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OBSTETRICAL TECHNIQUE.

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Mr. Chairman, Ladies and Gentlemen,—It is not my intention to take up this subject exhaustively, but rather to present a few points in the routine management of obstetrical cases for discussion. For the purpose of this paper I use the term technique to include all the routine procedures from the engagement to attend a confinement to the last visit. The subject naturally divides itself into three main heads, viz., Pregnancy, Labor and Puerperium.

The management of pregnancy should be placed in the physician's hands as soon as the woman realizes her condition, and the physician, on his part, should accept his responsibility, and be ready to instruct and direct his patient upon matters which it is well she should be informed for her own good.

Such matters as clothing, exercise, bathing, rest, diet, care of breasts and nipples, regulation of bowels, etc., are all of sufficient importance to warrant their being gone into in detail with the patient early in pregnancy. A little information on the subjective signs of the complication of pregnancy may be the means of leading many women to apply for assistance before it is too late. To do this requires the spending of time which it is not always convenient to take from other more pressing cases. To save myself, and at the same time do justice to my patients, I have been in the habit of supplying each patient with a small booklet giving the required information in concise form at the first consultation.

After trying various ways of supplying this information to each patient, in written or printed form, I have adopted the booklet issued by an American Supply House in which all this and much more useful information is contained. Some may object to this plan in that it would appear to be advertising that particular firm's goods, but the book supplies me with what I want without expense, and if indirectly the publishers reap benefit it is nothing to me.

By having such books available in sufficient numbers to hand one to every woman who engages me to attend her, I am saved the time necessary to explain things to her, and she doubtless has the points more firmly impressed upon her mind by frequent perusal of its pages.

Having provided her with this information, taken a brief history, including past illnesses, previous pregnancies and labors, and the present pregnancy, and posted in my diary the days on which routine urinary examinations are to be made, it will not be necessary to see her again till about the sixth month.

At about the sixth month it is my custom to visit my patient at her own home, or have her come to my office, when I make a general physical examination of the chest and abdomen including the taking of the external pelvic measurements.

This examination is directed especially to the detection of heart murmurs so far as the chest is concerned, and the estimation of the size of the pelvis and thickness and strength of the walls, so far as the abdomen is concerned. Where the external measurements of the pelvis suggest the probability of contraction or deformity, I proceed to the internal measurement, usually with the patient under an anesthetic. I make this physical examination at this time in order that I may be informed of physical defects or deformities sufficiently early, to admit of my taking measures which may be indicated in good time.

Under preparation for labor are included the physician's outfit, the patient's outfit and abdominal palpation.

It is not my intention to inflict upon you just what I think should be included in the physician's equipment for an obstetrical case, but I will say that in my opinion every man who undertakes to attend a labor should provide himself with adequate means and appliances for the proper handling, not only of the ordinary normal cases, but of the recognized complications as well, without any improvising.

Complications, which in the presence of suitable appliances and adequate preparation may give us little concern, may in the absence of these become most serious, with the patient taking all the chances. A professional man should not require to "send back to the shop" for anything, while his patient is in danger, nor be

driven to improvise surgical appliances out of household implements.

While there are many appliances which it is convenient to have in one's valise, though not absolutely essential, two or three little essentials might be mentioned which are frequently found wanting. Sterile gauze in sufficient amount to pack the uterus and vagina; transfusion appliances both intravenous and interstitial; means for the rapid preparation of a proper normal saline solution such as one would use if he had plenty of time to get ready, should, I think, always be found at hand ready for emergencies.

But the most elaborate equipment of instruments and appliances are of little avail unless one's technique is such as to maintain the genital tract in a sterile condition throughout the whole case. A plentiful supply of sterile sheets, towels, absorbent cotton, pads and such things should have been prepared by the nurse, or under the physician's direction by the patient herself before labor commenced, and liberal supplies of hot and cold sterile water must be available throughout.

It is a simple matter to secure boiling water in most houses in a very short time, but *cold* sterile water is a different proposition, and cannot be had at a moment's warning unless preparation has been made for it in good time.

Dr. J. B. Cooke, of New York, has, I think, solved this problem most satisfactorily. He has what he calls obstetric boxes always ready for use, each containing, amongst other things, a couple of gallons of cold sterile water, put up in a way that it cannot become contaminated. One of these boxes is sent to the house of his patient at least three weeks before the estimated date of confinement, and is thus ready for any emergency. I have found this plan a most admirable one, not only in the matter of supplying sterile water, but from the fact that the box can be made to accommodate basins, etc., which are too cumbersome to carry in one's satchel, and which at the same time cannot be obtained in a private house in the form in which one would like to have them.

With a well equipped satchel, an obstetric box, and a plentiful supply of sterile linen dressings, etc., prepared by the nurse in good time, one can very readily convert the patient's bedroom into a well appointed operating room, and be in a position to conduct a case to its termination in a reasonably sterile manner, even should complications unexpectedly arise. The possibilities and dangers of infection are at least as great in obstetrics as in other surgery, and the best results can only be obtained by the same thoroughness in detail that has made it possible for surgery to advance to the place it now occupies.

The advisability of an early recognition of the position and presentation of the foetus is a point upon which, I am sure, we are all agreed, but there does not appear to be a very general adoption of the plan of determining this matter by abdominal palpation, before labor has commenced. With a little practice anyone can become proficient in the diagnosing of position and presentation by this method, and while one will at times make mistakes or be unable to come to a definite conclusion, the errors and failures are infinitely less than by the ordinary vaginal examination during labor, while the information is obtained before labor has started which not infrequently is a matter of great importance. It is a fact that the position and presentation found by abdominal palpation a couple of weeks before labor or not infrequently changes before the beginning of labor and the value of the information obtained thereby would appear therefore not to be great.

I have watched this phase of the question somewhat closely for some time, and find that the changes which occur in the last week or two, are in the vast majority of cases from what one might term abnormal to normal positions; thus while I have not infrequently seen a posterior position change to an anterior, and in a few instances a breech turn to a vertex, I have but rarely seen the reverse take place, so that I can feel reasonably certain that an anterior position will still be an anterior at labor, and if the suspected posterior has already rotated so much the better for my patient.

On the other hand I must confess that I do not like to place much reliance on the ordinary vaginal examination *early* in labor, while in difficult cases accurate diagnosis may be much interfered with later on by the formation of a caput succedaneum.

The routine use of abdominal palpation in the latter weeks of pregnancy for the recognition of positions and presentation, will demonstrate to anyone that occipito-posterior positions are far more frequent than we are usually taught, and my experience with such cases has been that failure to recognize such a position is responsible for as much difficulty during labor and invalidism afterward, as nearly all other complications put together.

I therefore feel that anything which will assist us in the early recognition of malpositions, because it is upon that that successful management depends, should be made a part of the routine management of every case.

To avoid delay at the time of the physician's first visit it is well to instruct the patient to take an enema, followed by a full warm bath as soon as she is satisfied that she is in labor; the nurse completing the preparation by disinfecting her from the umbilicus to the knees with whatever solution the attending

physician may prefer. It would be superfluous for one to go into the question of asepsis before the members of this association, but if I may I would express my own views that the mechanical sterilization with the use of rubber gloves is the most effective means of dealing with one's hands.

The routine use of anesthetics where pains are even moderately severe, throughout both the first and second stage, should, I believe, be as much a part of our technique in these cases as the watching of the urine in pregnancy or the sterilizing of instruments before use. Apart altogether from a humanitarian standpoint, which in itself is ample justification, the controlling of pain is so much in the interest of the patient that I am convinced that it should be undertaken as a matter of course.

Throughout the first stage morphia alone, or combined with hyoscine, should be administered hypodermically in sufficient doses to distinctly lessen the severity of the pains. It is well that no morphia be given within two hours of delivery, and if one follows the plan of withholding it after the beginning of the second stage there will be no difficulty on this score. In the second stage and in precipitate cases chloroform should be used.

Injuries of the pelvic tissues are of so frequent occurrence and of such far-reaching importance that all are agreed as to the necessity of their repair, and that need not be urged here, but there are one or two points which I feel are worthy of some discussion in connection with this matter because they have a direct bearing upon one's routine management of his cases. In the first place I believe that prolongation of the second stage of labor beyond a period of three hours increases the probability of laceration, and that the forceps, properly used, even where this be the only indication for their use will do much to prevent tearing.

Long drawn out labors are fraught with danger to both mother and child, not only because of the complication which causes the prolongation but simply from the fact that they are prolonged.

Another question which is of some interest to me is the time at which repairs should be done. Generally speaking one would unhesitatingly say, at once. There are two classes of tears, viz., those which injure the pelvic floor, and those which do not. I take it that we all repair the second class for the purpose of closing a possible channel of infection, while the first class demand attention for the restoration of the injured muscle and fascia. Acting upon this principle I have been in the habit of leaving important tears as a rule for twenty-four hours or even more, and proceeding with the stitching under the best conditions obtainable. There are many advantages in this plan, viz., absence of bleeding, rest in the interim for all concerned, opportunity for

resterilization of appliances, a choice of light and table with consequent greater exactness in the approximation of torn tissues and lessened danger of post partum hemorrhage from the administration of an anesthetic shortly after the separation of the placenta.

The Puerperium.—The routine use of the binder is general and time honored, and doubtless it does possess some virtues, but personally I am convinced that he who trusts to it to prevent hemorrhage is living in a fool's paradise. Rather than apply a binder for the prevention of what I considered a threatened hemorrhage I would specially direct in such a case that no binder be applied, but that the nurse leave the abdomen free for constant or frequent inspection as to the condition of the uterus.

As a support to the strained pelvic joints the binder is undoubtedly a great source of comfort to the patient, but as an abdominal constrictor for the prevention of hemorrhage it is, in my humble estimation, a failure, and applied as such a source of discomfort to the patient. Like the binder, ergot is fast losing its place in obstetrical routine, not that it is of no service—I am not prepared to go that length—but I do think that it is unnecessary.

Where the uterine muscle is feeble and contractions poor I believe ergot is indicated, and in large doses, but that is not the usual cause of hemorrhage, rather I think, must the cause of such be looked for in retained membrane placenta or clot, which appropriate treatment will remove, and with it the danger of hemorrhage and apparent indication for ergot.

The care and management of the infant I do not intend to go into, but one matter I feel should receive more attention from the physician, and that is the protection of the infant and the preservation of its body heat immediately after birth. A child which has been living in an even temperature of from 98 to 100 degrees is suddenly expelled into a temperature of perhaps 60 or 65 degrees, should receive some protection from currents of air during the time that the procedures necessary before it can be removed are being completed.

The only point I would emphasize in the management of the puerperium is the practical value of the regular recording of the progress of involution. Should the patient's temperature rise or other things suggesting sepsis make their appearance it may be of vital importance for one to be able to decide whether or not to explore the uterus. If involution is proceeding satisfactorily we have very good grounds for assuming that the uterus is not infected, and that therefore we are not only not justified in interfering with it but that such a procedure is distinctly contraindicated. We must look elsewhere for the septic focus. On the

other hand with a rising or stationary fundus with evidence of sepsis we not only may, but must proceed to the cleansing of the uterine cavity as soon as possible.

Of course to be of value a fundus chart, as with a temperature chart, must be regularly posted. The ordinary temperature chart answers the purpose perfectly, the 100 deg. line being taken as the fundus level, each degree above representing one inch.

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THE MORE IMPORTANT GERMS FOUND IN AURAL DISCHARGE, WITH SOME CLINICAL AND PATHOLOGICAL MANIFESTATIONS.*

BY GILBERT ROYCE, B.A., M.B., TORONTO.

OF late years considerable attention has been paid to the study of the bacteriology of aural discharge, with the view of determining what relation existed between the various micro-organisms and certain clinical and pathological phenomena. Although considerable progress has been made towards establishing a direct relation, much yet remains to be done, for there are some forms whose action cannot be determined, occurring, as they do, almost invariably, in association with other micro-organisms.

The admixture of germs that must necessarily occur in the discharge from the external auditory canal, has led many to view results from the examination with considerable doubt, and to look upon them as interesting from a scientific standpoint only; but, even should the mixture be especially luxuriant, a predominating form can be very frequently found, which, should the case go on to operation owing to mastoid complication, will be found in almost pure culture in the bone.

The longer the duration of the discharge the more mixed the infection is likely to be, so that the examination is far more valuable in recent cases. It is possible to reduce considerably the variety by first irrigating the canal with sterilized water and making the smear from the pus, as it pours from the opening in the tympanic membrane.

In the New York Eye and Ear Infirmary it has been the rule for some years past to make a microscopical examination of the discharge from the auditory canal of all recent cases on admission to the institution. Should the cases go on to operation on account of mastoid complications, smears are also taken from the mastoid pus. In only a small percentage of cases does the report of the examination of the discharge from the canal differ from that of the mastoid pus. To be explicit, should the report of aural pus designate streptococcus with mixed germs, meaning streptococcus predominating, almost invariably the report of mastoid pus designates streptococcus. This is borne out by a series of over five hundred reports which the writer looked over, and by many smears which he had the opportunity of examining.

Although countless varieties of micro-organisms are present in

*Paper read before the Ophthalmological and Oto Laryngological Section, Academy of Medicine, March 24th, 1908.

aural discharge, it is the purpose of this paper to mention only a few of those, the clinical significance of which is established.

By far the most important germ is the streptococcus pyogenes, for this organism is found either alone or in association in almost all cases of a fulminant type. Cases showing this germ mixed with such germs as the pneumococcus, the staphylococcus, or the spirillum of Vincent, exhibit especial malignancy.

Streptococcus infections are usually characterized by rapidity of onset, high fever, acute pain, marked local inflammatory action, and often septic aspect in the subject. The discharge is thick and creamy even from the commencement and copious in amount. They seldom yield to abortive treatment, and either go on to operation or a chronic discharging ear results. The number of chronic discharging ears with a history of having commenced during childhood as the result of an attack of scarlet fever, shows the tenacity of this organism. It also shows its tendency to chronicity, a feature which is characteristic of it.

Its action on the mastoid is frequently evidenced by rapid and extensive bone involvement leading to various complications, such as epidural abscess, perisinus abscess, or sinus thrombosis.

Dench, some years ago, conducted a series of investigations regarding the efficacy of abortive treatment in various infections, and found that 86 per cent. of pure streptococcus cases came to operation; when mixed with other organisms, 90 per cent. These were all acute cases.

Another form of streptococcus which has only of late years attracted attention is the streptococcus mucosus capsulatis. Dixon, the pathologist of the New York Eye and Ear Infirmary, some two years ago drew the attention of the profession to the peculiar action of this organism, and the writer was able during his service at the above institution to observe a considerable number of cases in which this germ appeared to be the etiological factor.

As little can be found in any but the very recent text-books on bacteriology concerning this form, it may be of interest to describe it in some detail.

It is a micrococcus that appears singly, in pairs, and chains bearing a capsule including the single coccus, and stains with all the usual aniline dyes; best, however, with dilute Ziehl, and is positive to Gram's method. It is non-motile and does not form spores. It is aerobic, facultative anaerobic, does not grow well in all laboratory media. The media is not liquefied. It grows best in Loeffler's solidified blood serum, and appears between 8 and 12 hours at 37 degrees C., as a shiny, flat, transparent, viscid-looking growth.

Its cultivation is poor on other media. It is very pathogenic for rabbits. Inoculation in the peritoneal cavity causes death in twenty-four hours.

Its peculiarities from a clinical point of view may be gathered from the following observations:

Acute cases of purulent otitis media, where the streptococcus capsulatic predominates, generally do well provided an early and free incision of the drum is made. The same is true if complicated with mastoiditis, and early operation is resorted to, but every day after two weeks, provided the discharge continues unabated, is fraught with danger to the patient, no matter what the symptoms are, and in those cases existing six weeks or over, the germ still being present in the discharge, every case operated on has been found to have sustained remarkable bone destruction, and this too often in the face of the fact that the patient may present a normal pulse and temperature, be entirely free from pain and tenderness, and profess a feeling of well-being and improvement in hearing. The blood may or may not show high polynuclear percentage. In other words, given a case of acute purulent otitis media, complicated with mastoiditis, in which the germ is the streptococcus capsulatic, whether the acute symptoms subside or not, but the discharge and germ persist for from two to four weeks, the mastoid will generally be found soft enough to be removed with a spoon. This will certainly be true after six weeks, and in addition the dura may be found exposed over a considerable area.

The above is the outcome of observations extending over a large number of cases.

On account of this tendency to a latent process in neighboring structures, patients showing this variety of infection require careful watching after the cessation of the first symptoms.

It may be noted here, too, that this form has been found with sufficient frequency in diabetic mastoids to attract attention.

One of the most frequent forms found in aural discharge is the staphylococcus pyogenes.

It is not commonly found alone, being usually associated with other forms. Some observers claim that it only occurs as a secondary infection. However this may be, its association with such organisms as the streptococcus and pneumococcus seems to favor their action. Cases showing staphylococcus predominating in a mixed infection or alone, are generally mild in character and readily yield to ordinary measures of treatment.

This might be expected from a consideration of its characteristically local action in other parts of the body, no tendency to spread being shown; in this it differs markedly from the streptococcus.

In recent cases of staphylococcus infection the pus is often thin, mucoid and stringy in character, and should mastoiditis complicate necessitating operative measures, considerable bone involvement is rare.

As to the importance of the pneumococcus as an etiological factor in the production of middle-ear disease, with its complications, there is some diversity of opinion.

Recent investigations, however, seem to show that when it occurs in comparatively pure culture the cases are generally mild in character and do well under ordinary treatment, but when associated with the streptococcus unusual malignancy is exhibited.

Although many other organisms, more or less important in connection with middle-ear disease, could be mentioned, the rôle they play as causative factors is not clear, therefore reference to them has been purposely avoided.

Under the microscopes are three smears of stained pus taken from purulent mastoids. The first is the streptococcus pyogenes, the second the streptococcus mucosis capsulatis, showing the capsule very plainly, and the third the pneumococcus. Attention is called to the fact that the smears are almost pure cultures of these organisms, that were, no doubt, the cause of the disease in each case from which they were taken.

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MEDICINE DEMANDS A HIGHER PRELIMINARY EDUCATION.

BY JOHN HUNTER, M.B.

A CASUAL comparison of the conditions that existed, say half a century ago, and those of the present time, should convince the most sceptical amongst us that a very radical change, both in the degree and character of the preliminary education of medical students is absolutely imperative. Neither the literary nor scientific standard now required for matriculation in medicine meets the present conditions. Neither is in keeping with the advancement that has taken place in medical science; and both alike fail to prepare the medical student for the work that confronts him in his course through college, and afterwards, in practice. The very defective character of his preliminary literary and scientific training is a heavy handicap in the race.

The want of a broader, deeper knowledge of languages—classic and modern—militates against his comprehension of the meaning and significance of a multitude of technical terms. His ignorance of the elementary principles and facts pertaining to such subjects as physics, chemistry and biology, prohibits his understanding the very rudiments, in biologic, or physiologic chemistry, physiology, bacteriology or histology.

The matriculation examination, of a few decades ago, provided a far more adequate preparation for the medical course as taught then, than the present standard does for the requirements of to-day. The old standard called for some knowledge of latin and physics, in addition to a fair education in English. The medical course consisted of lectures in anatomy, physiology, chemistry, *materia medica*, medicine, surgery and obstetrics. The student dissected half a subject; attended six obstetric cases, and made a few chemical tests. He went to the hospital clinics when he felt so inclined. The professors, or lecturers, were men who had acquired some eminence as general practitioners. In their lectures they confined themselves more particularly to the practical aspects of their subjects. The scientific, and laboratory features were left in abeyance. Whatever information—for by no stretch of imagination could it be called knowledge—the student acquired about the fundamental subjects, that is—histology, embryology, pathology, etc.—he obtained from text books. The examinations were all written ones. Any student, with a little industry, in three sessions of six months each, could acquire easily, enough information—not knowledge—on the subjects, as taught then, to pass the Medical Council, and also to graduate with honors at the University.

It is quite evident from this cursory glance that the preliminary education the student received forty or fifty years ago made a fairly good foundation for the subsequent medical course of that age. There was another very important factor in the student's favor at that period. He was almost invariably an ex-public school teacher of three or four years' standing; for teaching was about the only vocation at which he could earn the necessary funds for his subsequent medical course. The experience he acquired in imparting knowledge to others became very helpful to him in his technical education. He began his medical course with a far more practical and resourceful mental equipment than the modern student has, who matriculates directly from the collegiate institute, although the standard of the matriculation examination has been raised somewhat.

The fact that many of the graduates in medicine in the sixties and seventies of the past century became successful practitioners, is used, by a certain type of men, as an argument against making any radical change in the present standard of matriculation. This argument can only be used by those who utterly fail to recognize the great changes that have taken place in medical science within the past half century. The foundation of a medical education to meet modern exigencies must consist—not of a little information only—but of a broad, deep knowledge of such subjects as physics, inorganic chemistry, botany, etc., for only on such a foundation can a stately super-structure, composed of the higher subjects, as biologic, and physiologic chemistry, physiology, embryology, histology, bacteriology, etc., be reared. The student in acquiring his elementary knowledge of chemistry, physics and botany, becomes very familiar with the use of the microscope, an adept in staining specimens, and in mounting section—arts that will prove of almost inestimable value to him in his course. The student who is forced to acquire this elementary knowledge during the regular medical course, in which he has to take up all the other subjects—anatomy, obstetrics, surgery, medicine—will find the time altogether too short. He may, if very diligent, and by means of "quizz compends," acquire enough information to pass his examinations for a license and degree, but he soon realizes that he has only a very imperfect knowledge of any of the subjects. A few may be fortunate enough to supplement their knowledge by a post-graduate course, but the mass have to enter upon practice very inadequately equipped. Modern medicine demands of the recent graduate, that he be qualified to make, e.g., an examination of the blood—to prepare stains for detecting micro-organisms—to make quantitative tests of the products of secretion and excretion—to trace the process of digestion, etc. It is not implied that he pose as an expert in all these branches, but that he should know his work sufficiently

well to realize the importance of such knowledge, to get the inspiration it carries with it, and when thrown upon his own resources to make use of it. Perhaps a recital of the following incidents will help to make the meaning of what has just been stated more emphatic. At the recent meeting of the Ontario Medical Association in Hamilton, two papers were read—one, on the treatment of appendicitis, the other on a case of diabetes. Everyone in the audience took a deep interest in the former, because all understood the subject fairly well. Now, the latter paper was a master piece of work in biologic chemistry. By means of elaborate tables, it was shown how the amount of sugar and other products were increased or diminished by the ingestion of certain foods and drugs; but the paper might about as well have been written in Hebrew, as it was beyond the comprehension of the ordinary medical audience.

Any medical man who realizes present conditions, and who takes an interest in the welfare and progress of his profession, must often ask himself: "How can we best meet modern requirements in medicine?"

Two propositions offer themselves: (I.) Make a radical change in the preliminary education. (II.) Lengthen out the medical course. Many valid reasons can be advanced in favor of the former:

(I.) There are abundant facilities in our collegiate institutes, colleges and universities, for students to acquire just the preliminary training needed for a medical course. It can be pretty confidently predicted that before very long the public will become seized with the conviction, that in the interests of the progress and prosperity of the state, free text-books and free tuition should be provided from kindergarten through university. When this great boon to secondary, or academic education comes in force, the question of expense will be largely solved.

(II.) Any student who acquires a liberal education in English subjects—English literature, history, composition, mathematics—in Latin, French and German, and a two-years course in physics, chemistry, biology, botany, etc., is the only one really qualified to prosecute intelligently, the study of the higher branches in the regular medical course.

(III.) This training would not only prove of inestimable value to the student in his college career, but it would very materially help him in his professional standing after graduation. Medical men are meeting every year a larger number of university graduates in the homes. If the young physician is lacking in literary refinement, he cannot hope to make as favorable an impression as he would be able to do were he more liberally endowed with mental culture. The public do not now look upon the practice of medicine as being that of an occult science, or upon the physician as though he

possessed supernatural powers. The people know that medical knowledge is quite limited, so that about the best asset—the physician has, is intellectual culture and refinement. When our young graduates begin to appreciate this fact we will hear very little complaint about the longer time, and greater expense involved in obtaining a thoroughly efficient preliminary, and technical training.

Now, as to the second proposition, *viz*: “Prolong the regular medical course.” Two very serious and almost fatal objections can be raised to this.

(I.) As soon as the youth finds himself enrolled as a medical student, his curiosity is at once aroused. Such subjects as physics, inorganic chemistry, botany, are altogether too stale. He must see the X-ray machine, the dissecting room, and the major operations at the hospital. The fascinations in the practical work are so strong that it is almost impossible to get him to give the necessary attention to the preliminary subjects.

(II.) The most fatal objection to this proposition is, that the student builds the whole superstructure of his technical knowledge on a narrow, defective foundation. With a meagre literary training, he never fully comprehends the significance of many of the technical terms, and without some knowledge of physical laws, such problems as the circulation of the blood, and the transfusion of gases, are about as great mysteries to the illiterate medical student as are the engine and telephone to the untutored Indian.

Lastly, there is the patriotic side. Can Canada afford to be behind the United States? At Harvard, Yale, Johns Hopkins—a degree in arts is demanded, and in nearly a hundred medical colleges the standard of matriculation has been raised so as to include, in addition to a four year's high school course, two years in chemistry, biology, physics, etc. If the twentieth century is to see Canada dazzle the world in growth of population, in progress and in prosperity, the medical profession cannot afford to stand still. We must see to it, that we have men in our Medical Council with a broad out-look and of a good courage; men who are prepared to demand of every student the preliminary education best suited for the requirements of the medical science of to-day. Our university faculty should recognize its obligations. No student should be allowed to graduate whose indolence, indifference, or ignorance may bring disgrace on an honorable calling.

Our Medical Associations, Academy of Medicine, and medical societies, should read the signs of the times, and discern the calls coming up from the public for leadership on all the great questions concerning public health.

A medical profession composed of cultured, scientific men could make itself felt as a great factor in national progress and prosperity.

Selected Articles.

THE PROTEID IRON PREPARATIONS OF THE NATIONAL FORMULARY, OR THE N. F. PROPAGANDA, WITH SOME QUERIES AND CONCLUSIONS.

INTRODUCTION.

THIS is a very important editorial. It is the most important editorial that I have written in several months. It deals with fundamental principles. It is going to present certain questions. And unless these questions are answered satisfactorily, our leaders in pharmacy, aided and abetted by some temporarily misguided physicians, will stand convicted before the world as engaged in a nasty business, injurious alike to pharmacy and medicine and criminally wrong as far as our patients are concerned.

I am entirely willing to be judged by this editorial as to my knowledge of the situation and as to my ability to reason fairly, logically and unanswerably. I am either right or wrong. If I am shown to be wrong, then I am unworthy to be a leader in medicine or in medico-pharmaceutical journalism, and the professors of pharmacy and therapeutics and the pharmacists in general who are paid subscribers to the *Critic and Guide* should show their displeasure by discontinuing their subscriptions. If, however, I am right, absolutely right, then this editorial should and will mark an epoch in American pharmacy and medicine (or rather medicinal therapeutics).

I have an unshakable belief in the invincible power of truth. It may be temporarily overshadowed by falsehood, you may succeed in filling the people's eyes with dust for a time, but after all the immortal saying of the immortal Lincoln about fooling the people remains an eternal verity.

* * *

When we have the temerity to state that some of the pharmaceutical and most of the National Formulary preparations intended as *substitutes* for well-known standard remedies are not "just as good" as the originals, that in fact some of these imitations are nasty, ill-tasting and ill-smelling concoctions (and that it is, therefore, wicked to mislead the physician and the pharmacist—the former to prescribe and the latter to dispense these substitutes), we are accused by some narrow-minded druggists, and some mis-

guided or ignorant doctors, of bias. To assure our accusers that we are as free from bias as any living human can be, and that our only misfortune is that we have a penchant for telling the truth, regardless of consequences, would be a waste of time. Let us, therefore, see what pharmacists themselves—and real pharmacists, with laboratory facilities—have to say about some of the National Formulary preparations.

Prof. W. H. Harrison, of the North-western University School of Pharmacy, Chicago, read a paper before the Chicago Branch of the American Pharmaceutical Association entitled "Notes on Proteid Iron Solutions." The paper appears in the *American Journal of Pharmacy* for April, and we advise every honest physician and pharmacist to read it there in its entirety. An abstract of it also appears in the A. Ph. A. Bulletin for May. Dr. Harrison considers the three proteid iron preparations of the National Formulary: *Liquor Ferri Peptonati*, *Liquor Ferri Peptonati cum Mangano*, and *Liquor Ferri Albuminati*. Of the first Dr. Harrison has the following to say:

LIQUOR FERRI PEPTONATI.

"The present National Formulary formula yields a product which is a thick red-brown liquid, with a very *disagreeable glucy** odor. It is clear in neither reflected nor transmitted light, and of such a colloidal nature as to render filtration impossible even under greatly increased pressure. The taste is at first pleasant, followed by a strongly *alkaline* and *ferruginous* after-taste, which persists."

He then proceeds to show the reasons why a good preparation is impossible. The chief trouble lies in the peptone, of which it is impossible to obtain in the open market satisfactory or uniform specimens. Whether obtained from meat or fish albumen they "are prone to *rapid putrefaction* and yield iron combinations of most *offensive* odors."

Of *Liquor Ferri Peptonati cum Mangano*, which is openly and frankly intended as a substitute for *Pepto-Mangan Gudc*, and on which substitute an immense amount of time and labor has been expended, the author has the following to say:

LIQUOR FERRI PEPTONATI CUM MANGANO.

"When made according to the present formula, with the materials obtainable on the market, the National Formulary preparation may be described thus:

"A dark brown *sluggish* liquid, with a most *offensive* odor, not unlike a mixture of *ammonia* and *putrefied beef extract*. Taste *alkaline*, *saline* and *nauseating*. It deposits after a time a *dirty white sediment*, which soon covers the bottom of the vessel.

"The finished product contains about .15 per cent. iron, .145

*Italics ours thruout.

per cent. or less manganese, and .234 per cent. ammonium hydroxide, the latter serving the *sole purpose* of developing more *offensive* odors.

"I have prepared four samples, in each case using different samples of peptonized iron, the finished products being almost identical.

"The trouble with this preparation lies principally with the peptonized iron and ammonium hydroxide, although there is room for improvement elsewhere.

"Of six samples of peptonized iron examined, the products of the principal manufacturers of pharmaceutical chemicals, *all* showed that *putrefaction* was in progress.* Of seven examined for iron content, only one showed over 5 per cent. Fe O (3.5 per cent. Fe), and this one sample has not yet been on the market under the name of peptonized iron or iron peptonate.

"At the time this work was started, but two samples of iron peptonate and none of the soluble manganese citrate were obtainable on the Chicago market.

"After some time I succeeded in collecting some direct from the manufacturers, seven samples of peptonized iron and two of soluble manganese citrate.

"These two samples of soluble manganese citrate, although bearing the same title, are *entirely different substances*.

"(1) A light red-brown powder with a strong odor of acetamide and ammonia. It is a manganese-ammonium citrate containing about 18 per cent. manganese. Incompletely soluble in water, but solution is rendered clear by standing for some time with a slight excess of ammonia.

"(2) Pearl-colored scales (evidently made after the formula of F. B. Power, Proceedings A. Ph. A., 1902, 937). Contains 13.5 per cent. manganese. It is a manganese sodium citrate, freely water-soluble."

"In view of the above facts, it seems that a satisfactory preparation according to the present N. F. formula is *impossible*, although with a good sample of peptonized iron it could yield a *passable* one."

Now, gentlemen of the medical and pharmaceutical professions, please read the above carefully, very carefully. Here we have a preparation of great, thoroughly established therapeutic value. That it is of great, thoroughly established therapeutic value is seen from the fact that it is prescribed by physicians universally throughout the country. That it is prescribed universally is seen

*Dr. Harrison is not alone in his opinion. All pharmacists who investigated the matter think the same. Mr. M. I. Wilbert, one of our foremost pharmacists, and a member of the Council of Pharmacy and Chemistry of the American Medical Association, says: "This formula [for *Liquor Ferri Peptonati cum manganese*] directs that commercial ferric peptonate be used. This substance at best is *variable*, is *unstable*, and, a *usually* met with, is *decomposed* and *unfit* for use. Commercial manganese peptonate, suggested in the alternative formula, is even more unsatisfactory than the ferric peptonate." (Amer. Jour. of Pharmacy, May, 1907, p. 211.)

from the fact that every manufacturer, big or little, and every would-be pharmaceutical chemist is racking his brains and spending his time and labor in his endeavor to prepare a successful substitute for Dr. Gude's pepto-mangan. And what is the result? What have we got? After hundreds and hundreds of attempts, after many years of labor, the leaders of pharmacy give us in the *third* edition of their book as a substitute for a well-known ferruginous tonic a formula, which yields in the hands of the *best* pharmacists a preparation of "a most offensive odor, not unlike a mixture of ammonia and putrefied beef extract. Taste alkaline, saline, and nauseating, and depositing after a time a dirty white sediment!"

Is this the aim of real professional pharmacy?

And I appeal to you all to answer this question: If you had a boy or girl, wife or mother who was very anemic and was in need of a mild, assimilable, non-irritating ferruginous tonic, would you give the original pleasant-to-eye, smell and taste—and stable pepto-mangan, or would you give the National Formulary Liquor Ferri Peptonati cum Mangano, which is physically, pharmaceutically and therapeutically *rotten* (there is no other term possible), which, according to the testimony of pharmacists themselves, has a *most* offensive odor, alkaline, saline and nauseating taste, and becomes very quickly decomposed? Would you run the risk of ruining their stomach and making them still sicker, because the imitation product may perhaps cost ten cents cheaper? And if you would not, if in your own family you would use the genuine product, why should you treat the outside public so badly?

Dr. Harrison claims that after numerous trials he has succeeded in preparing a satisfactory solution of iron peptonate with manganese. He gives an exceedingly elaborate formula and process. Assuming this to be the case, does anyone believe that one druggist in a thousand would go to all these pains to select materials of the highest quality? And does anyone believe that one druggist in a thousand would succeed in making a satisfactory preparation by following Dr. Harrison's elaborate directions, which it took him months to perfect? And what is it all for? And this leads us to the important question:

WHAT IS IT ALL FOR?

Who inoculated us with this crazy substitution-mania? What obsession has taken possession of us, that no sooner has a preparation become popular, no sooner has a real demand been created for it, than pharmaceutical professors and sub-professors, their assistants and sub-assistants, our manufacturers and their employees, anxious for a raise, and, what is worse, our National Formula makers, begin to spend time, labor and material, in order to prepare a more or less satisfactory (?) *substitute!* As a result

of this we get a hundred different imitations, all varying in color, odor, taste, chemical composition and therapeutic action, and many of them positively rank, irritating and injurious. And this is called the elevation of pharmacy and therapeutics! It is not thus in Europe. We do not hear of the English, German, French or Italian professors and pharmacopeia makers spending their time and labor in the attempted manufacture of imitations of well-known products. They spend their time and labor in *original research and investigation!*

The imitations, we said, all differ widely in character, and not one of them is as good as the original. The reasons are easy to understand. The manufacturer of one or only a few specialties devotes his entire time, energy and capital to those specialties. He makes numerous experiments; he uses materials of the highest obtainable quality; he invents or instals special machinery, if necessary. All these things are entirely out of the question with the retail druggist, and even with the big general pharmaceutical manufacturer; for, making several hundred to several thousand different preparations, it is impossible for him—it *does not pay him*—to devote too much time, labor and expense to an imitation of somebody else's specialty—especially as he has no reputation to gain or lose on it. Yes, the reasons are perfectly plain, why the imitations are never as good as the really worthy original additions to our therapeutic armamentarium. But while I knew a priori that this was so, I wanted to convince myself by concrete examples, by incontrovertible facts. I secured samples of practically *every* preparation which our noble pharmaceutical leaders have introduced into our Pharmacopeia and National Formulary as substitutes for well-known proprietary products. I secured samples of the "official imitations" of arsenauro, antiphlogistine, aristol, lysol, pepto-mangan, Gray's glycerine tonic, Gardner's hydriodic acid, Fairchild's essence of pepsin, Carlsbad salts, glyco-thymoline, listerine, even of such a simple thing as resinol, and *not in one instance* was the imitation equal to the original in purity, taste, homogeneity, stability, etc. Some of the preparations were absolutely rank, disgusting, and I could but feel contempt, mixed with indignation, against certain high moguls of pharmacy, who mislead the poor retail druggist and the unsophisticated physician into the belief that their careless, imperfect, theoretical, extemporaneous formulæ will yield products "just as good" as the standard products, which are the result, perhaps, of many years of chemical or pharmaceutical research, and which are prepared in specially adapted laboratories with the utmost care.

We will now pursue another line of thought. Let us assume for a moment that after the expenditure of a lot of time and labor somebody has succeeded in preparing an imitation of some well-established proprietary, which is *absolutely* "just as good"—abso-

lutely the same—pharmaceutically, chemically and therapeutically. Let us assume it. What has been accomplished? What has been added to pharmacy and chemistry? Nothing! Not an iota. Merely a product that has already been in existence and in use, has been duplicated by somebody else. But here somebody will be sure to interject: Why, the product has been cheapened. A product that can be manufactured by everybody is generally cheaper than a monopoly product. But to whom is the product cheaper? To the public? Any such assertion would be emphatically untrue. Just prescribe 12 ozs. or a pint of the imitations, let us say, of Liq. ferri peptonati cum mangano or Elix. gentian. glycerinat. and see how much a druggist will charge. As a matter of fact, I have been told and know personally of instances where my good friends, the druggists, make it a rule to charge *more* for the N. F. preparations than for the original products. Incredible? Just try it yourself. Do you want additional testimony from an unimpeachable source? Take the *American Journal of Pharmacy*, for May, 1907, and open it to page 236. On that page you will read the following:

“Professor Remington, in the course of his remarks, strongly deprecated the reported tendency of pharmacists to *charge more* for U. S. and N. F. preparations than for corresponding proprietary preparations, and expressed the belief that practices of this kind would surely do much to discredit the propaganda and do an infinite amount of harm.”

It is thus *seen*—and seen in a manner which cannot be gainsaid—that the public is not at all benefited by this U. S. P.-N. F. propaganda. Who then is benefited? The druggists? Yes, that I admit. The druggist is to a certain extent benefited by this propaganda. And nobody begrudges it to him. Eking out, as he does, a very poor living, after working longer hours than any other tradesman or professional man, nobody, I am sure, will grudge the druggist a few extra cents profit (*provided* the imitation products are really in every respect as good as the original ones). But, this being so, that is, the manufacture of imitation products *not* tending to the elevation of pharmacy and chemistry, and *not* being of the slightest benefit to the public, let us say so! Let us have a clear understanding as to what all this propaganda is about. Let us stop talking about the elevation of professional pharmacy, let us stop throwing dust into the eyes of the unsophisticated physician, and let us acknowledge openly and honestly, that the entire N. F. propaganda is a movement instituted for the purpose of affording the druggist a larger profit on physicians' prescriptions and—if it must be said—of making substitution respectable, of giving it, so to say, an official status. Is this putting it too strong? But it is the truth, and the language of truth, said the Romans, is simple; simple, plain and direct.

A WARNING.

And here I wish to utter a word of friendly warning to the pharmacists of this country, which warning I trust will be heeded by the readers of the *Critic and Guide*. Suppose the N. F. propaganda is successful and the doctors begin to prescribe N. F. preparations instead of standard long-established products. Then the druggist must be *sure*—and this is my warning—that the preparations he dispenses are really of high merit physically (taste, odor, etc.), pharmaceutically and therapeutically. Otherwise, he will only hurt himself, the thing will act as a boomerang; the doctor's confidence in the retail druggist's ability will be shaken still further, and he will be still further strengthened in his belief that the safest thing is to prescribe brand preparations of known composition—or he will be driven into self-dispensing. Here are two actual experiences—two out of many that I could relate. A physician was in the habit of prescribing large quantities of Hayden's Viburnum Comp. The druggist to whom most of the prescriptions used to go thought it wise to do some missionary work with the doctor, showed him circulars about nostrums, etc., and urged him to prescribe the N. F. substitute for H. V. C., which, he claimed, was superior. The doctor finally, half-persuaded, wrote a prescription for Viburnum compound N. F. The druggist prepared it extemporaneously and dispensed it. The woman complained to the doctor that the medicine did not taste like the other times, made her sick at the stomach and didn't do her any good. The doctor, as he told me, then sent the N. F. to —, continued to prescribe as formerly, and the missionary druggist is now getting fewer prescriptions from him than formerly. The second case is one in which a druggist dispensed a muddy, ill-smelling, strongly alkaline mixture instead of pepto-mangan, which the doctor had prescribed, and as a result lost almost his entire prescription trade, for the doctor was one of those who looked at the substitution business very seriously and took pains to tell the members of his medical society that the druggist O. was a substitutor.

Yes, make sure, when you do create a demand for U. S. P. and N. F. preparations, that you are able to supply the demand. For it is a well-known fact that *not* 5 per cent. of the druggists in the country are capable of preparing even the half-way complex preparations of the U. S. P. and N. F. (such as the organic iron preparations, effervescent salts, etc.).

We are not alone in our opinion that the N. F. propaganda is not the best thing in the world. Some prominent pharmacists think the same way. Take the *American Journal of Pharmacy* (June, 1907). On page 296 you will find a report of a paper entitled "Practical Results with N. F. Preparations," read before

the Philadelphia College of Pharmacy. In discussing that paper, a prominent pharmacist, Mr. D. J. Thomas, "was inclined to question the advisability of pursuing this line of work at the present time, thinking that *the rank and file of pharmacists were not prepared to meet the demand* for U. S. P. and N. F. preparations. He recounted some experiences that had come to his attention that appeared to indicate that pharmacists in his locality, like pharmacists in other sections, had been remiss in their duty to themselves and their customers, and had not kept themselves posted on the progress of pharmacy along the more practical lines. He also called attention to several formulas that *when followed exactly did not give satisfactory preparations*. Among these he enumerated the glycerinated elixir of gentian and the cataplasm of kaolin."

This editorial could be drawn out so as to occupy an entire issue—for numerous facts and illustrations could be offered as proofs in support of our position—but we believe we have said enough to show the tenability, the validity of our reasons, the impregnability of our position, to any fair-minded person, to any person who really wants to know the truth.

And now for a brief resumé of the conclusions based upon the facts and arguments presented in our editorial. The conclusions are as follows:

1. The products introduced into the Pharmacopeia and National Formulary as substitutes for other well-established products are inferior, in practically every instance, to the originals, while some of the formulas yield nasty, irritating, nauseating and, therefore, therapeutically worthless products.

2. To urge the physician to prescribe these imitations *in lieu* of the original products is, therefore, dishonest. The physician is *not in any way* benefited, while the patient is distinctly injured.

3. This so-called National Formulary Propaganda has nothing to do with ethics. Instead of elevating, it tends, as we have shown, to degrade both pharmacy and medicine. It is purely a money-making proposition.

4. The public is not in any way benefited by this propaganda, for the patient has to pay just as much (and often more) for the *inferior* substitute as for the *superior* original.

5. The deduction which logically and inevitably follows from the above conclusions is this: If you know the composition of a product and that product has given you satisfactory results in your practice, stick to that product; prescribe it and see that you get it; and do not allow yourself by specious reasoning and false claims to be persuaded to use an imitation or a substitute, *be that imitation or substitute official or non-official.*—*Critic and Guide.*

Dixi.

Proceedings of Societies.

THE MEETING OF THE ONTARIO MEDICAL COUNCIL.

THE regular summer session of the Ontario Medical Council opened on Monday, July 6th, in its new building, on Queen Street Avenue, Toronto. Monday was devoted to the usual committee meetings, and the regular session opened on Tuesday, the 7th, at 10 a.m. The members were practically all on hand and devoted their time for six full days to the business of the College. The new building has been almost entirely renovated and looked attractive and comfortable. The necessary alterations to the interior of the building have not as yet been undertaken until the Building Committee decide just what is required and where the examination hall will be built, whether on the Murray Street frontage, entirely separate from the Main Building, or whether a wing will be built. We think that Dr. A. J. Johnson and his committee who purchased the Council's new home are to be congratulated upon their choice.

At the last intermediate examination for medical students there were between 60 and 65 per cent. failures. A strong feeling has arisen that many of these men, after spending four years in study, were unfairly ploughed. To the unfortunate ones whose financial resources are not large this ploughing almost at the last moment is a serious thing, and, therefore, the Ontario Medical Council have decided to investigate the whole matter. Considering that the majority of those who failed had already passed the primary examination with credit, the Ontario Medical Council thinks that there must be something radically wrong. Either the instruction given was not sufficient or thorough, the examination papers too difficult, or else the examiners have not been judicious in their decision. Dr. W. Britton, in discussing the matter at the opening session of the Council, said that it was impossible not to arrive at the conclusion that there was something wrong. So far as he knew, at any rate so far as the University of Toronto was concerned, there were plenty of men of ability to give the necessary instruction. He did not wish to reflect on the examiners, but at the same time the Council not only had to protect the public but the students, and a full inquiry should be held.

Dr. Ryan, Kingston; Dr. Britton, Dr. Spankie, Dr. Gibson, Dr. Robertson, Dr. Moorhouse and Dr. Temple were appointed to form a Committee of Investigation.

On the motion of Sir James Grant, the following resolution was passed: "That the members of the Council of Physicians and Surgeons of Ontario have observed with pleasure the judicious action of the Government of Canada in passing a measure for the thorough scientific expert examination of meat and food products generally, in order to serve, as far as possible, the best interests of our people."

In the course of his address, Sir James reminded his hearers that forty-two years had elapsed since the Ontario Medical Council was first organized. During the early stages of its organization those responsible for it labored under very considerable difficulty in the formation or for the adoption of measures for the guidance and direction of the people of Ontario. One subject which came before them most directly was hygiene and sanitary science, and after considerable difficulty measures were passed for the education of the rising generation in those important matters in educational institutions throughout the Province. A great change had, he was happy to say, come over the public mind since that day, and in bringing this about, and the improvement of the standing of the medical profession, the medical men of Toronto had accomplished a large part.

Referring to the food inspection bill, Sir James said that in order to carry out its intention the Dominion Government had sent a number of intelligent scientific members of the veterinary surgeon class to Chicago, where they were instructed at the meat-packing establishments in the examination of food and food products. Those gentlemen had afterwards been distributed throughout the Dominion, and were engaged examining carefully not only the meat products, but the animals before they were killed, to see whether they were fit for slaughter and human consumption. That was a matter of very great importance, and it was well for the people of Canada to know exactly what had been accomplished.

During the present session of the House of Commons Dr. Black of Nova Scotia, a very able and eminent man, had addressed the Government on the desirability of the formation of a bureau of public health in order that the various subjects pertaining to public health, scattered now throughout different departments, might be collated under one head. That was recommended in order that work in connection with public health might be carried on more perfectly and economically. Proceeding, Sir James pointed out that suspected food products were sent to the Agricultural Farm, where they were pathologically and microscopically examined by a competent staff to see whether the products were affected by tuberculosis or not. At the present time there were not less than 8,000 deaths a year from tuberculosis. Putting the value of each life at \$1,000, that meant \$8,000,000 lost to the country. The Medical

Council of Ontario was vitally interested in the welfare of the country. Its members had much to do with the education of the rising generation of medical men. They had to see that the young medical men were thoroughly competent not only in pathological work, but also in minute microscopical work, in order to give an adequate return to those who employed them.

It was only by accuracy, combination of action and strenuous effort on behalf of the people that they could ever hope to stay the progress of tuberculosis. He hoped that the Government of Ontario, which occupied such an important position, would do something towards stopping the still further progress of the disease by having the schools thoroughly inspected and so doing away with parents' fear that their child might be sitting next one affected by the disease. Was it not high time, he asked, that some of the public money of Canada should be expended in this work?

The resolution was unanimously adopted.

Dr. W. Britton presented the report of the special committee appointed last year to consider the fifth year curriculum. In view of the fact that the various teaching institutions had not yet had time to complete the details of their fifth year curriculum, the committee recommended that no action should be taken in regard to specifying additional work. The names of 189 physicians have been struck off the register for non-payment of the annual fee of \$2. In many cases these are men who have left the Province, and all can be reinstated on the payment of arrears.

A committee, consisting of Drs. Britton, Moorhouse, Bryon, Klotz, Gibson, Adams and Griffin, was appointed to consider and report at the present session on the advisability of securing reciprocity between the College of Physicians and Surgeons of Ontario and the General Medical Council of Great Britain, as provided for in the Medical Act of Great Britain.

It was decided that Drs. Bascom, Lane, Vardon, King and McArthur be a committee to rearrange the boundaries of the electoral divisions, and that the Provincial Legislature be asked for the legislation necessary to make such changes legal.

Drs. Glasgow, Hardy and Temple were appointed the Executive Committee for the ensuing year.

SESSION OF WEDNESDAY, JULY 27TH.

"The attention of this Council having recently been called to the prevalence of crime against the unborn, that when the detective becomes aware of such a case he be instructed to lay the matter before the Prosecutions Committee, who will, after careful inquiry, pass the evidence, when deemed advisable, on to the Discipline Committee for action."

The above motion, introduced by Dr. F. N. G. Starr, and sec-

ended by Dr. Arthur Jukes Johnson, was carried by the Ontario Medical Council on Wednesday afternoon.

It was a combination of two motions, of which Dr. Starr had given notice at the morning session. The matter arose out of the report of the Council's prosecutor, Mr. Charles Rose, in which, after detailing the disposal of forty-five informations during the year, in which twenty-eight convictions were registered, a clause mentioned the cases of Dr. D. W. Shier and Dr. E. M. Cook, of Toronto, saying that it was for the Council to say what action should be taken.

A hot discussion occupied the rest of the morning session. Dr. Starr set the ball rolling by giving notice of motion that the registrar confer with the detective in investigating charges against members of the Medical Council, and of another motion that the Council proceed to the investigation of the records of members of the Council whose names had been mentioned in connection with crimes against the unborn.

Dr. McColl of Belleville thought the Discipline Committee should pay particular attention to the cases of Dr. Cook and Dr. Shier. In the latter case, he said, the fact of Dr. Shier's having charged a fee of \$25 for directing the girl to go to a certain house, although it was stated that he had made no examination of her nor given her any treatment, seemed on the face of it, if there was nothing else shady about it, to be a clear case of fraud.

Dr. Starr thought it most important for the Council to take action, not only in the case of these men, but some others, as the Discipline Committee might. Four medical men must make a charge in order to bring it before the Council.

But the Council had a great deal of power, "and we have," he said, "to clean our skirts. This Council is accused of all sorts of things, and we must be up and do our duty—a most unpleasant duty—but it must be done. An editorial in one of the city papers calls directly for an explanation."

Then the Council was fairly agog, some members on the line of an inquiry, others resenting the charges made against the Council, and even denying that there was much cause for criticism of the medical profession.

A number of the physicians present took part in the discussion, some claiming that the Council had no power of initiative in criminal prosecutions and could not act till a man had been convicted of crime. They dare not attack a man's professional character without having a clear case. The papers would say they were a lot of fools if they did.

"This is in the same line with previous editorials in the same paper," said Dr. Ryan, referring to one in Tuesday morning's *Globe*; "it is unreliable. This same paper came out and attacked

the Council for endeavoring to make a high standard of education, and then a few months afterwards this same paper attacked the Council for not making a higher standard. When we took action against a man it found fault with us, and now when we have not a good case it attacks us for not prosecuting. It is just the old case of 'You will or you won't; you'll be damned if you do, and you'll be damned if you don't.' They are accusing us of attempting to mislead the public, or hopelessly muddling matters up. We know the law and we are trying to carry it out. We are not rushing in, like fools, but rather, as angels, are going in when we are sure we are right. I think the Council should take some action to let the public know this.'

Dr. Britton was surprised, he said, to find that editorial in his paper this morning. "I think I am a pretty good Grit," said he, "but I don't subscribe to every editorial in *The Globe*. I have some opinions of my own." He asked who sought to have the Council empowered to strike off the name of any doctor guilty of such practices—*The Globe*, the people or the Council? It was the Council who had applied to the Legislature for that power. From that hour to the present they had done the best they could. *The Globe* had all along taken this ground: that there were quite a large number of medical men throughout the Province who were reported to be abortionists. He did not think there were many; he could count up on his fingers, he thought, a few that he would suspect. But had *The Globe* ever heard of a man being impeached in Parliament or tried in any court, from the lowest to the highest, on reputation? No one in the Council or in the Province abhorred or deplored more than he that there were men who had that reputation. But he took issue with *The Globe* when it said the number of such was very large.

Dr. Britton said the detectives of this county had the names of certain men whom they are watching, and the Council were only waiting for them to secure that information, and then they would proceed without any hesitation.

"If the editor of *The Globe*," said he, "is posing as a Luther, going to reform the whole medical profession, let him do as Luther did, and nail his theses before the Church; let him come before this Council with his information and we will proceed."

A Voice: "He is afraid to do what he wants us to do."

"Exactly," replied the speaker. "I am only too anxious that we should purge our profession, a noble one as it is, of anything unjust and unholy."

"There is such a thing mentioned in the best book," continued Dr. Britton, "as straining at the gnat and swallowing the camel. There are very few newspapers that are not inserting, not for the hope of reward, but for reward, the most objectionable advertise-

ments, which simply are promotive of abortion." Here the speaker referred to certain pills, and asked, "What does that mean to a woman who wants relief, except that it is a suggestion to her to commit murder in its initial stages?"

"Let the newspapers be fair," he said; "let them do what is clean and decent themselves: let them give us credit for trying to do right. If they have evidence let the editors come like straightforward men and lay it before us, instead of saying, as they have said, that our retiring President, Dr. Spankie, in his address was drawing a herring across the track."

"Why should we be so concerned about what the newspapers choose to write?" asked Dr. Arthur Jukes Johnson. "It is their business, their livelihood. Are newspapers as a general thing clean in their advertisements and editorials? (Cries of 'No.')

Then why should we be so concerned? What is our position, what should we do, irrespective of the lash which the press seems disposed to ply on us?

"The Crown," he continued, "has an immense volume of evidence, not against one man, but many medical men, for doing illegal actions. The Crown cannot prosecute except when the evidence is good; the authorities think it does more harm to the welfare of the people by exposing these matters than by waiting till the action can be carried to conviction. When a man is tried for a crime, and it is believed he has committed that crime, then if a conviction is registered against him the Council could remove his name from the register even if he were not punished by the courts. There are a large number of cases where the man is not convicted, but if they were brought here this Council could have reason to take their names off. The fact of a conviction being registered is not the only sufficient cause for the Council taking such action.

"The difficulty has been," said Coroner Johnson, "that we have not hitherto, perhaps, as a Council, taken action in all the cases on which we might have done so. There are cases talked of to-day of men said to be in the habit of performing such operations, and I think the Council must take some action. We might find that we were able to unearth a lot of evidence when we got in touch with the police that you have no idea of, which if it came before this Council could be taken hold of for drastic action.

"When a case of abortion is mentioned," said Dr. Johnson, "money flows into certain channels like water to everybody who can be approached. Witnesses are taken out of the country, so that the Crown, starting with a good case, may have only a few poor witnesses when it comes to the Assizes."

Dr. Moorhouse took strong exception to Dr. Ryan's statement that there were not many guilty of the practice referred to. "I

think," he said, "that there are more medical men engaged in this than we know of. These men will go on with this sort of thing after their names are taken off our register, and we can't prosecute them. We have never been given that power, and *The Globe* knows it. It is for some ulterior object, I believe, this has been done. I think it would be well for us to make our position known, without seeming to make too much effort to do so."

Dr. Ryan asked where the Council would be if it undertook cases and failed to get conviction. The men attacked would have a good case against the Council.

In answer to this argument, however, Dr. Starr read section 36 of the by-laws, which states that no action shall be brought against the Council for any action brought by it bona fide.

Dr. Henry, of Orangeville, who is one of the oldest practitioners in the Province, lamented the failure of prosecution against a druggist in his town, caught red-handed, although the matter was brought to the notice of the Attorney-General.

"The man that is guilty of that crime," said Dr. Henry, "is not fit to occupy the position of a practitioner in this Province. There is more of that conduct going on than you are aware of, and it is about time we should wipe it out. Toronto is about as bad a city as you can find."

"Oh, no," called out some in derision. "And Orangeville," said others.

"That's only a suburb," said another.

"There are just as few sinners in our profession as in any other," said Dr. Vardon, ex-Mayor of Galt. "Take the clerical profession, the legal, the druggists, or the publishers of our daily papers. If any member is convicted of crime we should take his name off. But for a mere matter of scandal, that some irresponsible person says Mr. So-and-so or Dr. So-and-so is guilty of some crime, that should not be regarded by us. No case is allowed to go to the special committee in Parliament without specific charges being made. Yet we find the Parliament both at Ottawa and elsewhere covering up charges against members because specific information is not laid. And this same paper that comes out against this Council, this same paper, and the clerical gentleman who is at the head of it, has stood shoulder to shoulder with those who were trying to hush up the scandals in the Yukon from being brought to light, that would render this Council black to look upon! (Laughter.) Any medical man," proceeded Dr. Vardon, "who is guilty of a crime—a heinous crime, I mean, not of debt—God knows, if all the editors of this country were put in jail who ought to be there for debt—" The rest of the sentence was lost in outbursts of laughter and cries of "Go on!"

Dr. Vardon went on: "Then we should take action," he said,

"but for this Council to institute a committee of inquiry would be absurd. We know that the press is bought up every day. They will deny it, and say 'Produce the evidence.' But we know it is a fact. We might not convict them before a court with the laws of evidence, but could before this Council.

"The clerical profession has a duty to perform. Let them teach their people a better Christianity, so they will do better than to tempt these poor physicians who live from hand to mouth. Who are the people that do this but those that sit under their preaching? The clergy are the moral teachers of the people, and we follow their guidance. The Rev. Mr. Macdonald, the editor of *The Globe*, was one of them before he took his present position, and there is no man in the country," declared Dr. Vardon, "who has prostituted his position more than he. He is a Presbyterian, I believe, and so am I, but God knows if he stays in the—" Here again laughter drowned the speaker's remarks.

"Let the ministers and the press of this land," he continued, "educate the people. Let them educate the children going to the schools, let lectures be given them in a way that will not be offensive to any, teaching them what they should do and how they should live in after life; then they will not tempt these poor medical men. You don't know what temptations they have placed before them. Perhaps if some of these holy editors were placed in that position they would fall, too. Some of them get nothing out of it either, or practically nothing."

Dr. Moorhouse remarked that no man was tempted as much to err as a doctor frequently was—not for money, but perhaps for old friendship's sake.

The discussion ended here for the morning by the motion being put and carried to refer the prosecutor's report to the Prosecution Committee.

In the afternoon it was decided to hold the next annual meeting on Tuesday, the 6th of July next.

Dr. Britton gave notice of motion for leave to introduce a by-law to provide for holding a special meeting of the Council the first Tuesday of November to receive the reports of special committees.

Dr. Griffin gave notice of motion for leave to introduce a by-law to levy an annual fee.

Dr. Starr moved to have the examiners meet after the examination to consider the marks given before they hand out the results. This was allowed to stand until after the special committee which is dealing with that matter has brought in a report.

In the evening the Council were by invitation of Dr. F. N. G. Starr the guests at a social reception in the Dean's residence at University College.

The Ontario Medical Council instructed its Discipline Com-

mittee to proceed at once to investigate the cases of Dr. D. Webster Shier and Dr. E. M. Cook, and that committee will report to the special session fixed for the 17th of November.

The Council also decided in the morning to continue the publication of the discussions in full in the annual "Announcement," as tending to keep debates relevant, and because most of the members thought the physicians in the electoral districts would want to see what their representatives said.

A Prosecutions Committee was appointed on motion of Dr. J. H. Cormack, St. Thomas, consisting of the members of the Council resident in Toronto, viz., Drs. Johnson, King, Britton, Hart, Hardy, Starr, Temple and Adams. The business of the latter committee is to act in an advisory capacity to the prosecutor.

The Discipline Committee appointed on motion of Dr. M. O. Klotz of Ottawa consists of Dr. Robertson, of Stratford, Dr. Lane, Mallorytown; Dr. Gibson, Sault Ste. Marie, and Dr. Henderson, Strathroy.

A special session of the Council was provided for in a by-law enacted on motion of Dr. Britton. It will be held beginning on the third Tuesday in November (the 17th). Dr. Britton gave as reasons for the calling of a special session the necessity of dealing with examinations, arranging districts, and dealing with cases of discipline. He referred to "the discussion of yesterday morning, in which certain practitioners were mentioned who are known to be doing wrong, and certain others that we suspect of doing wrong." "If we wait," said Dr. Britton, "until next year, it means that these men go unwhipped of justice for a whole year. Notwithstanding what I said yesterday about newspaper criticism, I fully believe that we should take prompt action along this line, and not allow any expense to stand in the way." The latter remark had reference to the statement made by Dr. J. S. Hart that it costs some \$2,000 to hold a session of the Council.

The Prosecution Committee in the afternoon presented its report through Dr. Arthur Jukes Johnson, seconded by Dr. Edmund E. King, in the case of the two physicians whose names were referred to it, viz., Dr. D. Webster Shier of the corner of Bloor and Markham streets, and Dr. E. M. Cook of 90 College street. The report stated that "after due deliberation we have arrived at the conclusion that it would be wise for the Council to instruct the Discipline Committee to proceed to the investigation of both cases."

In reply to a question by Dr. F. N. G. Starr, it was stated by Dr. Britton that when four medical practitioners present a complaint against a medical man it must always come before the Council, which instructs the Discipline Committee to deal with any case.

Dr. King, seconded by Dr. Johnson, moved that the case of Dr.

D. Webster Shier be referred to the Discipline Committee. The case of Dr. E. M. Cook was likewise referred in a separate motion. The report of the Discipline Committee will be presented at the special meeting in November.

The solicitor of the Council is to be asked for an opinion as to whether or not cases can be referred by the Executive Committee to the Discipline Committee in the interval between Council meetings. The motion was by Dr. Britton, seconded by Dr. Moorhouse of London.

The Council finds itself in an awkward position in the cases against Dr. Shier and Dr. Cook, from the fact that Mr. J. W. Curry, who when Crown Attorney was engaged by the Council, is at present counsel to defend both of the doctors. The Council has the power to select any attorney, but the general feeling was that when circumstances do not render it inadvisable or impossible prosecutions should be placed in the hands of the Crown Attorney.

A communication from the West Toronto Medical Association was presented by Dr. R. J. Gibson, Sault Ste. Marie, urging a much higher standard for matriculation in medicine, raising it either to a degree in arts, or to a standard sufficiently high "to demand that broad culture and manual discipline so essential to every medical student in the acquisition of his technical knowledge and to every physician in the efficient discharge of his duties." The letter was referred to the special committee on educational matters.

On motion of Dr. Moorhouse, seconded by Dr. Henderson, a by-law was enacted providing for the conducting of a fall examination in Toronto on the third Tuesday in September, 1908, and also that examinations be conducted in Toronto, Kingston and London on the third Tuesday in May, 1909.

The Council voted down a motion of Dr. McColl of Belleville to eliminate from the annual published proceedings the report of discussions. Dr. Hillier of Bowmanville said that "this Ontario Medical Council and the Dominion Parliament are the only bodies that have a Hazard."

Dr. Moorhouse of London, ascertaining from the Chairman of the Printing Committee, Dr. E. E. King, Toronto, that the printing of the discussions in full entails an expense of some \$250 more than the mere transactions, expressed the opinion that it was worth the extra cost because of the large constituencies of members, who would want to know what their representatives had been doing.

Dr. King thought the discussions should be published; it would put the men on record in black and white, and the discussions would tend to be more to the point. Dr. Vardon would like to see the expenses of Council curtailed, but still considered it better to see these discussions published; it would be worth the extra expense.

"It would be a great pity that Dr. Vardon's effort of yesterday

should not go down to posterity," remarked Dr. R. J. Gibson, of Sault Ste. Marie, who is Liberal candidate for West Algoma.

The business of the session was pleasingly interrupted by the presentation of an illuminated address to Dr. Cl. T. Campbell, M.C.P.S.O., of London, a former President of the Council, and for twenty-five years associated with it. The address was read by Dr. W. H. Moorhouse, who was President in 1906-'07, when Dr. Campbell resigned from the Council because of his appointment as Postoffice Inspector of West London district. It was signed also by Dr. R. A. Pyne, Registrar at that time. Dr. Hardy, Vice-President, who was in the chair at the time, made the presentation. Dr. Campbell, in reply, noted that there were only two members present who were in the Council when he had joined it, the Registrar, Dr. Bray, and Dr. Henderson.

Dr. J. S. Hart, Toronto, introduced a motion, seconded by Dr. H. Bascom, Uxbridge, favoring the addition to the curriculum, after the words "four months in therapeutics," the words "including electro-therapeutics, hydro-therapeutics, and massage." Dr. Ryan, Kingston, seconded by Dr. Temple, moved in amendment to refer the matter to the special committee on council examinations, being unwilling, he said, to have those subjects put on the curriculum without further investigation. The amendment carried.

A strong plea was put forth at the Saturday's session of the Ontario Medical Council on behalf of the principle of interprovincial reciprocity in medical registration by Dr. W. Spankie of Wolfe Island, ex-President, and a motion by him, seconded by Dr. S. C. Hillier, of Bowmanville, was adopted, referring the matter to the Special Committee on Education, which has already to consider the question of reciprocity with Great Britain.

The report of the Committee on Education, presented by Dr. R. J. Gibson, of Sault Ste. Marie, seconded by Dr. Moorhouse of London, recommended a large number of changes in the curriculum, considerably lessening the number of general text-books and of papers, and making other alterations of perhaps less general interest or importance.

The following changes were made in the Board of Examiners for the ensuing year: Dr. R. W. Schmarr, Berlin, medical jurisprudence and sanitary science, in place of Dr. D. J. Sinclair, Woodstock; Dr. W. I. Bradley, Ottawa, diseases of children and clinical, in place of Dr. J. Newell, Watford; Dr. W. S. Cody, Hamilton, homoeopathic examiner, in place of Dr. W. A. McFall, Toronto, and Dr. George F. Clark, Aylmer, assistant homoeopathic examiner, in place of Dr. R. W. Schmarr, Berlin.

The Finance Committee, reporting through Dr. E. E. King, Toronto, showed a balance on deposit to the credit of the College of

Physicians and Surgeons of Ontario of \$28,359.41 in the Sterling Bank, \$10,000 in the Imperial Bank, and \$10,000 in the Bank of Montreal.

It was urged by Dr. McArthur of London that the funds should not be invested in any other way than by being deposited in the chartered banks. This was in reference to a request from the Finance Committee for instructions as they felt that the large balance on hand on deposit drawing simple bank interest should be invested at a more remunerative rate. The general feeling appeared to be in favor of such investment as the committee suggested.

The sessional allowance of members was fixed at \$120, and the session was computed as six days. The committee recommended that Mr. Chas. Rose receive, as public prosecutor, the sum of \$1,200 per annum.

The assets total \$79,525.41, and liabilities \$12,500, leaving a balance in favor of the college of \$67,025.41. The report carried.

ABSTRACTS.

Congenital Pyloric Stenosis.—Sutherland's paper deals with the medical treatment of congenital pyloric stenosis by means of dieting and gastric lavage. The aim of such treatment is to remove any source of irritation in the stomach which may maintain pyloric spasm, and to keep the stomach free from any irritating food material, digested or undigested. It is not to be supposed that even in marked cases the pylorus never relaxes. The gravity of the affection lies in the fact that it does not do so enough to allow of the passage of food in sufficient quantity for the nutrition of the infant. The aim of the treatment is to restore the function of relaxation of the pylorus which has been in abeyance, owing to the more powerful action of the constrictor muscular fibres. Although the stomach is dilated and large, yet small feedings are called for in order to secure complete digestion. Two or three ounces are sufficient for a meal, and in bad cases one ounce may be advisable. The number of meals must be increased; a month old infant must be fed every two hours day and night, and in bad cases where only one ounce is given, every hour by day. Hunger usually awakens the child with great regularity. The proteids and fats are the parts of the food which are most difficult to digest. If good breast milk is available it is the best food, but the fats should not be more than three per cent. Ordinary modified cow's milk does not work well, as a rule, peptonized cow's milk without added cream being much better. Malt extract, raw meat juice, and grape juice may be given in addition. The

stomach should be washed out once a day for a prolonged period, and in bad cases it may be required twice a day. It is a simple process in infants, and leads to no discomfort. It should be done when the stomach is ordinarily empty—*i.e.*, two hours after a meal. The washing should show a small amount of soft flocculent material, tending to get less in amount with each washing. If much material is washed out, or undigested curds, it indicates that the food is not properly digested, and will maintain the pyloric spasm. The signs of progress are as follows: 1. The vomiting ceases. 2. The bowels act naturally. 3. The stomach peristalsis becomes less marked, and gradually passes off. 4. The discomfort, pain, apathy, and whining of the infant are removed. 5. The nutrition is improved. A common complication is diarrhea, due to the bowels having been out of use for some time. The best treatment is to reduce the amount of food by one-half. The use of antispasmodic drugs, such as opium and the bromides, has not proved of the slightest value. In marasmic infants whose tissues are dried up, the use of saline solutions, both subcutaneously and by rectum, has seemed beneficial.—*N. Y. Medical Journal.*

Tetanus Neonatorum.—In a second article (*Journal A.M.A.* December 22), reporting the results of their statistical study in addition to the one published in *The Journal A. M. A.*, July 29, 1905, page 314, J. M. Anders and A. C. Morgan, Philadelphia, call attention to the wide distribution of infantile tetanus, its special frequency among negroes noticed by southern physicians, and the terrible infectiousness of the disorder in local epidemics. They give the results of a wide personal correspondence with physicians in all parts of the country, and a number of interesting details. They say that in the light of our accurate scientific knowledge of this disease, the necessity of absolute asepsis in confinement cases, and especially in the care of the cord, should be insisted on. To this end the registration of midwives should be required by law. The medical colleges should give more attention to the subject, and instructions as to the simple methods of prevention should be sent out by the boards of health, charitable societies, etc.

The Canadian Journal of Medicine and Surgery

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No. 2.

Editorials.

WESTERN MEDICINE IN KOREA.

WESTERN medicine advances with rapid footsteps in Korea, so fast, indeed, that, at the present time, one finds it hard in Korea to travel far away from the vicinity of some practitioner of western medicine, either foreign or Japanese.

Such is the statement we notice in *The Seoul Press*, June 5th, 1908. After the close of the Russo-Japanese war Prince Ito, the

Japanese Resident-General, introduced reforms in the medical institutions of Korea. He united three Korean medical institutions—a school of medicine, a vaccine manufacturing establishment and a hospital—into one, and placed it under the management of Baron Sato, a surgeon, who had gained experience in the Franco-Prussian war, the Japanese-Chinese war, and also at his own private hospital at Tokyo. This new institution is to be housed in a large two-storey building of brick and stone, connected with seven wards capable of accommodating between 200 and 300 beds, a medical school with dormitories in the same compound and residences for the staff of indoor workers.

Before the advent of the Japanese, for over twenty-five years, medical missionaries from America and England kept the torch of modern medicine burning in Korea; owing to their instruction and advice, several native Koreans engaged in the study of medicine, and some of these students obtained diplomas at medical colleges in Japan and America.

In 1893 Dr. Avison, of Toronto, Canada, went to Korea, practising first at Koo-ri-gay and afterwards at Seoul. He also engaged in the work of medical instruction at the Severance Hospital Medical School, which was started at Koo-ri-gay, and afterwards, in 1903, moved to Seoul. The teaching of Oriental students by Western professors is, as may be surmised, difficult and sometimes discouraging. As Dr. Avison remarked, when speaking at the first graduation ceremony of the Severance Hospital Medical College of Seoul, June 3rd, 1908: "Students came; but few had the perseverance to remain long enough to finish their studies." Seven young men were graduated on that day, and their record, Dr. Avison remarked, refuted the theory advanced by some that the Koreans are a degenerate race. After addressing laudatory remarks to Prince Ito, and also to the members of the Korean Government, who graced the ceremony with their presence, Dr. Avison thanked the assembly, over 1,000 persons, for their presence at the graduating exercises, "a fact which showed that the East and the West could unite in matters of humanitarian work, such as medicine."

This little glimpse of a scene in far-away Korea illustrates the cosmopolitanism of the medical profession. Medicine, based on science, and striving to alleviate human pain and disease can unite alien races and warring creeds under a single flag.

Any success won by the Japanese people and Government in conducting their Hospital and Medical School at Seoul will be of interest to Occidentals. It is a source of pride, however, to Americans and Englishmen that the first scientific practice of medicine and surgery done in Korea was by them, and the first medical teaching known in that country was given by them. To Canadians it is very pleasing to learn, from remarks made at the graduation ceremony, that Dr. Avison's pioneer work as a practitioner and teacher is recognized as being of the first utility and importance.

J. J. C.

WHY SO MANY MEDICAL STUDENTS "PLUCKED" ?

Why so many medical students were "plucked" by the Ontario Medical Council is a question that has been as yet unanswered. We understand that between sixty and sixty-five per cent. of those who presented themselves recently for the intermediate examination before the Council were "plucked." This seems an unduly high per centage, and from both the standpoint of the Student, the Professoriate and the Examiner, is worthy of grave consideration.

From the standpoint of the Students, it seems that many of the men stood high in former tests and are really "well up" in their work. Then what, except nervousness or a lack of knowledge of the subjects, can have caused this mental epidemic of stupidity?

As to the Professoriate of the University of Toronto, are they men sufficiently well informed, never ending their student days, or are their lectures so blatantly "worked over" that they smell of the lamp, and in their wearisomeness fall as arrows shot into the air? Or are their lectures the result of an assimilation of knowledge gained by the latest in books, the deepest in thought, and crowned by the convincing power of experience, and, with all these attributes, have this professoriate the mental gift of imparting knowledge? Granted that many of these men are endowed with the gift of teaching, are the Students' seats filled with receptive listeners and learners, or are these students "flanneled fools"? Are they called not only "to science and to practice, but to the advancement of the profession"?

May we digress for a moment? From the hand of a friend a book came a day or two ago called "Confessio Medici"; a chapter

on "Vocation" is worthy the perusal of every student. The author tritely says: "In medicine many of us are glad that we have a calling, but doubtful whether we have a call." We echo his advice to read "Middlemarch" again, and "If Lydgate's life does not touch you, ask yourselves whether you have any call to be doctors."

But let us take for granted that the teachers are the best and the pupils are apt. Then why this meagre list of those who passed the examination? Does the fault in any measure lie at the door of the examiner? Possibly some may say that the "exams" were too stiff. Can they be? Should not every man sent out to cure and stand between the death angel and valuable human life be equipped by the broadest and most liberal education?

Are the text-books used the newest and the best? Many claim the books have not been weeded out for ten years, although new ones have been added. A strange state of affairs; most things are outlawed after seven years. Why are these books living on borrowed time? Some also say that an examiner on one subject questioned his student as to a case seen only, perchance, once in a lifetime. Who knows but someone might have so remarked a few years ago about appendicitis?

It is surely the province of so learned a person as an Examiner to send out the dove to see what sort of atmospheric change is ahead!

One and all will agree that the student of to-day should be abreast of the times and the teacher and Examiner should have a *mutual* knowledge of the work during the year, and that at the testing day keen questioning along the line of special study should be introduced by the examiner.

We feel the deepest sympathy with the students in this tangled skein of affairs, for we have never ceased to be one of the boys, and one of our greatest pleasures is to dream over the yesterday of twenty-two years ago, in doing which we can almost feel the very tremor at this moment of the never-to-be-forgotten examination days. But, as the days grow into years, we realize overwhelmingly the needs of men who are to bear the honored name of physician.

As Stevenson says: "The physician is the flower (such as it is) of our civilization; and when that stage of man is done with and only remembered to be marvelled at in history, he will be thought

to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race." W. A. Y.

THE ONTARIO MEDICAL COUNCIL AND THE GLOBE.

For some months back, *The Globe*, (Toronto) has been attacking the Ontario Medical Council, for neglecting to discipline physicians suspected of disgraceful conduct viz.: producing abortion. *The Globe's* contentions are, that some members of the College of Physicians and Surgeons of Ontario, legally-qualified practitioners, are credibly believed to be engaged in the business of producing abortion; that it is the statutory duty of the Ontario Medical Council to examine the charges against such members, and, if the charges are proved, to erase the names of the offenders from its official register.

The Ontario Medical Council is a deliberative body supported by the medical profession of Ontario—a medical Parliament—and the important issues raised by *The Globe* were fully discussed at a session of its July, 1908, meeting. A good many members of the Medical Council spoke on the question, which was settled by the carrying of a motion made by Dr. F. N. G. Starr, seconded by Dr. A. J. Johnson, viz.: "That, the attention of the Ontario Medical Council having recently been called to the prevalence of crime against the unborn, when the Council's detective becomes aware of such a case, he be instructed to lay the matter before the Prosecutions Committee, who will, after careful inquiry, pass on the evidence, when deemed advisable, to the Discipline Committee for action."

This is certainly a proper and business-like way of dealing with the issues raised by *The Globe*. It is not the business of the Ontario Medical Council to teach its members the observance of the Ten Commandments. If an important commandment, "Thou shalt not kill," is broken by an Ontario practitioner, the law court, the judge and the jury must settle the question of guilt and, if conviction follow, apportion the penalty. If convicted of a felony, a member of the Ontario College of Physicians and Surgeons loses the right to practice. The Ontario Medical Council has no option in that matter.

It is clearly the duty of the Ontario Medical Council to inquire into the conduct of any one of its members strongly suspected of being guilty of disgraceful or infamous conduct, and, if the charges against him are proved, the offender's name should be stricken off the official register.

Though animated by the kindest feelings and anxious to please his patrons, every physician should hold decided views against abortion, and should refuse to accept a case (married or single woman), if criminal abortion is asked for. To make such a statement here may seem to physicians quite uncalled-for. In explanation we would say, that clients may get a physician of repute involved in a case of abortion, for the causing of which he is not responsible. For instance, he is called to wind up a case of abortion, the initial stage of which has been brought on by the patient, by one of her lay friends, or some irregular practitioner. Should a physician hazard the stigma of crime, with its subsequent legal procedure, and loss of status, when, as a matter of fact, his sole interest in such a case would be limited to an effort to save the life of a woman attacked with puerperal septicemia? The risk to one physician is too great, and such a case should not be accepted, unless counsel is allowed. Human life is valuable, and it is a physician's duty to save it, when it is attacked. He may lay down his own life for his neighbor, but he should not imperil his good name and injure his family, through lack of professional caution in securing further professional advice.

The Globe has manfully done its duty in striving to repress a great wrong to humanity. The Ontario Medical Council must pick up the glove thrown down by *The Globe*, and uphold the honor of the medical profession of Ontario, in no uncertain way.

J. J. C.

EDITORIAL NOTES.

Hygienic Ice-Cream.—Disease may be transmitted by ice-cream, as well as by milk or cream; factories in which ice cream is manufactured should be placed under the control of the civic Health Department and be duly inspected. Only persons who keep factories suitable for the manufacture of ice cream should be permitted to sell their product. Many persons, including the sick,

use ice cream as food, and the manufactured article should be produced in the cleanest and most sanitary manner. The sale of ice cream on the streets should be regulated; the exposing, selling or handling of bulk ice cream in cans or other receptacles on the streets should be prohibited. In Chicago, (Bulletin Chicago School of Sanitary Instruction) it has been noted that ice cream is made from condensed milk, skimmed milk, or mixtures of condensed milk and skimmed milk in basements, stables and living rooms. This is the product, that is peddled on the streets and sold to children. It is dangerous to health. There is no occasion to restrict the honest activity of tradesmen doing business in a small way; but the public health should be protected against unclean or adulterated foods.

Tincture of Iodine as Sold in Canada.—Bulletin No. 142, April 15, 1908 (Laboratory of the Inland Revenue Department, Ottawa, Canada), contains interesting data respecting the quality of Tincture of Iodine as sold in different parts of Canada. In all, 75 samples of the drug, obtained throughout the Dominion, February, 1908, were examined. The report shows:

Genuine	.....	60 samples
Adulterated	(containing no free iodine)	1
“	(containing methyl alcohol)	9
“	(containing methyl alcohol and being too low in iodine)	5
		<hr/>
		75

The British Pharmacopoeia (1898) prescribes a formula which contains free iodine 1 part in 40 parts, or 2.5 per cent.

Many Pharmacopoeias authorize a higher percentage of free iodine than does the British Pharmacopoeia. Thus, the French Codex prescribes 1 part in 12 parts (= 8.5 per cent.) of iodine; the United States Pharmacopoeia prescribes 1 part iodine in 14.3 (= 7.0 per cent.). In the report of the analyses, it is stated that samples in which the free iodine did not fall below 2 per cent. were allowed to pass as genuine. “Five samples are found to contain less than 2 per cent. of free iodine, and it is noteworthy that all of these are made with wood spirit (methyl alcohol) instead of ethyl alcohol, as prescribed by all the pharmacopoeias. One sample (No. 26394) contains no free iodine. . . . Fourteen samples are found to contain methyl alcohol in place of ethyl alcohol, which is prescribed

in all the pharmacopoeias. Applied externally, a tincture of iodine containing wood spirit would not produce dangerous symptoms; taken internally, it would be a poison and might produce blindness. There can be no doubt that the substitution of wood spirit for ethyl alcohol is an adulteration; any druggist knowingly retailing such an adulterated tincture of iodine should be heavily fined.

Absorption of Ointments.—We notice in *The British Medical Journal*, May 23, 1908, that experiments have been made by Sutton to test the relative absorption of the various ointments by means of aniline dyes. Guinea pigs and white rabbits were used, the ointment with the dye being applied to a bare place on the skin. After a certain time the patch was excised under anesthesia and sections cut and examined. He found that lard, simple, or benzoinated, and pure goose grease were the most quickly absorbed of all the substances tested. Petrolatum is a poor penetrant, unless applied with friction. Lanolin alone is absorbed very slowly; mixed with a more fluid material, as olive oil, it readily enters the skin. The addition of a small amount of cedarwood oil to an ointment considerably increases the rapidity of absorption. The penetrating power of simple lard or benzoinated lard has been recognized in 20 of the 44 ointments of the British Pharmacopoeia. Perhaps in the next edition of that work these agents may receive further recognition. It occurs to us, that either of them would be more penetrating than white paraffin ointment, which is now used in preparing unguentum acid salicylic.

X-ray in the Diagnosis of Obscure Abdominal Diseases.—It is interesting and instructive to study the revelations of skiagrams, made on living patients,—to see e.g. a patient complaining of pain in the region of the right kidney and to look at a skiagram of that kidney, which exhibits a calculus resting in its pelvis. A case of abdominal pain may excite fears of appendicitis, but the diagnosis may not be quite clear. Sir W. H. Bennett, *Lancet*, May 23, 1908, says: "In some of the deceptive cases—the cardinal sign of chronic appendicitis—swelling or induration—may be absent. But, in the dangerous pelvic type of appendicitis there may be no objective abdominal symptoms, and in the presence of other indications the mere absence of swelling or of abdominal rigidity is no justification for setting aside the possibility of organic disease of the ap-

pendix. To clear up such an enigma, an exploratory incision may be made or the use of the X-rays may be tried. The operation may do no harm, the X-rays cannot. The result with the rays may be nil: but they may disclose a stone in the ureter, a mass of tuberculous glands, a growth in the pelvic bones—any of which might cause the symptoms of which the patient complains. So, that in a case of abdominal pain of any but an obvious kind, all diagnostic resources have not been exhausted until the result of an X-ray examination have been seen." The interpretation of skiagrams requires skill, and it is better to hand over such work to a specialist. He may not be able to give a positive diagnosis of every obscure abdominal disease; but his examination will show calculi in the kidney, ureter and bladder, caseous tuberculous glands, new growths of bone, concretions in the appendix, sometimes stone in the gall bladder, and tuberculous disease of organs, and, of course, metallic and bony foreign bodies or involucera in bone.

The Canadian Formulary of Unofficial Preparations.—A second edition of the Canadian Formulary of Unofficial Preparations has been recently published by the authority of the Ontario College of Pharmacy, Toronto. "The object of this work is the establishment of uniform and authoritative standards for pharmaceutical preparations in active demand by the medical and pharmaceutical professions." Many of the published formulæ are probably intended to be used as guides in preparing substitutes for patent or proprietary medicines. Hence, their publication in the C. F. would go to show, that there is a popular demand for the latter preparations. Then, why should not the laity get what they ask for? There is no objection to a physician using a non-official preparation, and, certainly, many of the formulæ which appear in the C. F. may be used by physicians with advantage. Unless given to polypharmacy, however, a practitioner's list of formulæ is not lengthy, and the formulæ themselves rather short. He soon learns to formulate some of the official drugs in ways suitable to the conditions encountered in his practice.

Consumption of Alcohols and Tobacco in Canada.—As shown in an Editorial Note, which appeared in our issue of last month, the consumption of spirits in Canada has declined during the past year. However, the consumption of beers

and wines showed a slight increase. The consumption of spirits during the year was .889 of a gallon per head of population, against .947 the previous year. Beer was consumed to the amount of 5.812 gallons per head, while the year previous the amount was 5.585 gallons. The consumption of wine was .096 of a gallon per head, against .092 the previous year. The average amount of tobacco consumed was 2.898 pounds per head, while the previous year it was 2.953 pounds. The growth of the cigarette habit in Canada is shown by the consumption for the past five years, as follows:

1904	.....	211, 302, 041
1905	.....	250, 860, 387
1906	.....	269, 334, 839
1907	.....	355, 170, 280
1908	.....	384, 809, 374

A considerable proportion of the cigarette consumption is due to the prevalence of cigarette smoking among youths, and it is expected that a law will be passed by the Canadian Parliament prohibiting the sale of tobacco to, or the use of tobacco by, young men who are under 18 years of age. It will be more honored in the breach than in the observance, and will probably be amended, so as to reduce the age to 16 years.

Act Respecting Proprietary and Patent Medicines.—At the evening session of the Senate of Canada, July 17, 1908, an amendment was offered to the Act Respecting Proprietary and Patent Medicines by Senator Roy. The amendment was to the effect that the words “opium, its preparations and derivatives,” be eliminated from Schedule A of the bill. On a vote the amendment carried and the words quoted were stricken from the bill. Senator McMullen’s amendment, providing that “patent medicines in the hands of retail merchants at the time of the passing of the Act could be sold,” was also passed. The opposition to the bill in the Senate was strong, the vote for leaving it over until next session being defeated by 20 to 17. The bill is not perfect, but may be accepted as an effort to restrain the use of dangerous proprietary and patent medicines. Senator Roy’s amendment materially improves the bill. Further amendments will be in order at future sessions of the Senate. This bill was referred to at length in an editorial note, which appeared in our July, 1908, number (p. 52).

Toronto's Sanitary Campaign.—Toronto has passed through a brief but busy sanitary campaign. Ever since Toronto was Toronto its drainage has flowed calmly to the Bay. For forty years and more the agitation has gone on for civilized sewage disposal, and it might have gone on for forty years more, but that a movement to improve the city water supply was initiated, gathered strength and developed sufficient momentum to carry enough votes and interest to secure the passing of the two by-laws. It was a great victory for the health conscience of Toronto, and the medical profession, we are glad to say, were not found wanting. We did our part. It was in the first instance, due to the careful, thorough, scientific, faithful work of Dr. John A. Amyot that the matter came up at all. Dr. Amyot for four years quietly examined the tap water in the top-flat of the new Medical Building in Toronto University where he carries on his duties as Bacteriologist to the Provincial Board of Health. Dr. Amyot did not forget that charity begins at home, and it would have been strange indeed if he, whose work in improving the sanitary conditions all over the Province is so well known, had neglected the water, with which, like all the rest of us in Toronto, he has to wash his hands, quench his thirst and cook his food. He gave timely warning to the public and the profession, and received the invariable reward by which we know the true reformer—he was persecuted for it. But he made converts and *magna est veritas, et prevalebit*. Dr. Amyot was the real leader in the movement before and after the public began to talk of colon bacilli. The Academy of Medicine also did its part. They called a public meeting last December, which was largely influential in the campaign, and in the dark days when heads daily fell or threatened to fall they paid a bacteriologist of their own to look for those colon bacilli which had proved fatal to one bacteriologist and seriously threatened another. Altogether about \$200 was expended by the Academy in prosecuting the work. Great credit is also due to another member of the Medical Profession, Controller Harrison. But for him the by-laws would probably not have been brought forward at all, nor would they have been carried. Dr. Harrison devoted himself to this work with an energy, an earnestness and a thorough knowledge of the subject that are beyond all praise. He delivered about thirty addresses in the campaign which did much to enlighten the citizens and inform the public mind. Dr. Sheard,

the Medical Health Officer of Toronto, with that force and vigour for which he is famous, plunged into the campaign with enthusiasm and contributed very largely to its success. From his eloquent speech at the first meeting and from the many addresses which he has delivered for years past, especially on the sewage disposal question, and from the press interviews, and information laid before the citizens from time to time, and the frequency with which all conversant with the matter refer to these, it is evident that Dr. Sheard's influence did a great deal to carry the by-laws. Finally, the Medical Profession provided an *advocatus diaboli* for the movement, in the person of ex-Ald. Dr. John Noble, who, with the able assistance of ex-Ald. Davies, conclusively proved to the citizens that there are no arguments against the by-laws. Besides, the women of Toronto helped the men. This is an old favorite combination which for real hard work cannot be excelled. Pure water and proper sewage disposal will usher in a new era for Toronto, and her example will be widely followed. Many other members of the profession in the city aided in this important sanitary movement, among whom may be mentioned Professor Oldright, who has strongly advocated sewage disposal for many years, and Dr. W. L. T. Addison, Secretary of the Department of State Medicine in the Academy.

H. MACM.

PERSONAL.

DR. W. H. B. AIKINS has returned from Europe and, resuming work, will engage in consultation and office practice.

DR. J. K. ELLIOTT, 611 Spadina Ave., announces that he will be at Port Carling, Ont., from July 4th, returning to Toronto September 17th.

DR. J. T. FOTHERINGHAM, 20 Wellesley Street, Toronto, announces to the profession that after his return from London, about September 1st, he will confine his work to office and consultation practice, including the diseases of children.

THE old and reliable house of Wm. R. Warner & Co., will be incorporated under the laws of Pennsylvania, with Mr. Wm. R. Warner, Jr., retaining his connection as President of the corporation. This move enables Mr. Warner who has managed the entire business, to transfer to others many of the details of management and at the same time, assures his host of friends and patrons in the Trade, of a continuation of the safe and conservative policy, which has proven the keynote of its success and which has characterized it from its foundation in 1856.

THE Canadian Medical Exchange, conducted by Dr. Hamill, Toronto, Medical Broker for the purchase and sale of medical practices and properties, has at the present time between 20 and 30 medical practices for sale, which will average from \$2,500 to \$5,000 per year, and he will be glad to pilot bona fide buyers who register with him, to any of these that might suit them. Full details of his methods can be obtained by dropping a letter to 75 Yonge St., Toronto. The Canadian Medical Exchange certainly offers a shortcut for any physician who desires to find an opening where a lucrative practice can be done.

ANTI-MENINGITIS SERUM NOW PROCURABLE IN TORONTO.—Through the kindness of Dr. Simon Flexner, anti-meningitis serum is now procurable in Toronto. It can be got any time, free of cost, at the Hospital for Sick Children, College Street. Directions for use will be sent with the serum. An editorial in the June issue of *Archives of Pediatrics* gives all required information as to the efficacy of Dr. Flexner's preparation.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

THE H. K. MULFORD CO.'S A. M. A. SCIENTIFIC EXHIBIT.

The following letter explains itself and contains facts worthy of publication, as showing that H. K. Mulford & Co. are anxious that the medical profession know just what they are doing in the manufacture of scientific products:

Editor, CANADIAN JOURNAL OF MEDICINE, Toronto.

Dear Sir,—The object of our Scientific Exhibit at the recent annual meeting of the American Medical Association at Chicago, was to illustrate by specimens, models and descriptions the production of Antitoxin, Curative Sera, Smallpox Vaccine, Bacterial Vaccines and Tuberculin. The exhibit is part of the permanent museum now being developed in connection with our Scientific Department and School of Instruction. Hitherto it has been considered necessary by manufacturers to conceal their methods as far as possible with the view of protecting capital invested in the business. We are making a radical departure from this and have adopted a new way, namely, the way of publicity, believing that the more physicians have the opportunity of knowing just what we are doing and how we are doing it, the greater will be the confidence of the profession in the H. K. Mulford Company and its products.

Yours very truly,

H. K. MULFORD COMPANY.

Milton Campbell, President.

News of the Month.

ONTARIO MEDICAL COUNCIL EXAMINATIONS.

THE following candidates passed the final examination of the council:—

R. T. Adam, Lindsay; A. E. Aikinhead, Brucefield.

H. H. Black, London; E. Boyd, Toronto; G. F. Boyce, Kincardine; J. Burns, Palmerston; G. S. Buck, Lindsay; H. W. Bell, Port Hope; A. Baxter, Toronto; H. A. Boyce, Murray P.O.; G. A. Bates, Toronto; W. W. Brydon, Brampton, and W. Bailie, Toronto.

T. H. Callahan, Wooler; O. A. Cannon, Walkerton; M. B. Campbell, Toronto; G. R. Crann, Queensville; J. Christie, Webbwood; G. L. Cockburn, Sturgeon Falls; M. Calder, Innisfail, Alberta; W. F. Cornett, Kingston.

J. Duncan, Toronto; B. S. Elliott, Ingersoll; J. A. Evans, Islington.

R. W. Faulds, Burwell Road; G. C. Gray, New York, N.Y.

C. C. Hartman, Aurora; R. E. Holmes, London; H. Huehnergard, Berlin; A. W. Hunter, Durham.

H. B. Johnston, Vernonville; W. J. Johnston, Wareham; P. J. Kirby, Arthur; R. Kenny, Sarnia.

J. H. Lawson, Brampton; G. E. J. Lannin, South Mountain.

J. MacLachlan, Toronto; D. W. MacKenzie, Toronto; J. D. Mille, Delaware; F. S. Macpherson, London; N. Munro, St. Thomas; T. Morrison, Hamilton; A. H. Morgan, Moorefield; A. D. McArthur, Greenbank; A. D. McCannel, Minot, North Dakota; C. S. McVicar, Ailsa Craig; O. A. McNichol, Toronto; J. M. McReuer, Ayr; R. D. McAlpin, London; W. L. McBroom, London.

O. J. Newell, Aylmer.

A. P. Ovens, London.

R. D. Paul, Chicago; W. C. Pepin, Windsor.

W. G. F. Russell, London; G. W. Racey, Kingston; E. H. Relyea, Cornwall; A. G. Rice, West Toronto; F. W. Routley, Toronto.

P. J. Sproule, Listowel; L. J. Simpson, Thornton; A. T. Spankie, Wolfe Island; S. Stinson, Brighton; A. B. Schinbien, Listowel; J. H. Sullivan, Ottawa; G. E. Seldon, Ingersoll.

R. R. Todd, Toronto; F. H. Trousdale, Kingston.

R. A. Williams, Ingersoll; S. T. White, Toronto; A. I. Willinsky, Toronto; N. R. Wilson, Toronto; E. H. Young, Kingston.

The following candidates have passed the intermediate examinations:—

C. E. Anderson Philadelphia; H. K. Bates, Woodstock; H. H. Black, London; E. Boyd, Toronto; B. E. Biggs, Burlington.

S. V. Carmichael, Spencerville; A. L. Campbell, Belmont; D. W. Clark, Ballyduff; W. F. Cornett, Kingston.

R. E. Davidson, Beachburg; W. E. C. Dey, Shallow Lake; C. Elmore, Springvale.

H. L. Emmett, Ponthill.

H. W. Faulds, Burwell Road; H. W. Feidhands, Copper Cliff; J. M. Fowler, Petrolia; F. J. Folinsbee, Strathroy.

W. B. Gibb, Toronto.

F. C. Harrison, Toronto; W. A. Harvie, Orillia; A. W. Hunter, Durham; H. E. Hamill, Meaford; J. G. Harkness, Juna; C. E. Hill, Toronto; B. B. Horton, Napanee; Laura S. Hamilton, Toronto.

T. J. Johnston, Carthage; C. V. Jamieson, Guelph.

J. N. Kelly, Addison; J. E. Keyes, Oakwood.

J. H. Lawson, Brampton; G. E. J. Lamin, South Mountain.

C. R. Mackenzie, St. Thomas; F. S. Macpherson, London; A. H. Miller, Castleton; A. H. Morgan, Moorefield; L. G. McCabe, Waterdown; W. G. McCulloch, Enfield; H. M. McFadden, Millbank; N. McLeod, Moose Creek; A. A. McLean, Clachan; O. A. McNichol, Toronto.

W. Pratt, Cobourg; W. C. Pepin, Windsor.

A. G. Rice, West Toronto; A. C. Ricker, Dunnville; W. A. Robertson, Monkton; J. A. Routledge, Dunkeld; F. W. Routley, Toronto; G. W. Racey, Kingston; E. H. Relyea, Cornwall; C. E. Rowland, Toronto.

J. M. Smith, Cannington.

F. H. Trousdale, Kingston.

E. S. Walker, Glencoe; S. T. White, Toronto; H. Williams, Allanford; A. I. Willinsky, Toronto; N. R. Wilson, Toronto; E. H. Young, Kingston.

UNIVERSITY APPOINTMENTS.

THE Board of Governors of the University of Toronto has made the following announcements in connection with the staff:

To be Professor of Mathematics—A. T. DeLury (promoted from associate professor).

To be Professor of Mechanics—W. J. Loudon (promoted from associate professor).

Also the following for the session 1908-9:

To be Physical Director and Secretary of the Athletic Association—Dr. J. W. Barton.

To be Lecturer in Physics—H. F. Dawes, B.A.

To be Assistant Demonstrators in Physics—H. A. McTaggart, M.A., J. K. Robertson, M.A., V. E. Pound, M.A.

To be Class Assistants in Physics—J. A. Gardiner, B.A., W. T. Kennedy, B.A.

To be Fellows in Mathematics—A. E. Johns, B.A., S. Beatty, B.A., L. N. Richardson, B.A.

To be Senior Assistant in Chemistry—R. J. Manning, M.A.

To be Demonstrator in Physiology—F. R. Miller, M.B.

To be Lecturer in History—E. G. Feiling, B.A.

To be Lecturer in Ancient History and History—A. G. Brown, B.A.

To be Fellow and Librarian in the Department of Psychology—Miss M. I. Jansen, Ph.D.

To be Class Assistants in Psychology—C. A. Lazenby, J. R. Harris.

To be Instructor in Greek—W. H. Tackaberry, M.A.

To be Instructor in English—W. H. Cawson, Ph.D.

To be Instructor in French—L. H. Corbett, B.A.

To be Demonstrators in Pathology—G. Silverthorn, M.B., C. J. Wagner, M.B., W. H. Pepler, M.D., C.M., F. C. Parson, M.D., C.M., F. A. Clarkson, M.B., G. W. Howland, B.A., M.B., H. S. Hutchison, M.B., B. O'Reilly, M.D., C.M., J. Graham, M.B., W. S. Lemon, M.B.

To be Demonstrators in Clinical Surgery—S. Silverthorn, M.B., F. S. Ryerson, M.D., C.M., W. J. O. Malloch, B.A., M.B., W. W. Jones, B.A., M.B., S. H. Westman, M.B., W. A. Scott, B.A., M.B., M. H. V. Cameron, M.B.

To be Demonstrator in Dermatology—D. King Smith, M.B.

To be Demonstrators in Gynaecology—F. W. Marlow, M.D., C.M., Helen MacMurehy, M.B.

To be Demonstrator in Obstetrics—J. A. Kinnear M.D., C.M.

To be Demonstrators in Clinical Medicine—D. McGillivray, M.B., G. W. Howland, B.A., M.B., T. D. Archibald, B.A., M.B., W. J. McCollum, M.B.

To be Assistants in Clinical Medicine—C. J. Wagner, M.B., B. O'Reilly, M.D., C.M., J. S. Graham, M.B., A. H. Adams, B.A., M.B., E. E. Cleaver, B.A., M.B.

To be Lecturer in Architecture—A. W. McConnell, B.A.Sc.

To be Lecturer in Drawing—T. R. Loudon B.A.Sc.

To be Lecturer in Applied Mechanics—C. R. Young, B.A.Sc.

To be Lecturer in Electro Chemistry—S. Dushman, B.A.

To be Demonstrators in Electrical Engineering—F. R. Ewart, C. S. Dundass, W. S. Guest, R. H. Hopkins, F. M. Wood.

To be Fellow in Electrical Engineering—J. F. Procnier.

To be Fellow in Hydraulics—W. S. Pardoe.

To be Demonstrator in Chemistry—H. M. Lancaster.

To be Fellows in Chemistry—T. E. Rothwell, D. E. Beynon.

To be Fellows in Electro Chemistry—L. V. Redman, H. P. Mills.

To be Demonstrator in Surveying—E. W. Banting.

To be Fellows in Surveying—A. L. Ford, R. C. Purser, O. Relfson.

To be Demonstrators in Drawing—L. R. Thomson, J. A. Stiles, R. W. Moffatt, A. D. Lapan.

To be Fellows in Drawing—R. E. C. Chadwick, C. Wright, G. G. Mills, E. W. Neelands, H. M. Hyland, A. B. Garrow, T. Taylor, A. B. Mitchell, M. H. Woods.

To be Demonstrator in Applied Mechanics—W. G. Swan.

To be Fellows in Physics—W. C. Blackwood, A. A. Kinghorn.

To be Lecturer in Household Economics—Miss M. B. Tamblyn.

To be Instructor in Household Science—Miss N. L. Pattinson, Miss M. A. Craig.

To be Instructor in Physiological Chemistry—Miss O. G. Paterson.

To be Laboratory Assistant in Household Science—Miss H. S. Graham.

To be Lecturer in Forestry—A. H. D. Ross, M.A., M.F.

The Physician's Library.

BOOK REVIEWS.

Green's Encyclopedia and Dictionary of Medicine and Surgery.
Vol. Eight. Physiology to Rhinolalia. Edinburgh and London ·
Wm. Green & Sons.

Volume Eight of this series is a worthy successor to those already to hand. It touches practically everything from an article (2nd half), covering 100 pages on Physiology (Nutrition of the Tissues) by Prof. Noll Paton, to one on Rheumatism about 45 pages in length. The volume includes 58 articles of more than 1,000 words in length, some of which deal with Pigments of the Body and Excreta, the Pituitary Body, Plague, Diseases of the Pleura, Pneumonia, Post-Mortem Methods, Prescribing, Prostate Gland, Psoriasis, the Puerperium, Quarantine Rabies, Radium, Refraction, Relapsing Fever and Retinoscopy. Besides these articles there are over 60 consisting of less than 1,000 words in length

W. A. Y.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles. Edited by W. T. LONGCOPE, M.D., Philadelphia, U.S.A., with the collaboration of William Osler, M.D., Oxford; John H. Musser, M.D., Philadelphia; A. McPhedran, M.D., Toronto; Frank Billings, M.D., Chicago; Chas. H. Mayo, M.D., Rochester; Thos. H. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Richard Kretz, M.D., Vienna. Volume I., eighteenth series. 1908. Philadelphia and London: J. B. Lippincott Company. Volume II., eighteenth series. 1908. Philadelphia and London: J. B. Lippincott Company.

We find, among the contributors to Vol. II., such names as Leslie Buchanan, of Glasgow; Chas. G. Cumston, of Boston; Louis Fischer, New York; W. S. Gottheil, New York; J. B. Roberts, Philadelphia; F. Parkes Weber, London, and H. Gideon Wells, Chicago. The volume consists of Clinical Lectures on Treatment, Medicine, Surgery, Gynecology, Ophthalmology, Dermatology, Orthopedics, Pediatrics and Pathology. The lectures are fully up to the usual high standard of *International Clinics*, a quarterly that is now looked forward to by its subscribers four times a year.

Adenomyoma of the Uterus. By THOMAS S. CULLEN, M.B., Associate Professor of Gynecology in Johns Hopkins University. Large octavo of 270 pages, with illustrations by Hermann Becker and August Horn. Philadelphia and London: W. B. Saunders Company. 1908. Canadian agents: J. A. Carveth & Co., Limited, Toronto.

If asked to name the very best work in scientific medicine ever done on this continent, Walter Reed's yellow fever investigations would be at once submitted by those most in touch with medical progress. If in similar manner one should be asked to select the very best monograph dealing from clinical and pathological stand-points with a single surgical subject, the reply might require a good deal of discriminating judgment.

After a somewhat careful reading of this latest, but let us hope not last, work of Dr. Cullen's, the writer of this notice is unable to recall any earlier work of similar character to which precedence should be accorded.

Fourteen years ago a case came under Dr. Cullen's observation in which the true pathology of uterine adenomyomata stood out with sufficient prominence to make it a demonstration and not simply the basis for a new theory. Following this up through long years of patient and accurate study, carried on with unrivalled facilities and with abundant sympathetic and highly skilled assistance, he has here presented 90 cases of a diseased condition hitherto counted as rare, and has cleared up the last uncertainty as to its real nature. The warmest congratulations of the profession in this, the land of the author's nativity, will go out to him on the completion of his undertaking in the presentation of the sumptuous volume before us.

The book is dedicated to the Rev. Thomas Cullen, a Methodist minister, widely known and much beloved during a lifetime of labor in this Province.

N. A. P.

Collier's, the Splendid Canadian Weekly—

A splendid opportunity has been seen and seized by Collier's Weekly which now enters the Canadian field and publishes in Toronto. It is of a piece with the general enterprise of this great publishing house that it should be the first United States periodical to do this. The twentieth century is to belong to Canada, and Collier's idea, no doubt, is to help Canada's growth and share in its prosperity. A four-thousand-mile wide nation like Canada merits all the attention a big weekly can give it. What cannot be done from New York can be done very well from Toronto. The man on the spot, breathing this air, thinking what Canada thinks, saying what Canada says,—this doubtless, is what Collier's has in mind.

Canada is not overburdened with national weeklies. The field is almost virgin. A policy of truth, and fearless independence supported by pictures and timely articles—such a policy, in short, as Collier's has pursued in the United States, should pay proportionately well here. There is plenty of truth yet to be spoken, there are plenty of readers who like to read it, and there are, unquestionably, plenty of advertisers who will appreciate a national medium.

Collier's, we assume, will be found as usual urging the greatest good of the greatest number. It will not be a respecter of persons when there is a wrong, high or low, to be righted. It will be kind to virtues, but not blind to faults, for praise and nothing else, helps not the soul. All things human and Canadian will interest it and it will therefore be interesting. If it is wise, it will make its appeal to young Canada—Young Canada that has grown since Confederation, Young Canada glorying in the thews and sinews of its manhood, the same Young Canada that is going to own the twentieth century and make it pay dividends.

There can be little question of the sympathies of Collier's new Canadian editor, Mr. F. H. Gadsby. He is part and parcel of that Young Canada which makes up, perhaps, nine-tenths of the voting strength of this country. It is greatly to his credit that he has not belonged to other nations for any length of time, but has been a good enough Canadian to come back and remain in the country where he was born and bred. Much of Mr. Gadsby's best work has been done as editorial writer, special writer and paragrapher, on the Toronto Daily Star. His "On Parliament Hill" sketches from Ottawa gave him a national reputation and his "Gallery Clock" made quite as big a hit in Ontario politics. His "Gallery of Notables" series is still treasured in many scrap books awaiting the time Mr. Gadsby shall gather them into a book. For ten years the initials H. F. G. have been familiar to readers all over Canada. Nobody ever saw them at the bottom of a dull story. That Mr. Gadsby is with Collier's is in itself a guarantee that its policy will be truly Canadian, that its opinions will be gracefully and wittily expressed, and that there will not be lacking the sincere milk of the word.

Proceedings of the Royal Society of Medicine. Vol. I., No. 8. June, 1908. Longmans, Green & Co., London, New York, Calcutta and Bombay. Price, seven shillings and sixpence, net.

The June issue of this very excellent work has just reached us, and is in no respect inferior to any preceding volume. It would seem, in fact, as if the Proceedings of the Royal Society of Medicine were getting better all the time, the editor being evidently determined to give the profession the best in medical literature. The

June volume is composed of the usual sections, Clinical, Dermatological, Electro-Therapeutical, Epidemiological, Laryngological, Medical, Neurological, Obstetrical and Gynecological, Odontological, Otolological and Surgical.

The next number will complete the first volume, and will be issued early this month, August.

Oxford Medical Publications: Rotunda Practical Midwifery. By ERNEST HASTINGS TWEEDY, F.R.C.P.S., Master of the Rotunda Hospital. and G. T. WRENCH, M.D., late Assistant Master. Price \$5.00. London: Henry Frowde, Oxford University Press, Hodder & Stoughton, Warwick Square. E.C. 1908. Toronto: D. T. McAinsh & Co.

This is a really charming book. When reading it one seems to be absorbing the clinical experience of a master in midwifery, who tells in a clear-cut way how to do this, that or the other obstetrical operation.

Sapremia and Septicaemia are adequately dealt with; as much can be said for the chapter on eclampsia. Antisepsis is a marked feature in Rotunda work and is doubtless causative of a small morbidity there.

There does not seem to be any morbid condition met with in obstetrics, which is not described in this book. The methods of others are mentioned; the Rotunda method is given in full. The illustrations are capital.

This book should have an enormous sale.

J. J. C.

The Practical Medicine Series, comprising ten volumes on the year's progress in Medicine and Surgery; under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. II., General Surgery, edited by John B. Murphy, A.M., M.D., LL.D., Professor of Surgery in Rush Medical College (in affiliation with the University of Chicago.) Series 1908. Chicago: The Year-Book Publishers, 40 Dearborn Street.

The present volume is one of a series of ten issued at about monthly intervals, and covering the entire field of medicine and surgery, each volume being complete for the year prior to its publication on the subject of which it treats. This series is published primarily for the general practitioner, at the same time the arrangement in several volumes enables those interested in special subjects to buy only the parts they desire.

It is quite impossible to review the entire contents of this volume of surgery in the Practical Medicine Series, for the book itself is a review of the surgery of the year 1907. There is a good article on Bier's treatment, with some of the apparatus shown. General, local and spinal anaesthesia from the newer points of view are considered at length, as well as the various methods adopted to

prevent the after vomiting. Many of the methods dealing with gastric and duodenal ulcer are still on trial, while perforative peritonitis is beginning to yield to the more advanced surgical treatment, and give a large percentage of cures.

On pages 209, 210 and 211, we find a short article on Cleft Palate. The article comments very favorably upon Dr. F. N. G. Starr's new method of dealing with this condition, being an abstract of the Doctor's paper appearing in *THE CANADIAN JOURNAL OF MEDICINE AND SURGERY* about a year ago. The author of the book says as follows: "F. N. G. Starr introduces a new method of dealing with Cleft Palate. The technic varies somewhat from the Langenbeck operation, and saves time, which is an important factor. The child is placed upon a table with a sandbag under the shoulders, while the surgeon stands to the left. Hewitt's gag is placed in position and the tongue drawn well forward by means of a silk suture. The first lateral incision is made well out to the alveolar margin of the hard palate, carrying it beyond the anterior extremity of the cleft, if the cleft does not extend through the margin. With the periosteal elevator the muco-periosteum is quickly denuded from this side; then with Lane's curved scissors the palate aponeurosis is snipped from the posterior margin of the hard palate, thus freeing the flap from its bony attachment. The flap should be freed anterior to the cleft. This incision may then be packed with a piece of sea sponge, while one proceeds to the opposite side to deal with it in the same way. The first packing may now be removed, when one finds that all hemorrhage has ceased. The edges of the flap are then removed with a small tenotomy or cataract knife, making certain to cut as thin a slice as possible, at the same time taking the whole thickness of the flap margin. By the time denudation has been carried to the anterior angle on one side, the packing from the other may be removed, and denudation proceeded with on the other flap. While the raw edges are still oozing, and before there is time for the mucus to glaze them over, begin suturing, commencing at the anterior angle and proceeding backward. Horsehair is used, and each suture is passed about 1-8 in. from the margin and from 1-8 to 1-4 in. apart. These are left long until all have been passed when they may be quickly tied. Lane's needles and needle-holder are used and greatly facilitate the work. A piece of aluminum, gauge 36 in thickness, is taken and bent to an angle to fold over the outer side of the flap, pass it through one lateral incision; then, by passing a pair of forceps into the opposite lateral incision, grasp the free end and pull it down into the mouth cavity again, carry it across to the point at which it entered, and there cut off any excess. With a heavy needle one may then easily penetrate the metal at one or two points, as required, and pass a horsehair suture and tie it to prevent the free end scraping and irritating the tongue, or the free

end may be turned up into the lateral incision again and pinched with a pair of forceps. The operation takes from 25 to 50 min. The aluminum may be left in 8 or 9 days, when it is removed by cutting it across close to the lateral incision and the stitches taken out. The lateral incisions then rapidly heal, and the patient may leave the hospital in 10 to 14 days.

The advantages of the aluminum splint are: It prevents tension and prevents—till union of the edges has occurred—adhesion taking place between the mucoperiosteum and the bone of the hard palate. Some cases have gone bad because of this, in that while there may be no tension at the completion of the operation, yet, when such union begins, tension upon the edges of the flap may be sufficient to separate them by tearing out the stitches. Then, too, it prevents the child sucking the stitches. To avoid infection, the mouth is sprayed with a solution of borie acid and 10 per cent. rectified spirit, which may easily find its way under the splint and remain in contact with the wound some time.

Bier's Hyperemic Treatment in Surgery, Medicine and all the Specialties: A Manual of Its Practical Application. By WILLY MEYER, M.D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital, and Professor Dr. VICTOR SCHMIEDEN, Assistant to Professor Bier at Berlin University, Germany. Octavo of 209 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$3.00 net. W. B. Saunders Company, Philadelphia and London. Canadian Agents: J. A. Carveth & Co., Ltd., Toronto.

In view of the present prominent part that Bier's Hyperemic Treatment is playing in the treatment of tubercular and other infections, the book by Willy Meyer and Victor Schmieden is most useful. In it the technique of the various apparatus required is carefully gone into. It is a comprehensive manual that enables, not only the surgeon and the specialist, but also the general practitioner to become familiar with the method. If, when the practitioner get an infected finger, he will place a rubber band around the finger, well above the site of injury, he will be surprised to find that the pain and throbbing will cease almost immediately. By a little personal experience of this kind he will also learn perhaps more quickly than any other way the required tension for a given case. At the Hospital for Sick Children the treatment has been extensively used in tuberculous disease of bones and joints with great success. It has been of service too in securing closure of old empyema sinuses.

This manual should be in the hands of, and carefully studied by, every practitioner, and then efforts to close off discussion upon the subject of Bier's treatment in our Medical Societies would not be so common.

F. N. G. S.