business ; none of the business will spoil

Dr. Roome-'The reason I suggested Thursday was that there seems to be a great inclination for talk, perhaps owing to a lot of new members being here; and I thought if I put it Thursday there would be an effort made to be through by Saturday; and I think if you put it Tuesday you will be here another week.

Dr. Williams - I presume great care and thought has been given to this subject; and you will all understand that if each member returns to his home it means a good deal of travelling expenses and a very great deal of expense to get those men back again. If it were possible to continue in session till the business were done, say Monday or Tuesday, or as many days as may be nece-sary, it means the saving of all those travelling expenses. For me personally it makes no difference, as I shall be here in the city, and I do not care either way, personally. But if you look at it from a College standpoint, it means a great deal, for when you come to foot up the bill for those who have come a long distance and return again, it will be no small expenditure.

Dr. Logan-I happen to be at the extreme end of the travelling in this matter, and I am decidedly opposed to the motion which has been introduced by my friend Dr. Roome, for the following reasons: In the first place, if we leave this Council even for three or four days, the consequence will be that many of us will not be able to come back here; it is one thing to adjourn and get home, but it is another thing to return. We may find, perhaps, when we get home, a number of cases urgently waiting for our assistance, where the patients and their friends are urgent that we should attend to the cases; and you all know there are some cases that if taken up it is difficult and almost impossible for a physician to deprive the patient of his assistance. I think the result would simply be, if you adjourn until Thursday, or until a week from now, that you will return here with a diminished number of the members of this Council.

Dr. Moore-Then it would be less expense.
Dr. Logan-And that is not all. The expense wou'd be increased because of the double travelling. I came to this Council with the idea that we were going to reform matters ; it was repoited that we were going to have a perfect revolution in the way of expenditure ; but I have discovered, in place of that, that we are going with a rush in the opposite direction I am in favor of staying here till we finish our business, if we stay for a month.

Dr. Moore-Just a word. Dr. Logan has said he does not want to go home and come back, on account of the possible expense, and Dr. Williams has spoken on the same line. Now, if we stay over till Monday we will expect pay for Sunday and Monday. I live 208 miles east, further than anyone else except my friend, Dr. Logan, and my travelling expenses will be more than paid for by the Sunday and Monday, because if we go home to-night we do not charge for Sunday but we come back and charge for the days we work; and I submit
 they work only. Speaking of the date of our adjournment, I think, with Dr. Moorhouse, that a week from Tuesday would be better than Thursday next; and if when we go home we find we are a little more loved by our patients, we will have a little longer time to satisfy them and get our homes in order and come back again ; and if we do come back with our numbers slightly lessened, we will have less expense, so that it seems to me an adjournment till Tuesday week is the better course for us to adopt.

Dr. Thornton - I think, taking the distance into consideration, it would be cheaper to adjourn, and I agree with that part of it. But it seems to me, the way matters are moving, there is a great danger, if we get a rest of three or four days, that we will get our wind-bags filled up and make the session longer.

Dr. Dickson-I have some hesitancy in offering any remarks on this motion, because it may seem that it is a personal matter with me. I live exactly 304 miles from here, and, unfortunately, the train accommodation to that remote part is not such as will enable me to reach home, if you adjourn $t$-day, till Monday at five o'clock ; and it will take me another day before the meeting of the Council to get here to your a ljourned meeting; therefore, if we adjourn it must necessarily be, if it is going to accommodate me, for at least one week, I would very much prefer that we should no adjourn, but that this Council should continue in session until its work is accomplished. I think it would be an advant ge to us and to the profession at large that we come here to serve if we now proceed to a finish. I might further say tnat it will place all upon the same footing if we continue here till we are through-the men who live here and those who live at short or great distances will be in the same position.

Dr. Reddick-There is no doubt about it that there is quite a number of the members who live at a distance whose personal interests would be satistied by an adjournment; but the question arises in my mind, while every man in the Council would be willing to consider the personal intere ts of his fellow-members in the Council, that is not exactly what we came here for. The best interests of the Council are what we come here to attend to, and I belie e that when we come here to do this business we should finish it before we leave, especially in view of Dr. Thornton's expressions.

Dr. Rogers - I am entirely in accord with my friends, Drs. Reddick, Logan and Dickson. We all live at a great di-tance from this Council, and it makes it very difficult for us to go home and get back again ; but I do not think that this is the whole thing; as far as I am concerned myself, I know it is not, and as far as Drs. Logan and Dickson or Reddick are concerned I know it is not. We came here with the idea of attending to this matter and getting through and finishing our work. If by any reason we cin succeed, our duty is clearly and plainly to go on this afternoon and evening, if $n$ cessary, and do as much work as we can, leaving over what we cannot finish until Monday morning, and $t$ ten finish it. If we want to secure the good-will of the profession we have to think what it will look like if we adjourn for a week and then come back for prictically another session of the Coun il. I will have great pleasure in moving, if I can find a seconder, that we stay in Toronto over $\mathbf{S}$ anday, and that the members of this C suncil do not aik any pay for Sunday, except the hotel allowance. I think that is a perfectly fair thing, and I am porfectly willing to do that, and I do not think any member of the Council will not be willing to do the same.

Dr. Armour-I want it to be understood that the expenses of keeping this Council together over Sunday will be very much more than the travelling expenses connected with the adjournment.

At the request of the President the Vice-President (Dr. Rogers) took the chair.
Dr. Machecl-So far as the city men are concerned it is immaterial what you do, and whichever plan is pursued would be acceptable to us. My friend, Dr. R.rome, tells me that so far as travelling expenses are concerned, it is not the practice of the House of Commons, when an adj urument takes place, to charge again for travelling expenses, therefore, if you adjourn to-morrow and no per diem allowance is made for Sunday-the $\$ 10.00$ a day-the Coun il is ah aad to that extent and also ahead to the extent of travelling expenses.

The Vice-President-No.
Dr. Machric-In that case, Dr. Roome is not correct.
Dr. Wiliiams-There is a difference in the circumstances.
Dr. Bhar-A great difference. Members of Parliament stay there three or four months, and they get a great deal larger mileage allowance than we do. It will cost nearly $\$ 100.00$ for this Council to remain over Sunday and do nothing, anl I maint in if we charge double the amount of travelling expenses we may it won't come to half as much as that. And further, I doubt very much if the members of the H us of Commons work as hard as we do, and I for one feel like having a little rest. Perhaps we would $f$ fll in with Dr. Thornton's suggestion and get inflated a little bofore we came back, but it would be cheaper and better for m st of the members of the Council if we have an adjournment, and I would surgest that we make our adjournmant till Tuesday week, instead of next Thursday, thereby giving the members time to get their homes in order and attend to their business and make an arrangoment for a lonzer stay here.

Dr. Hairris-Mr. Vice-President, I wish to call the attention of the Council to the fact that the two heaviest committees, the Finance and Education Committees, have not reported, and that we have also not yet received the Printing Committee's report, and in those reports we have a great deal of work to do, and these committees, I understand, are not prepared to report.

Dr. Em rry-The Printing Committee is prepared.
Dr. Harris-The other two committees are not prepared to report this morning. I am in favor of an adjournment until next Thursday, or an adjournment until a week from Tuesday, as Dr. Moore suggests, or any other time, or until Monday, say at two o'clock in the
afternoon ; I wouldn't say Monday at ten o'clock in the morning, because there might be others in the same position as I. Unless I get away from Toronto at 4.50 this afternoon, I cunnot get home. I can only reach Paris, I can't reach Brantford.

Dr. Moore-The walking is good.
Dr. Harris-I do not propose to walk eight miles. If you adjourn till Monday it will give the members of the Council an opportunity to go home, and an adjournment would not debar the committees from working. There is no use of this Cuuncil meeting here further to-day that I can see, because we have gone over all the ordinary motions that are likely to come up, and the great object in our meeting is to receire and act upon the reports of these standing committees. It strikes me, therefore, that it would be wise for this Council to adjourn and for these committees to stay and complete the work and be rea y to report on Monday at any hour we my fix. But I think if you adjourn it would be more satisfactory to the members of this Council, and perhaps it would be more satisfactory to gentlemen like Dr. Logan, who live a great distance away, were we to adjourn u itila week from Tuesday. It would be no more expensire to the Council, and I really think myself it would be better to adjourn until a week from Tuesday, because gentlemen going home will be able to attend to their business matters, and come back here better fitted perhaps to go on and transact the business of this Council, and to do it with less expense to the profession, and I think perhaps, though Dr. Thornton has spoken about our getting our second wind as it were, on reflection, the members will sober down and not come back with so much wind.

Dr. Moore-They may get punctured.
The President took the chair.
Dr. Sangster-I shall not detain you very long. To very many of us an adjournment of this kind is hardly necessary, because we could slip away from Toronto to-night and come back to meet the Council by ten o'c'ock Monday morning; but there is no doubt, however, that to do so would be a very selfi $h$ proceeding on our part, and I mean to argue the question from that standpoint. As a practitioner, I know that a number of the gentlemen of this Council must have professional responsibilities of a very serious nature, and I can easily understand their great anxiety to get home, after a week of hard work, to attend to cases, many of them critical cases where the friends of the patient are perhaps somewhat reflecting upon the misfortune of the medical attendant being a member of this Council, which carries him away from his professional duties. If it would be a great boon to these gentlemen to get away for a short rest, and if, as it appears to be the case from what the President has said, and from what others have said, that that will not involve an additional expense to the Council, but the contrary, I am in favor of adjourning until next Thursday or next Tuesday week, and then come back and get through our business leisurely. I know it has been the custom in this Council, from the pressure of business at the end of the week, to rush through a great deal of work on Friday and Saturday in a very hurried manner, and sometimes not for the good of the Council. I therefore am in favor of an adjournment to either of the days spoken of.

Dr. Roome-In moving this resolution I am not doing it to favor myself at all ; I would as soon come on Monday as on any other day, but I found, on meeting a number of the members of this Council this morning, that they were anxious to get home. As Dr. Moorehouse suggested that a week from Tuesday would be a preferable day to fix for our return, I am agreeable to add that to my resolution, and change it to Tuesday week instead of Thursday. I wish also to say I sympathize with Dr. Dickson, who, I believe, is the only one of us who cannot get home to-night or to-morrow morning-the rest of us are all fortunately situated on railways. I would not wish to inconvenience any one, but there is important business that has not yet been touched, and there has been a great deal of excitement in the country over it, and I think we should deliberate it well before finishing our work, and I think we shou'd then go home and lay what we are doing before our constituents.

Dr. Henry - I am opposed to an adjourument, for the reason that a great many of us cannot come back here, and I want to be here to represent my constituency. Some other of our members are 1 kely to have to leave for the military camps, and they cannot be here. I think if we talk less we can push through our business, and get through it by Monday night. The medical men throughout the country in the last campaign were led to believe that the old Council were wasting the time and spending the money of the College by useless talk. I think there has been a great deal too much talk here, and we have squandered a great deal of time on questions that need not have been taken up-

Dr. Bray-The old or the new C.,uncil?
Dr. Henry-The old Council and the new. Some of those gentlemen of the new Council who made it a point in their discussion throughout the country and in the papers to say that the old Council was wasting the time and money of the profession by useless discussion have been the most active gentlemen to be guilty themselves of the fault they found in others, and have thus prolonged the session. I believe if we had worked and done
less talking we could have got home to-night, as has been always the case since I have taken a seat in the Council ; and we have had as much w rk in the past as in this session, and we were always able to get through and get home Saturday night. Of course, as I only live fifty miles west, possibly I could run home to-night and return Monday, but I am willing to take the suggestion of the Vice-President, Dr. Rogers, to remain and forego my per diem allowance on Sunday. I think it would be a reflection on the Council and its members to have an adjournment to receive the reports of one or two committees.

Dr. Reddick - There seems to be a doubt as to whether the members can charge for Sunday or not ; and the question also arises, can we charge for our expenses in going home?

Dr. Campbell-We may decide, if we remain, to pay for Sunday; or, if we decide to go home, we may allow for double fares.

## Dr. Reddick - If you don't pay for Sunday, I will go home.

Dr. Shaw-I think every one has made some remark about this, and I would feel out of order if I did not say something, and I would not like to be out of order before I go home. I would like to know whether men who go home can charge for return mileage? If they can, it will make very little difference whether we adjourn or whether we remain over and continue in session and finish Monday or Tuesday, because the return milerge, as calculated last night, at eight cents a mile, was something less than $\$ 300$ - $\$ 290$. I thiuk ; and the per diem allowance for thirty members would be $\$ 300$ or $\$ 350$ in round figures, so as a financial point I do not think it makes very much difference. If it is only that much difference, I think it is a question we shoul 'n't consider. It makes very little difference to me personally whether we adjourn or continue in session, so perhaps I am in a position as well as anybody, excepting the members residing in Toronto, to give a disinterested opinion ; and I think if we adjourn for a few days or a week we will come back, as suggested by Dr. Thornton, very much more windy, and the probability is our session, will be equally long and the expenses will be greatly in excess of continuing the session a reasonable time to-day and meeting at a reasonable time on Monday morning. I was afraid if I didn't make a remar i on this that when I went home they would say I wasn't here,
when so many had spoken. when so many had spoken.

Dr. Britton-This discussion has already cost the Council, I suppose, between $\$ 100$ and $\$ 200$, therefore my words will be very few. I wish to call your attention to this fact, that the most important committees, or some of the most important committees, have extended one, and all. The Education Committee, whose report is ordinarily an even made a partial resort report this year is an extraordinarily long report, has not be elicited by the presenting of this report will necessitate the Council remaining bly for, perhaps, a full day. At any rate, there are a great many matters to be spoken of, and therefore I think it would be far better that we should adjouru until either Thursday or a week from next Tuesday; it will not make it any more expensive to do that, and it will take several days after that before our work is completed.

Dr. Fow ler-I would suggest that the motion be amended to read two o'clock instead of ten o'clock; we cannot get from the east here at ten o'clock in the morning, unless we
travel at night.

Dr. Roome consented to the amendment to two o'clock.
The President then put the motion as follows :
"Moved by Dr. Ronme, seconded by Dr. Luton, that when the Council adjourn it stands adjourned until 2 p.m. on Tuesday, 2 th inst.," and, on a vote having been taken, declared it c irried.

Dr. Henry asked that the yeas and nays be taken.
The Registrar then took the yeas and nays as follows :
Machell, Moore, Moorhouse, McLaughlin, Roome, Sangster, Thorburn, Thornton. Luton,
Nays: Drs Moorhouse, McLaughlin, Roome, Sangster, Thorburn, Thornton.
Rogers, Shaw, Williams.
Yeas, 17 ; nays, 11.
Moved by Dr. Williams, seconded by Dr. Graham, and
Resolved, -That each member of the Council be and is hereby requested to get from his constituents during the year their views as to the advisability of having legaliz medical tariffs, and any further information that may be of use in arriving at a decision on this question.

The President put the motion.
Dr. Wrlliams-I just wish to say that a number of members of the Council have spoken to me, urging me to bring forward some such resolution as this, and that perhaps some important information might be gathered up during the course of the year ; and in order to further their views and, to some extent, my own as well, I think we could not have too much information on a subject of that kind, and I have brought in the resolution.

Dr. Roome-Wouldn't it be better to have it come from the Registrar to all the medical men, throughout the year? It is with some difficulty that some of the representatives could get that information, while if a series of questions were asked by the Registrar, mailed to each doctor in the province, when the answers came back we would be better able to form a conclusion than by each one of us doing it himself ; therefore I will move in amendment that the Registrar be instructed to send a series of questions on this line to each member of the profession in the Province of Ontario.

Dr. Dicks jn-I think it would be better for this to be done by the Registrar, because of the uniformity of the answers and the information we would be in possession of ; otherwise we wou:d get such a great variety of answers, not many to the point ; and I think, also, it would be particularly desirable, notwithstanding that the Registrar will carry out the resolution as it is placed before the Council, that it would become the duty of every representative to see that those in his constituency give attention to it by a personal appeal from himself.

Dr. Graham-I think the Registrar has quite sufficient to do without this, and I think, with a little trouble, each representative might get some information such as would justify us in taking a proper step.

Dr. McLaughlin-There is no reason why both these views should not prevail. Dr. Williams' motion is simply requesting that each member will gather information and bring it back here when we come to the Council ; surely that is a wise resolution. If Dr. Roome desires the other plan, let it be a substitutionary motion, and have the information obtained as he suggests; but surely the other method ought to be carried out, and we will certainly come back with more information than we have now.

Dr. Britton-I might express the feeling of a considerable part of the profession in this matter, as I saw evidenced in the reception of the report of the Committee on Legis'ation by the members of the Ontario Medical Association at its last meeting. In that report the recommendation was that it would be wise for the territorial representatives of this Council to confer with their constituents for the purpose of securing their views in this matter and helping towards the desired end.

The President put Dr. Williams' motion, and, on a vote having been taken, declared it carried.

Dr. Armour-May I ask if the Committees on Finance and Education will be prepared to meet on the Monday before the adjourned meeting of the Council to proceed with their work? If that is done it will greatly facilitate matters when we reassemble.

Dr. Rogers-The members cannot come back here on Monday from away down east.
Dr. Armour-If we meet on the afternoon of Monday I think we can get our report ready so far as the Finance Committee is concerned, and to be ready then for the Council meeting on Tuesday.

The President-To my mind there would be no objection to a committee meeting; but I think, as the resolution already adopted is that when this Council adjourns it stands adjourned until two o'clock on Tuesday, that a committee would not be entitled to be paid for their meeting ; that if they meet it would be a gratuity on their part.

Dr. Sangster-I think Dr. Armour's suggestion is a very valuable one, and that if the chairman of the Eucational Committee, which is a very large one with a great amount of work to do, and work that cannot very well be huried, were to ask the members of it to be present in Toronto in time to meet at nine o'clock on the morning of Tuesday, the 25th, so as to have their business prepared for the Council on its assem ling, I think there is not a member of that committee but would agree to that proposition, and that would not involve coming a day sooner, but merely coming in the morning instead of the afternoon.

Dr. McLaughlin-I think it would be well to instruct the chairmen of all these committees, as they are occupying high and honorable positions, to work in the meantime to have their reports ready.

Dr. Moore-I have no objection to be here on Tuesday morning, but I do not think the train gets here quite early enough to permit me to attend a meeting at nine o'clock ; if 10 or 10.3 is fixed, I will travel all night to get here.

The President-This is a matter that would have to be arranged by the committees. I think if the chairmen of the committees would look over their papers, and the members of the committees would think the matter over, that when they meet they would be ready to get on very much more expeditiously, and that should be arranged by the committees themselves, and not by the Council.

Dr. Bray-I have no objection to the Finance Committee meeting on Tuesday morning

Dr. Thorburn-In reference to the Finance Committee, I have consulted the majority here and they will be very happy to attend on Tuesday morning at ten o'clock, and in the meantime we will consider the matter.

Dr. Britton-If I work hard on my committee during the interval and do my little
best, I hope the Council will accept every suggestion made in the report of the Educational Committee.

Dr. Roome-Has the Registrar yet prepared the list of members in arrears asked for by Dr. Brock's motion ?

The President - It is in course of preparation, and those returns will be brought down as soon as the Council meets at its next session. I had a copy of the returns in my hand, and the typist is working now making the other copies. It is a heavy piecs of work, preparing this return, but the Registrar will have a copy laid on the desk of each member at our adjourned meetiug.

None.
INQUIRIES.

REPORTS OF SPECIAL AND STANDING COMMITTEES.
Dr. Bray presented the report of the Committee on Discipline, as follows :
Your Committee on Discipline beg leave to report that they have met and organized by appointing Dr. Bray, chairman. and that the matters referred to them by this Council are under consideration. All of which is respectfully subinitted.

John L. Bray, Chairman.

Dr. Bray-The Discipline Committee honored Dr. Logan by offering him the position of chairman, but he said the duties were so heavy and the time at his disposal so limited, that he could not accept it. I think that, as an old member of the Council and of the committee, he shou'd have had the chairmanship.

Dr. Luton presente. 1 the report of the Printing Committee, as follows :
Your committes report progress, and ask leave to sit again re Report of Printing Committee. Carried.

Dr. Luton-Of course it is understool that under this printing contract the stenographer's fe sare to be paid to the Cuncil by the Ontario Medical Jourval, and we have the promise from Dr. Orr that the announcement in future will be in better form and better printed.

## CONSIDERATION OF REPORTS.

Moved by Dr. Bray, seconded by Dr. Logan, that the report of the Discipline Committee be adopted. Carried.

Muved by Di: Luton, seconded by Dr. Henry, that the report of the Printing Committee be referred to the Committee of the Whole.

The President stated the motion.
Dr. Armeur-I desire to know on what authority this Council grants a bonus to Dr. Orr, or authorizes the sending of a journal to the profession? I am unable to a certain that throughout the whole Medical Act any such authority is within the powers of this Council.

Dr. Campbell--I just rise to a point of order. I did not understand the subject was up for discussion. I thuught the motion was smply to refer to a Committee of the Whole.

Dr. McLaughlin-There is no motion submitted to the chair that is not subject to discussion, with the exception of "the previous question," and one other.

Dr. Campbell-I simply asked when the motion was referring a certain thing to the Committee of the Whole, whether the subject matter that wa; to be referred to them was open for discussion.

The President-As I understand it, Dr. Armour is simply asking the chair a question.
Dr. Campbell-I do not want to stop him.
The President-Dr. Armour does not propose to discuss the matter at all.
Dr. Arnour - Have I no right to discuss this question now, Mr. President?
The President-I say you have a perfect right to discuss this question.
Dr. Armjur-I know that this bonus has been given in past years under cover perhaps of the expenses connected with printing. Now, that is a legitimate expenditure. I understand the Council have power to incur expenses with regard to the printing. But I think it is not a proper procedure to use that for the purpose of bonusing a journal and sending that journal to the profession. If it should be desirable to do so, I hink we should go to the Legislature and get our Medical Act extended, giving us that power ; and yet I think even that would not be desirable, for a journal or this kind-of any kiud-is something that the Council should not undertake to send to the profession. Even though the journal was satisfactory to every single individual member of the profession, it would still be an arbitrary power for us to assume to force a journal on them.

Dr. Henry-Do you not like to be given anything?

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No. 5 .

## THE DISPENSARY EVIL.

It would seem that there is no class of men who appear so bent on pauperizing themselves as the medical profession. In our last issue we discussed the question of lodge practice; in this we will say a few words about the dispensary evil. The commencement of this was the competition between the medical schools in their anxiety to impart a knowledge of the healing art to young aspirants at so much "per impart." Each school had to provide material for clinical work, and hence the dispensary system. The professors gave their free clinics, but were indirectly paid for their attendance on the poor by the fees received from the students.

It was soon discovered that in the dispensary system was to be found the grandest method for overcoming that ethical commandment "Thou shalt not advertise." The professors found it satisfactory, for not only were they paid by the students, but their fame was spread abroad throughout the land. The reason of this was very simple; the average patient who attended the dispensary from the circumstances of the case was not seriously ill, so the percentage of cures was accordingly high, and as fame spread and patients increased, the professors grew fat and the profession stayed lean.

Then they arose, and said unto themselves, we must get before the
public. First they thought it would be wise to become professors, and to a limited extent multiplied the number of teaching bodies; but this was of no advantage to the great majority, because even after plastering the staffs out into long lists of demonstrators, assistant demonstrators, and assistants to the assistant demonstrators, they found that the demand was speedily filled with little likelihood of any further openings, for short experience had taught them that professors seldom die and never resign. They then fell back on the dispensary system. Dispensaries arose throughout the length and breadth of the city, and there was scarcely a town that could not furnish one.

The dispensary field being filled, and every hour in the day taken up by some noted specialist, the rest of the profession were in despair ; they were, however, soon taken in hand by the genial organizer of the lodge, and the last condition of affairs was worse than the first. The whole system tended to the commercialization of the profession-a work which was abundantly assisted by the public, who were quite willing to introduce the same methods into medicine that they found so convenient in groceries and dry-goods. They went to the cheapest shop, or the nearest corner, where they found that men announced as the leaders of the profession, at certain hours best suited to the public convenience, were willing, nay, anxious, to provide them with attendance presumably superior to that of their own attendant. It is
not to be wondered at that those less nice of spirit but amply able to pay took advantage of a scheme so beneficial to themselves, and the old-time family doctor became a relic of the past.

We have to-day some of the dispensaries in Toronto attended (according to the statement of one of the physicians) by ladies in sealskin sacques, and patients by the score who are easily able to pay proper remuneration for the services of a physician. We can see no reason why a doctor should be expected to give his time and services to the public any more than a lawyer or a member of any other profession. The clergyman receives a stated salary and is not dependent on his own exertions for a livelihood and has regular hours, but the physician must be at the beck and call of every charitable institution in the city. In theory, his time is devoted to the practice of medicine, by which he earns a livelihood; in fact every spare minute is devoted to giving his services free and doing everything he can to injure his own and his brother practitioner's finances. In no other walk of life, in no other profession, does such a ridiculous state of things exist. At present the physicians in large cities should see that the city itself provides a certain number of medical men, whose services can be called on at any time, for the benefit of the indigent or unfortunate. These gentlemen should be paid a respectable salary. It is the duty of the State, and not the duty of the medical profession, to look after the poor.

## Book Notices.

Dercum on Nervous Diseases.- A Text-Book on Nervous Diseases. By American Authors. Edited by F. X. Dercum, M.D., Clinical Professor of Diseases of the Nervous System in the Jefferson Medical College, Philadelphia. In one handsome octavo volume of 1052 pages, with 341 engravings and seven colored plates. Cloth, $\$ 6.00$; leather, $\$ 7.00$. List of contributors: Drs. N. E. Brill, Chas. W. Burr, Joseph Collins, Chas. L. Dana, F. X. Dercum, Geo. E. deSchweinitz, E. D. Fisher, Landon Carter Gray, C. A. Herter, Geo. W. Jacoby, William W. Keen, Philip Coombs Knapp, James Hendrie Lloyd, Chas. K. Mills, S. Weir Mitchell, Chas. A. Oliver, William Osler, Frederick Peterson, Morton Prince, Wharton Sinkler, M. Allen Starr, James C. Wilson. Philadelphia: Lee Brothers \& Co., publishers.
The American School of Neurology has been called into existence by the peculiarities of climate and modes of living which have given nervous affections preponderating importance in this country. Actual experience with the conditions found upon this continent is obviously necessary to a proper understanding and management of the cases and their great number and the exceptional interests involved have combined to attract many of the ablest medical minds of America to the study and practical development of the subject. Among the contributors to the present volume are names which will be recognized as authorities by every practitioner into whose duties nervous affections enter in any degree, and it may be added that the greater his acquaintance with the subject the greater will
be the number he will recognize in the list. In other words, the editor, Professor Dercum, has enlisted the co-operation of a thoroughly representative corps of American neurologists, who, owing to their connection with the leading medical colleges, combine full and accurate information with the best methods of instruction. It has been the guiding purpose in this work to simplify the subject and to remove many of its former difficulties. Beginning with the data of its science, namely nervous anatomy and physiology, it is adapted to the needs of the beginner, and as it proceeds to the description and treatment of general and special disease, the practitioner will find it ample for his needs in the handling of a most troublesome class of cases. The list of illustrations is largely original and singularly rich, especially in portraiture and diagrams, two classes of special importance in such a work. A number of instructive colored plates will likewise be found. In a word Dercum's Text-Book of Nervous Diseases by American Authors may rightly be termed a representative volume, alike in the subject and the manner in which it is handled, in its authorship and the educational institutions which they honor, and lastly in the form in which their knowledge is presented to a medical public uhich will assuredly manifest wide appreciation.

New Work on Consumption. -A new work under the title of Consumption: Its Nature, Causes and Prevention," over 340 pages, with illustrations, is announced, to be soon issued by William Briggs, the Toronto
publisher. The prevention of this prevalent and most fatal disease is a subject of the greatest importance. The author of this one is Edward Playter, M.D., author of Playter's "Physiology and Hygiene" (authorized for teachers), and a number of pamphlets and papers on consumption, and for twenty years editor of the Canada Health Journal. He has himself made some special investigations relating to the causes of consumption, and during a practice of over a quarter of a century given special attention to the subject. He believes, and quotes high authorities to show, that the body factor or con-dition-the so-called "soil"-arises directly and immediately from the decomposition of retained effete substances in the blood and tissues, the result of imperfect tissue metabolism, from a proportionately small respiratory capacity and want of oxygen ; and that this factor, rather than the bacillus, should be regarded as the exciting cause of the disease, often giving virulency to the bacillus, also an essential factor. Ziemssen says, of consumptives: "The respiration is not deep enough and the lungs are not well expanded ;" while the " outdoor,'" "pure air treatment," which increases the respiratory function, is universally the first and chief reliance. The author touches upon the botany of the bacillus and its possible benign character and open-air growth (Koch to the contrary notwithstanding). He believes the disease is in a degree infectious, but that preventive measures should bear rather against the body condition as the more important and preventable cause, and quotes Sir James Clark and others in support of
this. The following indicates the heads and sub-heads under which some of the preventive measures are treated: Pure air, soil, dwellings, bedrooms, respiratory exercises, sitting and lying out doors, occupation, preventing " colds," words to parents, marrying, state measures, public instruction, drainage, better inspections, sanitaria, with chapters on climatology, and a short one on the climate of northern New York, Vermont and Canada.

Twentieth Century Practice. An International Encyclopædia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M.D., New York City. In twenty volumes. Volume IV. Diseases of the Vascular system and Thyroid Gland. New York : William Wood \& Co. 1895.
The subjects treated of in the fourth volume of this popular work are few in number but of very great importance to the general practitioner as well as of interest to the pathologist. The first article, to which somewhat more than half the volume is devoted, is on diseases of the heart and pericardium. The fact that this is from the pen of Dr. James T. Whittaker, of Cincinnati, is a sufficient guarantee of its excellence. Of the 450 pages given to the article, the diseases of the pericardium take about sixty, and the diseases of the heart itself, with its lining membrane, the balance. An interesting section is that on neuroses of the heart, to which some seventy pages are devoted. The section on valvular affections also deserves special mention. Immediately following this
article comes one on diseases of the blood-vessels by Dr. A. Ernest Sansom, of London, who is well known as an authority on these affections. This paper, of about one hundred pages, is followed by one on diseases of the lymphatic vessels by Dr. Bertrand Dawson, also of London. The closing article, and one of contemporaneous interest, is by Dr. George Murray, of Newcastle-onTyne, on diseases of the thyroid glanid, including myxoedema, cretinism, exophthalmic goitre, and goitre, as well as inflammations and neoplasms. The editor's selection of Dr. Murray to present the subjectof myxœedema is peculiarly appropriate, since it is to him that we owe the introduction of the thyroid-gland treatment which has robbed this disease and its close relative, cretinism, of their terrors. Naturally, the author goes very fully into the history and mode of application of the thyroid treatment, taking up in their order the successive steps by which this triumph of therapeutic art has been reached. This is the first time, we understand, that the subject has ever been presented in systematic form, outside of journal articles, by the originator of the method. Some of the illustrations in this article, reproduced from photographs, showing the results of treatment, are very striking. Dr. Murray has an easy and pleasant style, and his account of this wonderful discovery is ably written. This volume, in respect both to the importance of the subjects treated and the reputation of the authors, maintains the high standard of excellence set by those which have preceded it in the series.

## Personal Items.

Dr. G. B. Smith, of Elm Street, has resumed practice.
Dk. J. Noble has opened a branch office at 314 Queen Street east.
Dr. McDonogh has moved to the south-east corner of Church and Gerrard Streets.

Dr. Perfect has returned to Toronto Junction, and has again taken up practice there.

Dr. Shannon, who some years ago resided on McCaul Street, has removed to New York State.

Dr. Scott has moved from 177 Ossington Avenue and has taken up his residence on College Street.

Dr. J. E. Graham has taken up his residence at 329 Church Street, the house till lately occupied by Dr. Geo. McDonogh.

Dr. Wm. Kerr has removed from 197 Dovercourt Road, and has taken up practice at Cayuga. His brother, Dr. Tom Kerr, has succeeded him in the city.

An order in Couneil was passed on November 5 th by the Provincial Government confirming the order in Council granting a retiring allowance to Drs. Moses Aikins, J. Ferguson and W. W. Ogden.

Dr. W. W. Bremner, who for the past year has resided at 39 Bloor Street east, with his wife and three children, left on the 6th inst. for New York. From there they sailed on the Lucania to Liverpool, and thence back again to South America. The doctor will be engaged in missionary work.

## Births.

Fotheringham.-November 9th, at 39 Carlton Street, the wife of Dr. J. T. Fotheringham, of a daughter.

## Marriages.

Tuck-Notman. - On November 6th, at 7 p.m., by the Rev. W. G. Wallace, at Bloor Street Presbyterian Church, John A. Tuck, M.D., of Gorrie, to Florence Maggie Notman, daughter of the late John Notman, Q.P., of Toronto.
McKeague-Henderson.-At the residence of the parents of the bride, on Wednesday, November 6th, by the Rev. J. W. Rae, brother-in-law of the bridegroom, Samuel A. McKeague, M.D., L.R.C.P. and L.R.C.S., Edinburgh, to Alison Telford, only daughter of D. Henderson, Esq., M.P., all of Acton.

## Deaths.

Beatty.-At Cobourg, November 5 th, 1895 , entered into the "rest that remaineth," Eleanor Armstrong, aged 85 years and 5 months, for over sixtytwo years the beloved wife of John Beatty, M.D.

Treating and Aborting of BoIls.- The Clinical Journal has this on the subject: It is desirable to have other resources than the knife and the antiseptic lotion in the treatment of boils, inasmuch as the mere mention
of the lancet is painfully distressing to some over-sensitive natures. Van Hoorn employs a method which fulfils the threefold condition of being antiseptic, comparatively painless, and said to be very effectual. He first makes the patient's body aseptic by washing the whole of it quite clean with tepid water and potash soap. He then proceeds to a still more perfect purification of the boil and the surrounding inflamed parts by having thoroughly washed with corrosive sublimate solution of the strength of 1 in 1,000 . Here perhaps we may interrupt our description by the suggestion that a solution of the biniodide of mercury, which, according to Bolsheolsky, Luff, Illingworth, and others, is a safer and more powerful germicide than the perchloride, might be employed instead. Having made the outer parts thoroughly aseptic Van Hoorn completely covers the furuncle and its immediately surrounding area with a phenol and mercurial plaster. This he changes daily. Of course it may be changed oftener if necessary. If the furuncle has reached the definitely purulent stage it bursts. The contents are then thoroughly squeezed out and the cavity cleansed with the sublimate solution. It sometimes happens, however, that the treatment is commenced before fluctuation has declared itself, and in that case absorption and abortion may be looked for. It is said that the results obtained are excellent. The inflamed parts quickly return to the normal state, cicatrization is rapid, and the cure is both pleasant and prompt. It would be well that this method of treatment should be extensively tried.


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Spot Specialism-Refers to that kind of professional thought that confines its observation too exclusively to a particular locality, organ, or group of organs. The general medicine of Hippocrates, and followed by that of Sydenham, blamed the liver for most of the diseases, and Abernethy traced everything to a disordered stomach. Nervous atony precedes as well as follows hepatic torpor and dyspepsia, and malaria is a frequent cause of the atony and congestion. When one is ill, the entire system is more or less in need of attention-not simply the most afflicted spot. In treatment of constipation we now see the need of drugs, such as nux vomica and belladonna, to impress the whole system, instead of relying on mere cathartics. Neurasthenia and brain exhaustion
are often the forerunners of dyspepsia, and the resulting distension of the stomach by gases leads in turn to irritable heart and disturbed respiration. Numerous other disorders are mentioned, and the influence of a disturbed nervous system is easily traced in most of them. - C. H. Hughes, M.D., in Alienist and Neurologist.

Harmfulness of Cough Mix-TCRES.-Speaking of cough mixtures the editor of the Charlotte Medical Journal has this to say: The great harm these products produce is almost unlimited, and should be regarded as a relic of ancient and unscientific methods of practice. Cough mixtures, as a general rule, do more harm than good, and their reckless
[Continued on page 58 ?

## CHEAP BOOKS.

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Briish Medical Journals and New York Medical Tournals, about seven years of each, unbound ; Medical and Surgical Report of United States War, immense $\$ 10.00$ volume ; Report of Cholera in Europe and of United States Board of Health, two very large volumes; Illustrated London News, 1887-93, seven years; Century Magazine, $1885-93$, nine years; Popular Science Monthly ( $\$ 5.00$ magazine), seven years, to ' 93 ; forty to fifty Medical and Health Reports, many bound, useful for eferenec or to add to library, would be "thrown in" to one buying the lot.

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and indiscriminate use should be carefully considered by physicians. A patient comes to you with a cough. The first thing you do is to give him a cough mixture, and nine times out of ten the principal ingredient is opium. 'Tis true opium may lessen the tendency to cough, but it does a great damage by arresting the normal secretions, and the system becomes affected by the poisons from the kidneys, the skin, stomach, intestines, the pulmonary structures and the mucous membrane lining the upper air passages. You might as well take a brush and varnish your patient all over as to fill him with cough mixtures. Death is almcst as certain from one as from the other, and yet they recover often in spite of the
cough mixture. Not only do these damnable mixtures arrest every secretion in the body, but they also show their deteriorating and degrading effect through the stomach. They contain nauseants which tend to disorder and derange digestion. Do not give your patients cough mixtures.

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No. 45.-A half interest in proper'y and practice in town of 5,000 population in Michigan is offered. The practice is largely a-contract mining and mill one. The doctors holding it at present receive a cheque each month from the mines of $\$ 400$, and have done so for the past six years: besides, there is a large income from private outside practice, One of the parties has received a professorship at a university, and wishes to dispose of his interest before removing. Price for said half interest? 23,500 eash.

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Hysterical Amblyopia and Amaurosis.-Wemaydefine hysteria to consist of such a condition of the nervous system, original or acquired, as renders it capable of simulating most local diseases, of complicating them in their-progress and modifying them in their usual phenomena. Defective vision is one of the less familiar forms. This special form of functional trouble, not due to alcohol or tobacco, is by no means a common one ; this is' especially true in regard to the cases of amaurosis ; those of amblyopia and narrowing in the fields of vision being more frequently met with. The onset is usually sudden following a shock, and there is usually more or less photophobia, and sometimes anæsthesia of the cornea. Local examination shows no other symptoms. Complaint is made of ocular or supra orbital pain
and great sensibility to light. There may be absolute loss of sight, generally in one eye, or only amblyopia and reduction of the field of vision. Four cases of this condition are reported, the treatment by hypnotic suggestion alone being successful in three of them; but the fourth, although somewhat relieved by this, was cured only after the expulsion of a tapeworm by malefern. A fifth case was totally unaffected by hypnotism. In the discussion which followed, Dr. Prince, of Boston, stated that hysterical patients when hypnotized could often accurately describe sensations, sounds and appearances which they had been impressed with in their normal condition, but had at that time seemed ignorant of.- $J$. Arthur Booth, M.D., in Journal of Nervous and Mental Diseases.

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Pseudo-Chancre.-Gottheil, in a paper read before the Section of Dermatology and Syphilography of the American Medical Association (N.Y. Medical Journal, Sept. 28th, 1895), concludes: "Reinfection syphilitica does occur, hut the recorded cases that are entirely trustworthy are very few indeed. Analysis shows that most of the alleged cases are open to grave doubt, and that some of them are manifestly errors of diagnosis. The following lesions may simulate chancre: (a) Artificial indurations caused by irritants applied to simple lesions. (b) Nodular lymphangites, as occur in gonorrhœea. (c) Scabies, where penile lesions are the rule. (d) Secondary indurations at the site of the initial lesion [Fournier's pseudo - chancre]. (e) Secondary
syphilitic papules or tubercles situated upon the genitals. ( $f$ ) Ulcerative gummata of the genitals. (g) Epitheliomata of the genitals. Two such cases have recently come under the author's observation. In the first one, a non-specific sore was irritated with, cauterizants until it exactly resembled a sclerosis, and was so diagnosticated by competent authorities. Nevertheless it healed up under local treatment alone, and until now, two after date, no secondary symptoms have appeared. The other case was one of gumma of the penis in a subject in the tertiary stage of syphilis. The lesion resembled an initial one very closely, and was at first regarded as such ; but a close examination showed the presence of evidences of past specific disease, and
[Continued on page 588


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> C. A. McBRIDE, M.D.,
this was confirmed by the history. The entire lesion melted away under the iodide of potassium. Conclusions : 1. There is no characteristic sign, and no characteristic combination of signs, that enables us to diagnosticate a chancre from the lesion alone. 2. Only the advent of other syphilitic symptoms enables us to form an opinion as to the presence of systemic infection. 3. Almost all the alleged cases of syphilitic reinfection are of doubtful validity, and most of them are pseudo-chancres belonging to one or other of the above varieties."

Treatment of Epilepsy, with Especial Reference to the use of Opium.-Joseph Collins (Medical Record). About a year ago, Professor Flechsig, of Leipzig, published a short article on a new method of treating epilepsy, which, in his hands, had given most gratifying results. It consists in administering opium in the shape of the extract or pill in large doses for a period of six weeks. The dose of opium in the beginning is from one-half to a grain, and this is gradually increased until the patient is taking about fifteen grains a day

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in doses of from one to four grains. The maximum dose is reached by the end of the first week. At the end of six weeks the opium is stopped suddenly, and for it bromide of sodium, or potassium, in doses of one-half drachm, four times daily is substituted. After these large doses of bromide have been kept up for some time, the dose is gradually decreased until the patient is taking less than two scruples a day. The sudden cessation of administering the opium and the exhibition of the bromide is quite essential. Notwithstanding the fact that no sinister results accompanied the administration of opium in such large doses, still, it should be stated that anyone who would apply this plan of treatment must be watchful and scruti-
nizing, especially during the first week, until the patient becomes accustomed to the large doses. The most satisfactory results were obtained in very chronic epileptics, and particularly those who were not responsive to large quantities of bromide. In epilepsy dependent on or associated with gross organic lesion of the brain the treatment seemed to give better results than in pure idiopathic epilepsy. By gross organic lesion is meant epilepsy associated with defective development. The writer sums up his conviction as follows: I. The plan suggested by Flechsig is not a specific in the treatment of epilepsy. 2. In almost every case in which this plan of treatment has been tried there has been a cessation of the fits for a [Continued on page 59 ?

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greater or less time. 3. A relapse generally occurs in a period of a few weeks to a few months. 4. The frequency of fits after the exhibition of opium is, for the first year at least, lessened more than one-half. 5. The attacks occurring after the relapse are much less severe in character than those that the patient has been accustomed to having. 6. This plan of treatment is particularly valuable in ancient and intractable cases. 7. In recent cases of idiopathic epilepsy it cannot be recommended. 8. The opium plan of treatment is an important adjunct to the bromide plan as ordinarily applied. 9. The opium acts symptomatically and merely prepares the way for and enhances
the activity of the bromide and other therapeutic measures. Io. This plan of treatment permits the use of any other substances which are known to have a beneficial action in epilepsy.

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Paid Policy-holders . . . . . . \(1,427,818.32\)
Assets
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# Alphabetical Index of Formulæ. 

(Continued.)

## Hay-Fever. -

Cocaini muriat........ gr. v.
Aq. destillat......... $\mathrm{f}^{\mathrm{ij}} \mathrm{ij}$.
M. Sig.: Apply with a camel'shair brush to the nasal passages.Sajous.

$$
\begin{aligned}
\text { R } & \begin{array}{l}
\text { Pulv. boracis } . \ldots . . . . . . . . ~ g r . ~ x x . ~ \\
\text { Pulv. capsici.......... gr. xv. } \\
\text { Pmmon. carbonatis ... gr. x. }
\end{array}
\end{aligned}
$$

M. Make a fine powder and place in a two-ounce bottle. Sig. : Shake the bottle well and inhale the powder that rises.-Granville.
R. Zinci valerianat........ gr. j. Pil. assafoetidæ comp .. gr. ij.
M. Sig. : One or two pills to be taken two or three times daily.-Sir Morell Mackensie.

$$
\begin{aligned}
& \text { R. Quiniæ muriat....... gr. iv.-viij. } \\
& \text { Aquæ } \\
& f^{7} \text {. }
\end{aligned}
$$

M. Sig. : Apply to the nares with a brush or atomizer--Bartholow.
b. Nitroglycerine (I per cent. solution. ...... gtt. v.
Tr . rhus toxicodendron (recent)
Ex. grindelia robusta. 3 iv.
Ex. berberis aquifolium $f_{z} \mathrm{j}$.
Tr. prickly ash (with Jamaica rum) q. s. ad $f\left(\begin{array}{l}\text { vj. }\end{array}\right.$
M. Sig. : Two teaspoonfuls in a little water after meals.-Amer. Prac. and News.

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## CALIFORNIA FIG SYRUP CO.

Hay Fever (Continued)-
B Antipyrin............. $3_{3} \mathrm{ss}$. Syr. aurant. cort........ f $\mathrm{z}_{\mathrm{j}}$. Aquæ...............ad $\mathrm{f}_{\boldsymbol{Z}} \mathrm{iij}$.
M. Sig.: Teaspoonful one to three times daily.-Cheatham.
$\mathrm{B}_{\mathrm{k}}$ Syr. acid. hydriodici... f Ziv.
Sig. : Teaspoonful every two hours. -Judkins.

## Headache.-

$\mathrm{B}_{2}$ Caffeini citrat.,
Ammon. carb...........āā $Я$ j.
Elix. guaranæ........... f $\ddagger$ j
M. Sig. : Teaspoonful every hour until the pain is relieved.-Hurd.

R Tr. belladonnæ
f $\overline{3}$ s.
Sig. . Six drops every three hours.
(Congestive headache.)-Ringer.

B Ammonii chloridi. . . . . gr, iss.
Morphinæ acetat. . . . . . gr. 1/8.
Caffeinæ citrat. . . . . . . . gr. $\frac{1}{20}$.
Spt. ammoniæ arom... $\pi^{1 / 3}$.
Aq. menthæ pip....... 3 ss.
Elix. guaranæ..q. s. ad 3 j.
M. Sig. : Dose, one teaspoonful.

B Caffeinæ citrat. Sodii bromid Antipyrin gr. xl. 3 ij .
M. Et ft. in chart. No. $x x$. Sig. One powder in water as needed.Hare.

B Pulv. capsici........... gr. xij.
Ex. colocynth. comp... gr. iv.
Ex. gentian.......... gr. xxiv.
M. Et ft. pil. No. xii. Sig. : One pill three times a day. Twenty-five grains of sodium bromide to be taken at night. (Congestive headache.) Da Costa.

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## Hay Fever (Continued) -

Bx Sodii arseniat......... gr. ${ }^{\text {™ }}$.
Ex. cannabis indicæ... gr. 1/6.
Ex. belladonnæ....... gr. 1/3.
M. Et ft. pil. No. i. Sig. : Pill twice daily.-Little.
$\mathrm{B}_{\mathrm{k}}$ Phenacitin. gr. viij.
Ft. chart No. I. Sig. : One powder every three hours.

Rk Antipyrin
3 ij .

Aq. destillat f z iss.
Tr. cardam. comp..... ${ }^{\text {f }} \mathbf{3}$ ss. Syr. aurant. cort........ f₹ $\mathfrak{z}$.
M. Sig. : Dessertspoonful every hour until relieved.-Engel.
B Zinci phosphidi gr. iij.
Ex. nucis vomicæ gr. $x$.
M. Et ft. in pil. No. xxx . Sig. : One pill after each meal.-Barker.

| R |  |
| :---: | :---: |
|  |  |

M. Sig. : Tablespoonful every three hours. (Uræmic headache.)A. A. Smith.
R. Tr. nucis vomicæ...... $\mathrm{f} 弓 \mathrm{ss}$.

Sig. : One drop in a little water frequently. (Bilious headache with nausea.)-Ringer.
$\mathrm{B}_{k}$ Caffeinæ citrat
Phenacetin
gr. xviij.
Sacch. alb
gr. xxxvj.
M. Et ft. chart. No. xviii. Sig. $=$ One powder every hour or two until relieved.

R Potass. citratis......... $\ominus_{\mathrm{j}}$.
Spt. juniperi .......... f § $^{\mathrm{j}}$.
Spt. æther. nitro . . . . . . Mixx.
Infus. scoparii ......... fz j .
M. Sig. : To be taken three times a day. (Uræmic form.)-Day.

## Heart Disease.-

Be Potass. iodid
gr. v.
Ex. digitalis fl
Mij.
Ex. convallari. majalis f $\mathrm{m}_{\mathrm{Lx}}$.
M. Sig. : For a dose repeated after each meal. (Dilated heart.)-Delafield.

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[^3]
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## Heart Disease (Continued)-

H Pulv. digitalis. . . . . . . . gr. xxx. Ferri sulph. exsiccat. . . gr. xv. Pulv. capsici.......... gr. xl. Pil. alœ et myrrhæ..... 3 ij .
M. Et ft. pil. No. 1x. Sig.: One pill night and morning. (Chronic heart trouble, with constipation.)-Fothergill.

B Tr.strophanthi $(\mathrm{I}-2 \mathrm{O}) \ldots \mathrm{f} 弓 \mathrm{j}$.
Sig. : Five to fifteen drops three times daily. (In fatty heart and valvular disease.)-Fraser.
H. Pulv. digitalis,

Pulv. ferri,
Quiniæ sulphat...... 3 ss.
M. Et ft. in pil. No. xxx. Sig. : One pill three times a day. (In palpitation due to anæmia and chlorosis.) -Gerhard.

B Tr. veratri viridis...... $\mathrm{f} 弓 \mathrm{ss}$.
Sig. : Five drops three times daily. (In hypertrophy.)-Bartholow.

B Tr. digitalis........... $\mathrm{f}_{3} \mathrm{ij}$.
Sig. : Ten drops three times a day. (In irritable heart with palpitation.) -Da Costa.
B. Ex. ergotæ fl.......... f $\mathcal{Z}$ iiiss.

Tr. digitalis. f 3 ss.
M. Sig. : Teaspoonful three times a day. (Enlarged heart without valvular lesion.)-Bartholow.

B Ferri redacti, Pulv. digitalis, Quiniæ sulphat...... āā $\ominus$ i. Pulv, scillæ.......... gr. x.
M. Et ft. pil. No. xx. Sig. : One pill three or four times a day. (In fatty heart, dilatation of cavities and mitral regurgitation.-Bartholow.

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The first edition of this valued work was considered as nearly perfect as could be; but in this, the second edition, we find that the noted writer has made many important additions as well as several sections re-written and corrected. Some of the additions
include the article on typhoid fever in Section I. thoroughly revised up to date, and that on malarial fever in large part re-written. The subject of diphtheria has been completely recast and extended to twenty pages. The article on septicæmia and pyæmia has been re-arranged and largely re-written. Short descriptions of the bubonic plague, and of the foot and mouth disease, have been added. In Section II, the articles on gout and diabetes have been extended and a description of infantile scurvy and of the hæmorrhagic diseases of the new-born has been added. In Section III. there has been added an account of eczema of the tongue, and of leukoplakia, and under chronic tonsillitis will be found additional details regarding the
[Continued on page 604

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Heart Disease (Continued)-
Be Potass. iodid ..... 3 j .
Potass. bicarbon. ..... 3 iij. ..... f 3 xij.
Infus, buchu
Infus, buchu
M. Sig. : Two tablespoonfuls threeor four times daily. (In hypertrophy.)
-Fothergill.
R Tr. digitalis ..... f 3 ij.
Tr. belladonnæ ..... f 3 j .
Tr. cardamom. comp. ..... f ${ }^{\mathrm{ij}}$.
Elix. simplicis ..... f 3 j.
M. Sig. : Teaspoonful in waterafter meals. (In hypertrophy.) - DaCosta.
B Sol. nitro-glycerin (I

$$
\text { per cent.). . . . . . . . } f \approx \text { j }
$$

Sig. : Two to four drops three times daily for two weeks; then use the iodides. (For atheromatous condition of the heart.)-Huchard.
B. Ex. convallariæ majalis

$$
\text { fl................... f } z_{j}
$$

Sig. : Five drops every four hours. (In aortic and mitral insufficiency.) See.

## B Tr. digitalis.:........ f 3 ij .

Spt. chloroform ...... f 3 v .
Infus. buchu ......... f $\boldsymbol{Z}_{3}$ xij.
M. Sig. : Two tablespoonfuls in wineglassful of water three times a day. (In simple cardiac debility.) Fothergill.

B Tr. nucis vomicæ..... Mxxiv.
Tr. digitalis ......... $\mathrm{f} \boldsymbol{Z} \mathrm{j}$.
Ex. cascaræ sagrad. fl.,
Ex. berberis aquefol.,
Elix. simplex........āā $f \bar{z} j$.
M. Sig. : Teaspoonful in water three times a day. (When constipation exists.)-Van Winkle.

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\begin{aligned}
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& \text { Death Claims Paid in Canwa, over - - } 1,000.000 \\
& \text { Total Death Claims Paid Exceed - - 2 } \mathbf{3 , 0} 00,000
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 B Vini cocæ (Mariani) . . OjSig. : Wineglassful three times a day. (In overstrain of the heart.) Robinson.

> B. Tr. aconiti. .........................
> Tr. verat. viridis ....... gtt. iij.
> Syr. zingiberis....... gtt. vij.
> M. Sig.: This dose t. d. (In hypertrophy.) - Da Costa.

## Hemorrhage. -

Br Morphiæ sulphat. . . . . . . gr. $\underset{\text { Ergotinæ. . . . . . . . . . . gr. iij. }}{\text { Min }}$
M. Sig. : Use hypodermically.Gross.

B Aluminis...............gr. vj.
Aq. destillat .......... $\mathrm{f} Z \mathrm{iij}$.
M. Sig. : Use in an atomizer fre-quently.-Hare.

B Ergotinæ. . . . . . . . . . . gr. xvj.
Syr. aurant. fl......... f $f_{z} \mathrm{j}$.
Aquæ .................. f $z^{2}$ iij.
M. Sig. : Tablespoonful every three hours.-Bonjean.

Br Acid. gallici............ 3 j.
Glycerinæ ............. f $\mathfrak{z}$ ss.
Aq. destillat..........f $\boldsymbol{z}_{Z} \mathrm{vj}$.
M. Sig. : Two tablespoonfuls threetimes a day.-Farquharson.
Br Acid tannici
Glycerinæ. . . . . . . . . . . . f 5 ij.
Aq. destillat.... q. s. ad $f \bar{Z}$ viij.
M. Sig. : Use in atomizer fre-quently.-Hare.

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Be Acid. acetici dil. ...... $z_{\text {iv. }}$
Sig. : Apply locally. (For cuts, leech-bites, etc.)-Ringer.

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M. Ft. pil. No. x. Sig. : One pill every four hours.-Bat tholow.

Use opium or morphine to quiet patient.

B Morphiæ sulphat...... gr. iij.
Tr. damianæ,
Tr. rhois glab........āā $f 弓 \mathrm{ij}$.
M. Sig. : Teaspoonful every four hours. (In hæmorrhage from kidney or bladder.)-J. H. Hammond.

B Argenti nitrat. fusæ. . . . q. s.
Sig. : Wipe the wound dry and apply locally.-Ringer.

B Potass. carbonat
Saponis 3 ij.

Alcoholis
M. Sig. : Use as stypic, especially for operations about the face.-Josep/2 Pancoast.

Bk Ol. terebinth f3 iij.
Ex. digitalis fl........ f $\mathrm{F}_{\mathrm{j}}$.
Mucil. acaciæ......... f\% ss
Aq. menthæ pip ...... f $f_{\S} \mathrm{j}$.
M. Sig. : Teaspoonful every three hours. (In passive hæmorrhages.) Bartholow.

Be Infus. digitalis......... f $₹$ ij.
Tr. krameriæ........āā $f$ そ j .
M. Sig. : Tablespoonful as re-quired.-Bartholow.

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R. Iodoform . . . . . . . . . . . 3 ii.-iv. Adipis benzoat....... $\overline{3}$ j.
M. Sig. : Apply locally after washing.

R Ex. hamamelis fl...... f $Z$ iv.
Sig. : Inject some into the rectum and apply pledgets of lint soaked in this solution.-Hare.
R. Cocain. hydrochlor . . . gr.

Ex. belladonnæ 3 j.
Acid. tannici 3 ij .
Ungt. petrolati ........ $z^{\mathrm{jij}}$.
M. Sig. : Apply night and morn-ing.-Alrich.

M. Sig. : Use locally:-Shoemaker.

Be Tr. nucis vomicæ..... $\mathrm{f} \boldsymbol{3} \mathrm{j}$.
Ex. ergot. fl........... f $\mathrm{f}_{\bar{z}} \mathrm{j}$.
M. Sig. : One teaspoonful three to four times a day. (For bleeding piles.)-Bartholow.

Bk Atropiæ sulph......... gr. j. Tr. ferri chlor. . . . . . . gtt. xxx . Vaseline 3 j.
M. Sig. : Apply locally. (For internal hæmorrhoids.)-Laplace.
B. Ceræ flavæ ........... Bviij. $^{2}$

Resinæ. . . . . . . . . . . . . $Э$ iv.
Adipis ................ 3 s:
Ol. sassafras........... . Mxl.
M. Sig. : Melt wax, resin and lard together; when the mixture shows signs of stiffness, add the oil of sassafras and stir until cold. Apply locally. -Charity Hospital, N. Y.

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## Hemorrhoids (Continued.)-

B Glycer. acid. salicylic., Glycer. acid. boraci, .āā f3 iv. Acid. carbolic . . . . . . . . f3 iij.
M. Sig. : Inject five to ten minims into each tumor.-Shufford.

M. Sig. : Apply after each evacuation of bowels. Of course, contents of bowels should be kept in soluble condition.-Medical Mirror.

Be Acid. gallici........... . gr. x.
Ex. opii,
Ex. belladonnæ. .... āā gr. iv.
Ungt. simplicis . . . . . . . $\overline{3}$ iv.
M. Sig. : Apply night and morn-ing.-Hare.

The external nodules having been washed with a solution of 2 per cent. carbolic acid, or I per cent. creolin, in water, and then dried with absorbent cotton, they are anointed with the following:
Br Chrysarobin. . . . . . . . . . gr. xij.
Iodoform. . . . . . . . . . . . gr. ivss.
Ex. belladonnæ. . . . . . . gr. ix.
Vaseline . . . . . . . . . . . . . 3 vi $1 / 4$.
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shrivel away almost completely within three to four months.-J. M. Kossorndski.

Sig. : Apply locally as a wash at bedtime.-Witherstine.

| B | Po | 3 iij . |
| :---: | :---: | :---: |
|  | Glycerinæ . . . | f 3 iiss |

M. Sig. : Apply locally to ease pain.-Ringer.
B. Pulv. teucrii scordii..... $\boldsymbol{Z}_{Z} \mathrm{ij}$.
M. Sig. : Apply after each action of bowels. - R. B. Cruice.
B Tr. hydrastis can...... $f z^{j} j$.
Sig. : Five minims three times daily, internally.-Phillips.
B Hydrarg. chlor. mit. ..... 3 ij .
Ungt. petrolei. ..... $z^{2}$.
M. Sig. : Apply twice daily.Bartlett.

## Hiccough.-

B Hydrarg. chlor. mit. . . . gr. j. Sacch. lact. 3 ss. M. Et ft. chart. No. xii. Sig. : One powder every hour. (In obstinate cases with extreme debility.)Gerhard.

Bx Pilocarpinæ muriat.... gr. $\frac{1}{36}$. Aquæ $\pi x$. M. Sig. : Inject hypodermically. -Ortille.

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## Hiccough (Continuea.)-

B. $\begin{aligned} & \text { Zinci valerianat. . . . . . . gr. ix. } \\ & \text { Ex. belladonnæ . . . . gr. iij. }\end{aligned}$
M. Et ft. pil. No. xij. Sig. : One every six hours as required.-Danet.

## R Apomorphiæ muriat... gr. 10. Aquæ Mx.

M. Sig. : Inject hypodermically. -Ringer.

## Hydrocephalus.-

$$
\begin{aligned}
& \text { R Potass. iodid . . . . . . . } 3_{\mathrm{fs} .-\mathrm{j} .}^{\mathrm{s} .} \\
& \text { Syr. aurant. cort. } \ldots \ldots,
\end{aligned}
$$

$$
\text { Aquæ................... ad } \mathrm{f} 3 \mathrm{Z} \text { iv. }
$$

M. Sig. : Teaspoonful every two hours for an infant of six months.J. Lewis Smith.

$$
\text { Bx Ungt. hydrarg......... } \bar{z} \mathrm{j} .
$$

Sig.: Rub into scalp, and take

B Potass. iodid.
Aq. menth. pip.
gr. xij.
M. Sig. : Teaspoonful three times a day.-Hasard.

Bx Ol. tiglii. .............. Miij.
Mucil. acaciæ........ f 3 ij.
Aquæ. ................. f $_{3} \mathrm{j}$.
M. Sig. : Take the fourth part every four hours. (To remove fluid from ventricles.)-Dunglison.
$\mathrm{B}_{\mathrm{x}}$ Collod. cum cantharadis f 3 iv .
Sig. : Paint the back of neck every few days.-Hartshorne.
H. Pulv. digitalis,

Hydrarg. chlor. mit.,
Pulv. ipecac........ āā gr. ij.
Sacch. alb.
gr. x .
M. Et ft. chart. No. xii. Sig. : One powder every three or four hours. (In subacute form.)-Condie.

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Hypochondria. -
B) Auri chloridi. . . . . . . . . gr. i.-iss.

Ex. gentian. gr. xv.
M. Et ft. pil. No. xxx. Sig. : One pill three times a day. (In anæmic cases.)-Bartholow.
B. Potass. bromid......... $\overline{3}$ ss.
Div. in chart. No. xii. Sig. : One powder well diluted three times a day. -Ringer.

R Liq. potass. arsenitis... $\prod_{\text {xl }}$.
Tr. opii................ f 3 ss.-j.
Aq. menthæ pip......ad $\mathrm{f} Z$ iss.
M. Sig. : Teaspoonful three times a day. (In old people with gloomy fancies.)-Lemare-Picquot.

B Mist. assafætidæ...... f § iv.
Sig.: One or two tablespoonfuls three or four times a day.-Bartholow.
B. Spt. lavandulæ comp... f $\bar{z}$ ss. Spt. ammon. aromat.. . . f 3 ij. Mist. assafætidæ...... f $\ddagger$ vss.
M. Sig. : From one to three tablespoonfuls three times a day.-Ainslie.
$\mathrm{B}_{\mathrm{x}}$ Tr. opii deodorat. ..... f f ss.
Sig. : Five to ten drops three times a day-Krafft-Ebing.

## Hysteria. -

B Zinci valerianat. . . . . . . gr. xxiv.
Div. in pil. No. xii. Sig. : One pill four times a day and the following at night:
B Chloral hydrat gr. $x$. Sodii bromid gr. $x x$.
M. Et ft. chart. No. i. Sig. : Take at bedtime.-Da Costa.
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$\mathrm{B}_{\mathrm{k}}$ Pulv. camphoræ,
Ex. eucalypti........āā gr. xij.
M. Et ft. pil. No. xii. Sig. : One pill every three hours.-Bartholow.
B Tr. opii deod ..... f 3 iss.
Tr. castorei. ..... f 3 iiss.
Tr. valerianat. ammon.,
Spt. æther. comp.....āā fZ vj.
M. Sig. : Teaspoonful in waterevery two hours. (For laughinghysterics.)-Gerhard.
$\mathbf{R}_{1} \operatorname{Tr}$. avenæ concentrat. . $\mathrm{f} \boldsymbol{\xi}$ ss.of hot water at bedtime.-Waugh.
B. Liq. potass. arsenitis... f $\bar{Z} \mathrm{ss}$.three times a day after meals.-Bartholow.

## Be Tr. opii................ f 3 j. <br> Tr. nucis vomicæ...... f $\mathrm{Z}_{\mathrm{ij} .}$

M. Sig. : Three drops in water three times a day. (For weight on the head, flushings, and hot and cold perspirations.)-Ringer.
B. Ex. conii fl.,

Ex. hyoscyami fl....āā Mvij.
Chloral hydratis ...... gr. x.
Aquæ...................ad $\mathrm{f}_{\mathrm{Z}}^{\mathrm{j}}$.
M. Ft. haustus. Sig. : To be taken at a single dose and repeated as re-quired.-Madigan.
B) Ammon. bromidi. ..... 3 ij .

Spt. ammon. aromat . . f 3 j .
Aquæ ............... $f \tilde{z}_{\boldsymbol{z}}$ iv.
M. Sig. : Dessertspoonful well diluted three times a day.-Hartshorne.

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Hysteria (Continued).-
B Ex. salicis nigræ,Elix. simp.āā $f z$.
M. Sig. : Teaspoonful three times
a day.-Hutchinson.
Impotence.
Rk Zinci phosphidi ..... gr. ij
Confect. rosæ ..... Ə .
M. Ft. massa et div. in pil. No. xxiv. Sig. : One to three pills thrice daily.-Bartholow.
$\mathrm{R}_{2}$ Tr. cantharidis gtt. vj.
Tr. ferri chlor ..... gtt. xv.-xx.
M. Sig. : Take thrice daily well diluted.-H. C. Wood.
B. Ferri arsenitis
Ergotini (aq. ext.) ..... gr. v.M. Ft. pil. No. xxx. Sig. : Onenight and morning.-Bartholow.

Bx Ex. cannabis indicæ,

$$
\begin{aligned}
& \text { Ex. nucis vomicæ...āā gr. xv. } \\
& \text { Ex. ergotæ aquosi. } \ldots . . \overline{\mathrm{j}} \text {. }
\end{aligned}
$$

M. Et ft. pil. No. $x x x$. Sig. : One pill morning and evening.-DaCosta.

$$
\begin{aligned}
& \text { B Tr. Sanguinariæ...... f } \mathcal{Z} \text { iij. } \\
& \text { Ex. stillingiæ fl....... fZ } \mathrm{f} \text {. }
\end{aligned}
$$

M. Sig. : Fifteen or twenty drops in water three times a day-Bartholow.
R. Pulv. sanguinarix
gr. ij.
Ex. ergotæ
Э j .
M. Sig. : One pill three times a day.-S. O. Potter.

## B. Ex. vanillæ f. <br> f ${ }^{2} \mathrm{j}$.

Sig. : Teaspoonful at bedtime. Gerhard.

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B. Atropinæ sulphat .... gr. j.

Aquæ................. $\mathrm{f}_{\text {§ }} \mathrm{j}$.
M. Sig. : Four to eight drops in water. (For children.)-Bart/olow.
$\mathrm{B}_{\mathrm{k}}$ Lini cantharidis ...... $\mathrm{f} \boldsymbol{Z}$ ss.
Sig. : Paint high up over the nape of the neck, a space three inches by two inches, till blistered.-Harkin.
Br Acid. benzoic ........ 3 ij .
Aq. cinnam........... fz fj .
M. Sig. : A tablespoonful three times a day.-Hartshorne.
Rx Strychniæ sulphat.... gr. g.
M. Sig. : Fifteen to thirty drops for a chiid of six to twelve years.Magendie.

Bk Ex. rhoïs aromat. fl... f] iij.
Elix. aromat.......... $f Z$ iss.
Aq. cinnam....q. s. ad f $\mathrm{Z}_{\mathrm{iij}}$.
M. Sig. : Half teaspoonful, to be increased to one teaspoonful, four times a day, after eating.-Powell.

## Inflammation.-

## Fever Mixtures.

$\mathrm{Bk}_{\mathrm{k}}$ Potass. bromid ........ $\mathrm{Gi}^{2}$ iv.
Tr. belladonnæ....... Mxxxij.
Tr . aconit. rad........ gtt. viij.
Spt. ætheris nit........ f 3 iij.
Mist. potass. cit...q. s. ad $\mathrm{f} \boldsymbol{3}$ viij.
M. Sig. : One tablespoonful every two to three hours. Keep in a cool place.-White.
$\mathrm{B}_{8}$ Morph. acetat........ gr. j.
Sacchar. alb .......... 3 ij.
Spt. ætheris nit ....... f $\mathcal{Z}_{\mathrm{ij}}$.
Liq. ammonii acet ... $\mathrm{f}_{\mathbf{Z}}$ iv.
Aq. camphoræ....q. s. ad $f=$ viij.
M. Sig. : One tablespoonful every two to three hours.-Ashurst.


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Liquor Mangano-Ferri peptonati (Hockin, Wilson \& Co.) is a clear, dark-brown liquid smelling of cloves; it is acid to test paper and contains 0.6 per cent. of iron with 0.1 per cent. of manganese. The iron is in organic combination, as is evidenced by the following tests: Ammonia gave no precipitate and potassium ferrocyanide or sulphocyanide no rusult till acidified with hydro-chloric acid. Ammonium sulphide protuced an immediate black precipitate. Manganese was separated and subsequently recognized by the test, which depends upon the formation of green manganate when the mental and its compounds are fused with soda, and upon the formation of red permanganate when the alkaline mass so obtained is aciditied with sulphuric acid. In spite of the presence of these metals peptone was discovered by the biuret test. It is an ingeniously preparod and reliable product and may doubtless be administered with distinct ad, antage in cases where the readily oxidisable metals present are indicated. Moreover, it is agreeable to the palate and devoid of styptic taste.
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16 oz., 8 oz., 4 oz. Bottles. Bottles free.


## nemboury Hockin, Wilson \& Co.

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Inflamation (Continued).-
B. Morph. acetat........ gr. $2 / 3$.

Tr . aconit Mx.

Spt. ætheris nit ...... f $\mathcal{Z}$ iij.
Mist. potass. cit...q. s. ad $f 弓$ ₹j.
M. Sig. : Two teaspoonfuls every one to two hours.

## Laxatives.

R Hydrarg. chlor. mit... gr. iij.
Sodii bicarb .......... 3 j.
M. Ft. pulv. No. xxiv. Sig. : One powder every hour.
R. Hydrarg. chlor: mit ... gr. iv.

Sodii bicarb
Pepsinæ 3 j.
M. Ft. pulv. No. xxiv. Sig. : One powder every hour.

Add 3 ij of Rochelle salts to the white paper of a Seidlitz powder, take it and follow it every two hours by 3 ij of Rochelle salts until bowels move.-Goodell.
Bk Syr. rhei aromat
Aquæ. f ${ }^{3}$ ss.
Magnesii sulph...q. s. ad sat. sol.
M. Sig. : A teaspoonful every hour or two until the bowels move.
R. Hydrarg. chlor. mit ... gr. j.

Sacch. lactis .......... 3 j .
M. Ft. pulv. No. xii. Sig. : One powder every one to three hours. (For children.)
Rk Pulv. glycyrrhizæ comp. $\bar{Z}^{\text {ss }}$.
Sig. : One teaspoonful in water Repeat every two hours if necessary


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AND BUCKEYE TIRES

On July 12, at the Exhibition Track, the Two-Mile Handicap was won by Cecil Elliott, on a Gendron Racer, with A. H. Reid a close 2nd, on a Gendron Racer. There were about 25 contestants in this race, but, of course, could not win. They did not ride a Gendron Racer and Buckeye Tires,
July 13th-Kingston Road 10 mile Record lowered by 34 seconds on a Gendron Racer, by R. E. McCall.
July rst, at Brampton, the Gendron Racer crossed the tape first SIX TIMES.
July I3th, Island Track, I mile 2.40 class, was won by J. H. Gratz, on his Gendron Racer, with R. E. McCall, on h's Gendron Racer, a close 2nd.
The same night the Gendron Wheel, ridden by R. E. McCall and J. H. Gratz, crossed the tape ist three times; 2nd three times ; 3rd twice.

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## GENDRON MANUFACTURING CO. Ltd.

Ingrowing Toe-nail.$\mathrm{B}_{\mathrm{t}}$ Liq. potassæ ........ f 3 ij .
Aquæ $f 弓$ j.
M. Sig. : Apply with pledgets of cotton-wool.-Norton.

$$
\begin{aligned}
& \text { B Acid. tannic............ } \boldsymbol{Z}_{\mathrm{j}} \text {. } \\
& \text { Аquæ ..............f } \mathrm{f} \text { vj. }
\end{aligned}
$$

M. Sig. : Paint soft parts twice daily.-Miall.

$$
\begin{aligned}
& \mathrm{B}_{x} \text { Pulv. plumbi acetat ... } 3 \mathrm{j} \text {. } \\
& \text { Tr. opii } \\
& \text { f } \boldsymbol{Z}^{\mathrm{j}} \mathrm{j} \text {. } \\
& \text { Aquæ ...............ad } \mathrm{f} \boldsymbol{3} \text { viij. }
\end{aligned}
$$

M. Sig. : Shake well and apply constantly until the inflammation is reduced ; then separate the granulating surface from the nail and insert a small pledget of cotton; then use :

## B. Argenti nitrat. . ...... . gr. xxx . Aquæ. $\mathrm{f}_{3} \mathrm{ij}$.

M. Sig. : Apply two or three times daily with a brush.-Davidson.

Insomnia. -
Br Atipyrin . . . . . . . . . . 3 i.-ij.
Syr. aurant. cort. . . . . . . $\mathrm{f} \frac{3}{3} \mathrm{j}$.
Aq. cinnam . . . . . . . ij.
M. Sig. : A tablespoonful every hour or two till effective.-Williams.

Bx Antimonii et potass. tartrat gr. i.-ij.
Morphiæ sulphat........ gr. iss. Aq. laurocerasi............ f $\mathfrak{z} j$.
M. Sig. : Teaspoonful every two, three, or four hours as required. (In the wakefulness of fevers. - Bar. tholow.

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Insomnia (Continued).-
B. Methylal..............


Syr. aurant. flor...... $\mathrm{f}_{\mathrm{Z}} \mathrm{iv}$.
M. Sig: A tablespoonful at bed-time.-Richardson.

> B. Atropiæ sulphat...... g. 1/4
> Morphiæ sulphat . . . . . gr. xij.
> Acid. acetic gtt. x.
> Aquæ f $\mathrm{Z}_{\mathrm{iij}}$.
M. Sig. : A teaspoonful once or twice daily. (In cases of depression and low temperature.) - Gerhard.
R Sulphonal . . . . . . . . . . gr. xxx.
Syrupi . . . . . . . . . . . . . f $\boldsymbol{Z}_{3} \mathrm{ij}$.
Mucilag. acaciæ ....... ${ }^{\mathrm{f}} 3 \mathrm{ij}$.
Aquæ...........q. s. ad $\mathrm{f}_{\mathrm{z}} \mathrm{j}$.
M. Sig. : Half to all of this at one dose, as may be required.-Hare.

Treatment of Insomnia in Surgery.-George G. Van Shaick in the N. Y. Medical Journal reaches the following conclusions on this subject: I. Insomnia from whatever
cause is an important complication of surgical disorders. 2. Its relief is necessary to the comfort of the patients, improves prognosis and materially assists recovery after operations. 3 . Where pain is the chief factor morphine is the only drug that will relieve with certainty. 4. There are many surgical disorders in which insomnia may be relieved by trional ; and, finally, 5. Trional is an excellent drug for the purpose, as it acts rapidly and safely, has no inhibitory action upon the secretions, seems to possess a stimulating effect, is well borne by the stomach, is easily absorbed by the rectum and fails to produce unpleasant after-effects. Van Shaick gives a 15 gr . dose, to be repeated in one hour if necessary, and directs attention to the importance of relieving the insomnia which so many patients suffer for a few days in anticipation of an operation.

## Do You Read?

The following New Publications have just been received:

Senn's Principles of Surgery (New Edition).
Practical Obstatrics. By Grandin and Jarman.
Shoamak r's Materia Medica and Therapeutics (New Edition).
Treves' Systom of Sur er $\gamma .2$ vols.
Nervous Diseases. By American Authors. Edited by F. X. Dercum.

Senn's N N Book on Tumors.
A Syst $m$ of Legal Medicine. By Allan Mclank hamilton.
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[^1]:    * Read before the Canadian Medical Association at Kingston, August 30th, 1895.

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