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# Dominion Medical Monthly

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## ORIGINAL ARTICLES.

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

### SOME PRACTICAL POINTS IN THE RECOGNITION AND TREATMENT OF DISEASES OF THE SKIN.\*

BY L. DUNCAN BULKLEY, A.M., M.D.,  
Physician to the New York Skin and Cancer Hospital, etc.

When your Secretary honoured me with an invitation to appear before you at this meeting and to present a paper upon some subject connected with the branch of medicine to which I have devoted my life, I felt some embarrassment in regard to the selection of a theme upon which to address you. It would be very easy to present a report of rare cases, and I might also discourse upon some of the rarer diseases which have been from time to time described, or present some new methods of treatment, but such matters belong rather to the special societies, and would be of relatively little interest or value to general practitioners.

It has occurred to me, therefore, that what was rather wanted at these gatherings of the general profession was the experience of those who had devoted time and thought to their particular branch, and that I could best serve my medical brethren of Canada by giving some practical suggestions which have come to me from twenty-five years' experience in treating diseases of the skin. It is with a little hesitancy that I take so broad a topic as that which I have chosen, but craving your kind indulgence, I will endeavour to be as brief and practical as possible, and trust that my efforts may not be without a certain measure of success.

The limitations of this short paper will prevent my entering at all fully on the topics which I may present, for each one is capable of elaboration to almost any

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

extent. I shall have also to apologize for more or less abruptness in considering different points, and in order to accomplish the greatest results in the shortest space my remarks will necessarily take somewhat of a dogmatic nature, and be more or less in the form of aphorisms.

1. The first point which occurs to me is, that want of success in handling many skin cases will often come from lack of care and too little attention and study being given to the individual case. While skin diseases are somewhat difficult both in their recognition and treatment, I do not think that they need by any means present the difficulties which are imagined by many; if physicians would only devote the time and study to individual cases which are given to the same cases by the specialist, I think that much better results would often be obtained. Even a specialist is seldom willing to give a diagnosis or express a prognosis in regard to a case, much less enter upon a line of treatment, until he has thoroughly studied the case from every aspect.

2. In approaching a case of skin disease intelligently it is always necessary to give some time to several matters: (a) It is very important to go well into the history of the eruption itself, how and when it has developed, and what were the earliest lesions, and to discover, if possible, some of the primary lesions still present; (b) careful inquiry should also be made in regard to former eruptions which may have been present, either in the patient or family; (c) investigation and record should be made in regard to family tendencies, as to eruptions, bronchitis, asthma, rheumatism, gout, scrofula, etc.; (d) to understand a patient with a skin disease properly, it is necessary to know his personal history in regard to former diseases, his tendencies, former condition of life, etc.; (e) it is also always very essential to thoroughly know the present condition of the patient in all respects, the manner in which the functions of life are performed, the state of the secretions and excretions, his mode of life, diet, habits, etc.

3. In no branch of medicine, perhaps, is the advantage of taking and recording notes more clearly apparent than in connection with diseases of the skin. Not only should the notes be taken at the first visit and the diagnosis made and recorded, but at each subsequent visit notes of the condition and present state of eruption, and the results of treatment, should all be entered, together with every prescription employed. Only in this way can a case be properly studied and followed out from beginning to end.

4. The connection of certain skin affections with the general condition of the patient will often be thus most unexpectedly and valuably developed. My experience has led me more and more to recognize the dependence of diseases of the skin upon other conditions of the system, and to regard them less and less from their local aspect.

Although educated in Vienna, and thoroughly imbued with the views of Hebra in regard to the local causation of skin diseases, and having translated a German work (Neumann) on Diseases of the Skin, which was thoroughly local in its pathology and treatment, my experience has led me so far away from this line of thought and belief that the largest share of my attention in every case is now directed towards internal and constitutional causes in the treatment of these affections.

Time and space do not permit me to elaborate these and many other points of which I would like to speak at length, but some of which may be more fully treated of in connection with individual diseases later. I may state, however, that as time

goes on I am more and more impressed with the idea that debility plays a very large share in the development of many cutaneous lesions. I am also more and more impressed with their connection with and dependence upon disorders and derangements of the gastro-intestinal tract, and those of the liver and kidneys. Allow me here to speak very strongly in regard to the value of repeated tests of the urine in connection with the management of diseases of the skin, both in order to understand the conditions present and to direct the proper treatment; for I have constantly found urinary derangements associated with those of the skin. I do not refer to the grosser troubles of albuminuria or glycosuria, but to alterations in the daily quantity of the urine, in its acidity and specific gravity, and to the presence of uric acid, urates, oxalates, phosphates, etc., which indicate greater or less assimilative and dis-assimilative disorders.

5. The nomenclature and classification of diseases of the skin have always been a "Bête noire" to the general profession, and it must be acknowledged that in times past very much confusion has arisen by the various alterations in and additions to them which have been made by different writers. It is not necessary, however, for the general practitioner to compass the entire field of dermatology in order to succeed fairly well in the ordinary routine of practice in this line which may be presented to him. While upon the list of skin affections which may possibly be presented to the specialist in the course of one or more years, no less than one hundred different names of diseases appear, a large majority of these are either rare or insignificant conditions, and three quarters of the cases presented would appear under a dozen or so names; moreover, most of the dermatological cases ordinarily seen are included in half a dozen affections; so that, if the general practitioner will become familiar with a few of the most common affections of the skin, and become skilled in their management, he will make a long step in advance.

In looking over the analysis of a large number of skin cases it is seen that eczema, in its different forms, covers no less than 33 per cent.; acne comes next, with from 10 to 25 per cent.; syphilis follows, with 10 per cent.; the animal parasitic diseases form 6 or 7 per cent.; the vegetable parasitic diseases give 4 or 5 per cent.; psoriasis about 4 per cent.; urticaria about 3 per cent., etc. Thus the seven forms of disease mentioned cover from 70 to 80 per cent. of the entire number presented to the specialist for treatment; probably the proportion coming under the care of the general practitioner would be even larger, as the statistics referred to contain many rare and also many comparatively insignificant skin disorders which come to the specialist for relief. Time does not allow me to go further in this direction, nor could we, indeed, speak of all the diseases in the brief space allotted to a paper.

I will now endeavour to give a few practical points in regard to the eruptions mentioned, and perhaps some others, hoping to be able to make some suggestions which may be of service to those present.

6. Eczema. As already stated, eczema forms about one-third of all the cases presenting themselves to the specialist for treatment, and it is more than probable that it would form about one-half of the cases which would come under the ordinary care of the family physician, for very many of the mild cases never reach the specialist. To understand fully the management of eczema, therefore, represents a very large share of the skill required by the general practitioner in the management of diseases of the skin; moreover, the principles of treatment applicable to eczema will also be

found of very great service in connection with many other inflammatory skin affections.

The first thought that occurs to us in this connection is that there is far more danger of erring in the way of doing too much for eczema than in doing too little. In many, many cases which have come to me the disease has been immeasurably irritated and often prolonged by the severity of the treatment which had been employed.

The skin is a very delicate organ, readily taking on inflammation with even moderate irritation, and when the eczematous habit or condition is present the inflammation steadily tends to increase, unless the proper protection and soothing treatment is given. The cases of eczema which require a stimulating treatment are infinitely less frequent than those requiring protective and soothing measures. While chronic patches of old eczema will sometimes bear quite powerful irritants, even in these cases the surface requires afterwards to be protected and soothed.

The itching of eczema, as is well known, will often be terrific, and frequently stronger and stronger applications will be made in hopes of allaying the intense pruritus; -but care must always be exercised in this, for the measures which check the itching will often prove very irritating to the skin tissue. Acute infantile eczema may be taken as a type of this. The little ones will suffer immensely, and tear and rub the surface in their vain efforts to secure relief, and oftentimes applications will be made which only increase the difficulty, and the disease will thus try greatly the patience of physician and friends. But great caution must be exercised not to stimulate the delicate skin too greatly in the efforts to give relief. As will be seen later, true relief is to be obtained rather by internal measures, dietary, hygienic, and medicinal. Acute eczema of the face and hands and in the folds of the body in adults is also commonly accompanied by most intense itching, and will be often unduly stimulated in the effort to get relief. In very chronic conditions it is very desirable to begin with very mild stimulants and anti-pruritics, and to watch the effects, increasing the strength gradually, according to their effect on the skin.

In regard to the general matter of applications to the skin in eczema, it may be stated that there is no one remedy which is found to be universally applicable, and even one well acquainted with this branch will be occasionally greatly disappointed in regard to the action of remedies on which he had previously relied. Almost the only exception to this is the zinc ointment, now so universally used, which, if rightly made, rarely does harm, even if it does not very often do much good. Here let me utter a word of caution against the many new remedies and plans or measures which are proposed from time to time in current literature. It is far wiser to have a few good remedies and to understand their use well, than to be trying time and again such as are recommended by others, often with the very slightest experience.

To be successful in the treatment of eczema one must certainly study the patient carefully and adapt the treatment to the condition found. It would be amusing, if it was not so sad, to see the number of instances coming to the specialist in which arsenic has been used; indeed, it may be safely said that every one who has had eczema for any length of time has certainly taken this remedy from one or more physicians, without avail. It is the exception with me to find it otherwise.

While arsenic undoubtedly has somewhat of a control over the nutrition of the skin, and is certainly valuable in certain cases of skin affections, I have very little faith in its powers over eczema. It often does enter into tonic prescriptions; but alone I

do not believe it is capable of controlling the disease, except in an exceedingly small proportion of cases of infantile eczema. A large share of cases of eczema will be found to have an acid state of the system, and alkalies will generally be found to be of the greatest service. Of these, acetate of potash is the most valuable, and is that which I daily use; but again, I must repeat that there is no one single remedy or panacea for the disease. To be successful in its management one must have broad medical views and use much medical common-sense. Purgatives are of great value at times, combined with strong tonics.

The very great importance of diet in eczema, and, indeed, in many skin diseases, must never be forgotten. By diet, is not intended any starvation plan, and not necessarily any reduction in the quantity of food; but the word should be understood in its broadest meaning, with the following definition, namely, "such a regulation of the quantity and quality of the food and drink taken, its mode of preparation and the time and method of consumption as shall conduce to the restoration and maintenance of health." Milk is often of the greatest service in certain cases with a lowered vitality; but, on the other hand, milk given in connection with food will often induce a bilious state, which is again provocative of the disease. It should always be given pure and alone, on an empty stomach, one hour before eating, and slightly warm.

Time and space prevent my entering more fully into this great subject of the management of eczema, but I am firmly convinced that if the general physician would study every case carefully and patiently there would be much less difficulty in giving relief; in other words, eczema should be studied and treated from a broad, medical standpoint, without too much attention to the particular local disturbances found upon the skin.

7. Acne. The next most frequent disorder of the skin is undoubtedly acne, although, perhaps, but a portion of the cases ever come under the care of the family practitioner. The reasons of this are, perhaps, obvious to all, namely, that the disease is too often considered a mere blemish, and patients are too apt to consider it as a necessary accompaniment of certain times of life; moreover, it is a common belief that it is not capable of cure, but must be borne, with the idea that it will disappear with time. To one, however, who sees much of skin diseases, it is evident that the eruption is the cause of a very great amount of distress and annoyance, and anyone who has had much to do with its removal, will realize the relief and pleasure given thereby to those afflicted with it.

We may briefly consider acne under three general varieties or type. (a) Acne simplex: This form, occurring in young people, varies greatly in extent, from a few pimples to an eruption which causes very great disfigurement. While it is a frequent eruption of youth, it is certain that it is not a necessary accompaniment. The more I see of it, the more I am convinced that it very commonly results from debility, which, however, may not be apparent at first sight. If the case is carefully gone over, however, there will be found a certain weakness, a relaxed condition of the tissues, cold hands and feet, pale and slightly-coated tongue, disturbance in sleep, etc. In a very large share of cases, powerful tonic treatment will result in the amelioration of the eruption, and carefully directed dietary and other treatment will effect its removal. (b) Acne indurata: Even more than in acne simplex is this commonly found to be the result of pure debility, but more frequently there are also evidences of digestive or assimilative disorder, and great care will often be required to secure the proper assimilation of tonic remedies. (c) Acne rosacea:

This form, more commonly observed in middle and older life, depends largely upon digestive disturbances. There are frequently to be found constipation, urinary disorders and other conditions requiring general attention. In quite a large share of the cases of acne indurata and rosacea, the eruption will be found to depend largely upon the abuse of stimulants. These should be entirely interdicted, and a rigorous enforcement of diet will be required to secure success in treatment.

In regard to all the forms of acne, a very much better prognosis may be given under proper conditions than is generally supposed. I believe from experience that an exceedingly careful treatment, followed out by means of careful note-taking, can and will result favourably. The disease is certainly curable, I was about to say, in all cases, provided the causes can be reached and removed; and, inasmuch as these causes commonly relate to functional disorders of the system, sufficient medical intelligence and care should eventuate in their removal and the cure of the eruption.

I have said nothing as yet about the local treatment of acne, as I consider this really the least important part of the subject. I may throw out this caution, however, that we should avoid too strong local applications, and that more favourable results are obtained by mild astringents, mainly those containing sulphur, than from any active or very severe measures.

8. Syphilis.—Opinions seem to differ greatly among general practitioners in regard to the relative frequency of syphilis as an element of causation in diseases of the skin. Some suspect it to be a fertile cause of skin lesions, and many eruptions are treated as such which have no specific element, while others will fail to recognize the disease time and again, being thrown off their guard by the idea that the disease is not prevalent in the better walks of life.

As is usually the case, the truth lies between the two extremes; syphilis is not so exceedingly prevalent, but in my dermatological practice, coming from all sections of the country, it forms almost continually ten per cent. of all cases. In country towns and inland cities the proportion is probably less.

Time and space permit but a very few observations in regard to this most important and interesting disease. I may first remark that we must not be thrown off the guard by the absence of venereal exposure in the patient, nor by the seeming absence of the initial lesion. Innocent syphilis is a very large subject, which I have fully developed elsewhere\*, and thousands of cases are now on record where extra genital infection has occurred in a most innocent manner, in addition to the large number of cases of hereditary and marital syphilis. In many of these cases the location of the primary sore will not be known until the existence of syphilis is revealed by later skin symptoms. There are also many urethral chancres, and it is often extremely difficult to determine the presence of a chancre in women.

Nor should we fail in diagnosis from the incompleteness in a former history of syphilitic symptoms, for constantly cases of late tubercular syphilis, often wrongly regarded as lupus, will be found in those from whom little or no satisfactory corroborative history can be obtained. The earlier symptoms of syphilis may often be masked by treatment, while in many cases they are so light as to escape the notice of an unobserving patient.

In regard to the treatment of syphilis I wish to utter a plea for a more patient,

\*Syphilis in the Innocent (Syphilis insontium). Bailey & Fairchild, New York. 1894.

exact, and persistent course of treatment than is commonly given by the general practitioner, as far as my observation goes. I know well the difficulty of holding patients with a firm hand to the end of a two or three years' course of treatment, which modern medicine has demonstrated to be efficient in eradicating the disease, in a large proportion of cases. But, on the other hand, I feel confident that this can be accomplished in a much larger proportion of instances than is commonly the case if the physician so wills it, and uses every effort to carry out the will. Here it is that careful recording of cases and note taking at each visit will accomplish a very great deal; if the patient is made to appreciate the gravity of the situation and the later danger to himself and others from imperfect treatment, and if the physician can be positive from recorded notes as to the facts of the case and of the data in regard to the course of the treatment, there will be less difficulty in carrying out the proper course to the end than is usually experienced.

I have very definite and strong ideas in regard to the duties of patient and physician respecting the spread of syphilis, which I have elaborated in the work already referred to. I believe that the disease, which is the cause of untold misery and suffering, can be largely stamped out by proper measures. I would have it included under the contagious diseases which are amenable to the Health Officers, and I would have it made criminal to wittingly communicate the disease, or not to exercise proper precautions against the infection of others. When the profession, and consequently the laity, are sufficiently awake to the injury constantly inflicted by syphilis on those who are innocent of all sexual transgressions, they will take measures to restrict the spread of the disease.

9. Animal parasitic diseases come fourth in relative frequency in statistics; these refer principally to scabies and phthiriasis, or the lesions caused by the different forms of body lice. Scabies is not very infrequent among the better classes, and will often pass unrecognized. It is well to remember that while the cuniculi or furrows made by the burrowing female insect are perfectly pathognomonic of the disease, still, in fully half the cases, they are not clearly demonstrable. A single practical suggestion is that sometimes when they are suspected, and not definitely pronounced, they may be made very apparent by blackening the surface lightly with ink, which readily soaks into the furrows and leaves them black, while most of it can be readily washed off from the rest of the surface.

A single therapeutic caution may perhaps be of value. In treating scabies with anti-parasitic applications there will sometimes be excited so much dermatitis that it masks entirely the original trouble; often this will be mistaken for an increase of the scabies, and a yet stronger parasiticide will be used, to the detriment of the patient. It is well, therefore, if there is much irritation of the skin, after a brief and thorough treatment with an anti-scabiatic ointment, to stop these stimulating remedies, and by means of emollients to remove the dermatitis—when the scabies will be found to be cured. I have known cases where irritation of the skin was thus unnecessarily kept up for some time after the original trouble had disappeared.

10. Vegetable parasitic diseases. Fifth in frequency come the skin lesions caused by vegetable parasites, including favus, tinea versicolor, and the various forms of ring-worm. The limits of my paper forbid my entering at all upon these, which should seldom be difficult of diagnosis, although they are, as is well known, rebellious to treatment. I must, however, urge the necessity of microscopic examinations, not only for accuracy of diagnosis, but also repeatedly during the progress of the treatment, and



especially before the patient is pronounced cured, in favus and tinea tonsurans, or ringworm of the scalp. Many cases which appear well will go on insidiously and infect many others unnecessarily, unless extreme caution is used. This microscopic examination is generally not difficult and require very little technique, and can readily be learned with moderate practice from the works relating to the subject.

11. Psoriasis presents itself sixth in frequency in statistics, with only about five per cent. in my private practice. This interesting disease has always been a puzzle both to dermatologists and to the general practitioner, and I do not know if I can say briefly anything of special value. I must state, however, that I believe that in a large share of cases, sufficient, correct and prolonged treatment, mainly internal, can and will cure the disease; by this I do not mean simply remove the eruption, but so alter the system that it does not recur.

Just as in syphilis we have now learned that the treatment of the disease does not consist in combating and removing its local manifestations as they arise but in a prolonged treatment aimed at overcoming the poison in the system, so I believe that prolonged dietary and other treatment can so alter the constitution of the psoriatic individual that the eruption no longer recurs; unless, indeed, the condition of system may have relapsed from the same causes, even as a gouty or rheumatic subject may be placed in a condition of health, and be entirely free from his complaint for years, or for ever, unless dietary or other errors again develop the causes of his disease.

12. Urticaria. This eruption, seventh on the list, formed only about two per cent. in my private practice; it is, of course, vastly more frequent in general practice, and would probably come ahead of several of those already mentioned in frequency. The reflex character of this eruption is well known to all, and I can only emphasize the point that search, and persistent search, must be made for the cause, which will be very commonly found in the gastro-intestinal tract, or in liver or kidney derangements. The chronic cases are sometimes a great tax upon the patience of the specialist as well as the general practitioner.

This paper, or rather, these rambling remarks, has quite exceeded already the brief limits I had set, and I have again to apologize for its fragmentary nature. It was my purpose to direct the thought of the profession to the simplicity of the subject of dermatology, and perhaps to throw out a few thoughts which could not readily be found in text-books. I would have liked to have spoken of a few other diseases than those mentioned, and to have given more hints which would be of practical service. I trust that something which has been said will serve to awaken an interest in dermatology, which may be fostered, perhaps, when it is seen that so large a proportion of the actual cases coming for treatment are comprised in so small a category of diseases. With the complete mastery of these seven alluded to the general practitioner would make great advance in the treatment of a large share of the skin cases applying to him for relief.

## PRESIDENT'S ADDRESS AT MEETING OF CANADIAN MEDICAL ASSOCIATION, ST. JOHN, N.B.

BY DR. HARRISON, SELKIRK, ONT.

*Gentlemen of the Association,—*

My first duty, as well my pleasure, is to thank you for the honour you have done me in placing me in this position, an honour as unexpected as it was unsought. In fact, I might well have great misgivings as to my ability to fill it, for I need not tell you, the mantle of my many able predecessors has not fallen on my shoulders, and I should not have accepted it had I not felt that I could rely upon your assistance and indulgence.

The subject of my address has been one of grave consideration. I might have taken the history of medicine or surgery, but it is trite, and has been worn threadbare. The history of the developments and improvements during the last one, two, or three decades in this age of books and journals, is the property of the whole profession, especially of those who take enough interest in its progress to attend this meeting. It was with a good deal of diffidence that I took as my theme my personal experience and observations in medicine, extending over upwards of half a century.

Over fifty-seven years ago, with my father, the late Dr. Harrison, I settled near the shore of Lake Erie. The country at that time was an unbroken forest, with merely a thin and scattering fringe of settlements on or near the lake. The soil was heavy clay, and the surface very gently undulating. The water supply mainly derived from the rainfall. The watercourses were more or less obstructed by the debris of the forest, so that the swamps held their moisture all summer, or until dried by slow evaporation or percolation. At this time miasmatic diseases were so prevalent that very few passed a summer without an attack of ague, and bilious remittent fever was common, and sometimes fatal, especially among the unacclimated. It was no uncommon thing to find, during the hot weather of summer, cases of ague or remittent in every house in a settlement, and frequently every member of a family would be attacked at once. Unacclimated persons who were healthy and vigorous sometimes passed the first summer without being attacked, but the fact that they developed it early the next year showed that the poison, though dormant, was still present, and had preserved its virulence through the long period of winter, ready to show itself on the first occasion of the lowering of the powers of life. When the system became saturated with the miasmatic poison, the patient was generally attacked every summer, as soon as the weather became warm, and it stuck to him either continuously or with intervals of apparent convalescence until the approach of cold weather. This would go on for perhaps from three to five years, when the susceptibility to the disease seemed to be worn out, but it left the patient with a constitution so shattered that it took years to recuperate, and left him an easy prey to the first serious attack of disease.

The miasmatic poison was so omnipresent that it complicated almost every other disease. I remember my father saying that he had scarcely seen an uncomplicated case of pneumonia, and the man who ignored its presence had little success in treat-

ment. Quinia would check it as certainly, and I think in much smaller quantities than we now require. From ten to twelve grains in two grain doses rarely if ever failed to stop the ague for at least seven to fourteen days.

At the same time there was a peculiar and very fatal disease among cattle. It had the local name of murrain. The animal was seen to be ailing; the eyes became sunken, the extremities cold. In a short time a bloody diarrhœa and hæmaturia ensued, and the animal died in from twelve to twenty-four hours. A case of recovery was almost unknown. This disease was so prevalent that scarcely a herd escaped, and a farmer frequently lost from one fourth to one-half his stock of horned cattle. Horses and sheep were not affected. In the next township to the west of us the soil was porous sand, well watered with springs and spring streams, and here, though ague was not uncommon, this disease of cattle was unknown.

Contrary to an opinion frequently advanced, the presence of malaria was not accompanied with the absence of typhoid, which, I think, was as prevalent as it is now.

When my father settled here, there was not a doctor nearer than a day's ride, and the medicine was entirely domestic. Charms and incantations were largely depended upon in cases of ague and hæmorrhage; but in cases where remedies were used they were pushed with a vigour that would take the breath of the modern patient. Whiskey was the universal remedy, and had the advantage of being indicated in all diseases, in all their stages, and in all conditions of the patient. It was a *sine qua non* in midwifery. I remember when a boy riding with two old settlers through the woods, and while passing a loghouse, many miles from the nearest neighbour, a woman rushing out and hailing one of the men with "Have you any whiskey?" He slowly and hesitatingly acknowledged that we had a bottle, "just enough to take us through the woods." "You will have to give it to us," says the old woman. "Here's a woman sick, and no whiskey. Did you ever hear of such a thing?" My friend took a parting drink, and then, with a "longing, lingering look" at the departing spirit, handed the remainder to the midwife.

A disciple of Thompson had carried his peculiar ideas into the settlement, and the beautiful simplicity of the doctrine "Heat is life, and cold is death," and that you had only to throw off the "cold phlegm" with lobelia, and keep up the heat with red pepper, to cure your patient, had gained many followers; and I know of at least two deaths caused by the lobelia.

Bleeding was resorted to on the slightest provocation, and there was scarcely a neighbourhood that did not boast of a man who could open a vein with a dexterity that would shame the majority of the graduates of to-day; and the enormous bowls of the various infusions and decoctions that were poured down the patient would go far to convince the observer that, as in the case of New York's historian, they intended to drive out the enemy by inundating the seat of war. Some of their medicines were nauseous enough to have been derived from the pharmacopœia of the Dark Ages, the Chinese or the homœopathsists. An infusion of the excrement of the sheep was commonly prescribed for measles, and that of the cat—no bad substitute for *Assafoetida*—was considered "the sovereign'st thing on earth for fits."

My father was the first in the neighbourhood to treat diseases *secundum artem*; but in those days the principles of medicine as taught by Sydenham and Cullen had not become obsolete, and he never hesitated to use contra-stimulants or the lancet in inflammation, in what was called inflammatory fever, or sthenic cases of disease with

hyperaction, where he considered that the patient's constitution would endure the treatment.

It was in this school that I learned the first rudiments of medicine, and in the first years of my practice I used the lancet with more or less freedom. And though the doctrine of John Hughes Bennett and his followers has largely affected my practice, I am by no means convinced that the disuse of the lancet has been an unmitigated blessing. As there were brave men before Agamenon, so there were skilful and *successful* physicians before we were thought of, or a bacterium discovered. It was certainly a dangerous mode of treatment for the mere routinist, who bled, blistered and salivated each patient, as a matter of course; but was a powerful weapon for good in the hands of the careful, observing physician, who understood the course and effect of disease, and carefully and intelligently studied and watched those of his remedies. And while our modern treatment saves patients who would have died under the old regime, I am convinced that the vigorous treatment of our fathers saved many who would have been allowed to die under the expectant treatment so fashionable a few years ago.

Diphtheria reached us before railways had opened up the country, and I repeatedly saw it on isolated farms, surrounded by woods, and where it could not possibly have been carried from without, and where the land had been so recently redeemed from the forest that it could not have been derived from some previous but forgotten case. This has seemed to me to prove that the origin of the Klebs Loeffler bacillus requires further investigation. We also had cases of cerebro-spinal meningitis; and I was much interested in a paper read by Dr. (now Sir James) Grant at the first meeting which I attended of this association, in (I think) the year '69. It was on Cerebro-spinal Meningitis, or, as he termed it, "Purpuric Fever," as it appeared in the Ottawa Valley. It had appeared with us at the same time; and, changing the locality and the names, his paper would have fairly described my cases and their results.

The country became rapidly and thoroughly cleared and drained; and it so completely rid us of the cause of miasmatic disease that I have scarcely seen a case of ague in twenty or twenty-five years, nor a case of old-fashioned remittent, in my own practice of some forty years, and it is so long since we have had a case of murrain among our cattle that it has ceased to be a tradition. We have occasional cases of typhoid; but, though for years there was no attempt to isolate the patient, it is very seldom we have had a second case in a neighbourhood. We have a German settlement near us, where it is considered to be the duty of everyone within reach to visit the sick, which they do without the slightest precaution, yet I never saw it communicated. In the township adjoining, where the soil is very porous, the opposite obtains. There an isolated or single case is the exception. Time and time again I have seen a case of typhoid fever followed by one, two or three others, in the same house or in the immediate vicinity. The only difference between the localities is in the soil and the water. Their water is spring, and from either springs, wells or streams is bright, sparkling and good tasted; while ours is far from being clear, and is contaminated with clay, lime, magnesia and sulphur. But while our soil is heavy and impervious, theirs is as porous as a sponge; and, I feel sure, allows the poison from the patient and his dejecta to find its way into the wells. These facts seem to me to go far to show that, if we disinfect or take care of the dejecta from our patients, there is little danger of spreading the disease.

For a long time in my earlier years I had no medical friend within easy reach, so that I had frequently to operate without assistance; and I have more than once amputated the leg or thigh with only the aid that a resolute neighbour could give, and I have been so used to perform all the operations required in obstetrics without medical assistance that I never think of asking for a consultation. But this state of affairs has its disadvantages. While it has a tendency to make a practitioner self-reliant and resourceful, and has bred in Canada a host of practical men perhaps second to none, it has a tendency to make a man opinionative and obstinate. In the language of Pasquier, he is apt "to think there is nothing left for him to learn; he entertains oftentimes the most absolute confidence in himself, and the most profound disdain for all who do not share the ideas—the opinions he has already conceived unto himself." Or else he is apt to get into a rut, and to develop the mere routinist.

After my father's death, I particularly felt the necessity of meeting other medical men at least equal to myself, and with greater or more varied experience; and, as soon as this Association came within reach of me, I attended and joined it. I think this was at its second or third meeting, and I have attended most of its meetings since. When the Ontario Medical Association was formed, I was one of the first to join, and have been an active member from that time, and I attribute any measure of success I may have achieved to these circumstances. I hold it to be the duty of every live medical man in Canada to support these Associations and to attend their meetings, and that the man who has an opportunity to attend, and does not, fails in his duty to his profession, to himself and to his patients. It is not enough to belong to his local society, and it is not correct or fair to hold that the Provincial Association takes the place of, or is in any way the rival of the Canada Medical. The provincial societies should be its feeders, for, while the provincial associations are necessary to unite and to promote the brotherhood of the profession in each province, it is the Canada Medical that is the common bond of the profession of the Dominion, that knows no provincial boundaries, and unites the medical men from the Atlantic to the Pacific. But here we find an anomaly which, it seems to me, is a disgrace to the profession. Any medical man of good standing in his own province is eligible for membership of this Association, and can attend its meetings anywhere; but, if he wishes to practise, the moment he crosses the imaginary line which bounds his own province, he is met by a Shibboleth both vexatious and humiliating.

A man who, for a quarter of a century or upwards, has practised with credit and success, is, on entering another province, required to pass the examination of a student; the examiners perhaps men without a tittle of his experience or ability—men perhaps unborn when he entered the profession. Surely this state of affairs should not and need not exist. Its inconvenience and unfairness must be manifest to all, and it should be the duty of this Association to remove the anomaly. It has been several times brought to its notice. I remember hearing it discussed in, I think, the year 1869, by the president, Doctor, (now Sir Charles) Tupper, but so far we have done nothing. The different standards of matriculation and education, the varying width of the portals to the profession in the different provinces is, I think, the main obstacle. And one can easily see the unfairness of asking a province where the standard is high, the period of study required long, the examination rigid, and where the University degree gives a man no right to practice, to admit, on equal terms, men who have qualified in provinces where they are admitted on much easier terms, and where the University degree of M.D. is all that is required to obtain a

license or to register. One can see that the result would be "a beggarly account of empty" benches in their colleges, while their students would go in crowds to the universities in the provinces where they found a royal and easy road to practice.

The only way to accomplish this is to establish a common curriculum, a common standard, a common portal to the profession for all the provinces in the Dominion; and when a man has once entered he should be entitled to register in any of them; and as medical education, like the Roman Eagles, cannot be allowed to retrograde, the requirements to practise should be based upon those of the province where these are the highest, and where the examinations are the most rigid. This can work no injustice. Our standards are none of them too high. A few days ago Mr. J Greig Smith, in the address on Surgery before the British Medical Association, says: "Are we to lower the standard of surgery so that our brains may not be strained, or are we to strain our brains that surgery may be raised?" And he answers, "Let surgery rise, if brains fall; let the weak, the lazy or the impatient fall out, but do not let us lower our standard because some men cry it is too high. It cannot be too high." I think this sentiment will be endorsed by this association, and I think no man competent to give an opinion, will say that in any of the provinces we have too high a standard.

We can only assimilate our varying standards by a joint action of all the provinces, and as this Association is the only body which contains, or should contain, representatives from them all, I think we must depend upon the Canada Medical to achieve this result. It has been for a long time held in abeyance, but the growth of our country, the increase in population and importance of many provinces and territories, which were not in existence when this subject was first brought up and discussed, and above all, the enormous and continuing increase in the numbers of medical men render its consummation more necessary than ever; and although I am an old man, and in the course of nature not likely to practise much longer, and although it would not affect me personally, still as a member of a profession that has descended to me in a direct line through surgeons, some of whom existed more than a century before I was born, and which I have transmitted to my eldest son, I am deeply interested in this question, and if I can feel that I have done anything to help throw down these barriers, and unite the profession of our whole Dominion, I shall consider my time well spent, and that I have not for so many years been a member of this association in vain.

August 22nd, 1894.

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## Reports of Societies.

### NINTH ANNUAL MEETING OF THE EXECUTIVE HEALTH OFFICERS OF ONTARIO.

Among those present at the opening of the Ninth Annual Meeting of the Association of Executive Health Officers in Chatham, on the morning of the 14th August, were: Dr. J. J. Cassidy, Toronto; Dr. H. E. Vaux, Brockville; Dr. J. D. Macdonald, Hamilton; Dr. P. H. Bryce, Toronto; Dr. Francis Rae, Oshawa; Dr. E. E. Kitchen, St. George; Dr. Allan Cameron, Owen Sound; Alan Macdougall, C.E., Toronto; Dr. W. R. Hall, Chatham; J. J. McKenzie, B.A., Toronto; Dr. Coventry, Windsor; Dr. Chamberlain, Leamington; Dr. Lundy, Galt; Dr. McKeough, Chatham; Dr. R. V. Bray, Chatham; Dr. Duncan, Toronto; Dr. J. H. Duncan, Chatham; Dr. J. L. Bray, Chatham, and others.

Dr. Bryce, secretary, read the minutes of the last meeting, which were approved. The first paper read was on "THE DISPOSAL OF TOWN GARBAGE AND REFUSE," by Col. Bishop, United States Consul, Chatham. Col. Bishop advocated the destruction of garbage and refuse by crematory process, and outlined the systems of portable and stationary crematories, showing their comparative cheapness and their efficiency.

Dr. Stewart (Thamesville) followed with a well-written paper on "CREMATION AS A METHOD FOR THE DISPOSAL OF THE DEAD." He urged the adoption of the system of incineration on the ground of economy, on the ground of sentiment, and on sanitary grounds.

"SEWERAGE AND DISPOSAL OF SEWAGE," by P. D. McKellar, Kent County Registrar, was an exhaustive treatise. The subject matter of the paper had been

gleaned chiefly from the writings of George E. Waring, jr., on Sanitary questions.

"THE ECONOMY AND UTILITY OF THE SEPARATE SEWERAGE SYSTEM" was a paper prepared by H. J. Bowman, C.E., Berlin.

A discussion of the subjects followed.

The afternoon was spent at Rondeau, to which charming summer resort the visitors and their hosts were conveyed on an Erie and Huron special.

On returning in the evening the Association attended the formal unveiling of a public drinking fountain.

#### EVENING SESSION.

Dr. P. H. Bryce, secretary of the Provincial Board of Health of Ontario, read a paper on "HOW CAN WE LESSEN CONSUMPTION?" and Inspector Dearness, of London, read a paper on "SCHOOL SANITATION"

At the Wednesday morning session papers were read on "THE RELATION OF SETTLEMENT, CULTIVATION AND DRAINAGE TO DISEASE, ESPECIALLY TO MALARIA, IN THE WESTERN PENINSULA," by J. H. Duncan, M.D., Chatham; and "NOTES ON SCHOOL SANITATION," by G. J. McKeough, M.D., Chatham.

A discussion on municipal sanitation followed, in which Dr. Sheard (Toronto), Mr. Chipman, C.E. (Toronto), Dr. Bryce and Dr. Mitchell, M.H.O. (Delaware), took part.

Mr. Alan Macdougall then read an interesting paper on "ARTESIAN WELL SUPPLIES."

#### WEDNESDAY AFTERNOON SESSION.

Dr. J. A. McLeay, M.H.O. (Watford), read a paper on "THE IMPORTANCE OF WATERWORKS FOR TOWNS AND VILLAGES." Mr. Willis Chipman, at the conclusion of Dr. McLeay's paper, opened a discussion on the paper just read.

Dr. Sheard wished to emphasize the value of filtration. He thought a properly constructed filter, free from frost, a most

desirable thing, not alone for Chatham, but for other towns in the Province and Dominion.

Dr. Coventry (Windsor), in speaking on the subject of filtration and a pure water supply, urged the people of Chatham not to adopt the filter system, but to continue their efforts until a pure supply of water is obtained. He severely denounced the idea of filtering, and held that there is no method yet known which will make impure water pure. "You may reduce," said he, "the number of bacteria, but not improve the purity of the water you filter. It is the want of good, pure, fresh water which, more than anything else, causes people to drink something stronger and worse."

Mr. Macdougall, C.E. (Toronto), opposed Dr. Coventry's views in the matter of the purifying of water by means of filtering. He pointed out that at a recent test made by the Massachusetts Board of Health, sewage water, filtered in the ratio of 180,000 gallons to the acre, was found to be perfectly pure.

Mr. Chipman, C.E., pointed out that the purity of filtered water was not the point at issue. The difficulty, said he, would be found to rest in the proper and successful management of filter beds. He cited the difficulty which has been encountered in the town of Berlin, Ont., in the management of their filter farm.

Dr. Bray asked for information as to the cause of Chatham's water supply at times becoming muddy.

Dr. Hall reviewed the situation of the town in the matter of a water supply. "Three ways are yet left," said he, "the first choice being the 'Sny,' the second Lake Erie, and the third the Thames." He favored the latter, if after a thorough investigation the water could be made pure.

The President advised the town to go at once to Lake Erie, and abandon the idea of filtration.

The paper on the "CONTAGION OF

SMALL-POX." by Dr. Charles Chamberlain, M.H.O. (Leamington), was received as read.

"IMMUNITY IN ITS RELATION TO PRACTICAL DIFFICULTIES IN DEALING WITH THE INFECTION OF CONTAGIOUS DISEASES," with bacteriological illustrations, a paper by J. J. McFenzie, B.A. (Toronto), was next read.

Dr. Coventry spoke of the prevention of scarlet fever, and advocated the use of sulpho-carbolate of sodium. The report of the Provincial Board of Health on the notification of tuberculosis having been discussed by Dr. Cassidy, Dr. Bryce, and others.

Dr. Duncan, seconded by Dr. Bray, moved: "That the members of the Association of Executive Health Officers, having discussed the proposition forwarded them by the Provincial Board of Health, relating to the notification of tuberculosis, does hereby desire to express its approval of the propositions submitted to it by the Board, and to state the view of its members that belief in the contagious character of this disease is now so general that a time has come in the education of public sentiment when methods, in some degree restrictive, should be set in operation in order that definite progress in lessening the large mortality from this disease may follow the splendid results in the restriction of the more acute, but less fatal contagious diseases."

A vote of thanks was passed the council for the use of the chamber and other assistance; also to Mr. Burt, for some valuable charts of meteorological observations taken throughout this district.

#### ELECTION OF OFFICERS.

The election of officers was then proceeded with and resulted as follows: President, Alan Macdougall, C.E., Toronto; 1st Vice-President, Dr. Howitt, Guelph; 2nd Vice-President, Dr. Hall, Chatham; Secretary-Treasurer, Dr. P. H.



Bryce; Council, Drs. Harold, Kingston; Coventry, Windsor; McCrimmon, Palermo; Sheard, Toronto; McDonald, Tilsonburg.

The session then adjourned.

The banquet, held in the evening at the Garner House, was a very pleasant affair. The menu was choice, the guests in good humor, and "all went merry as a marriage-bell." An orchestra supplied choice selections during the evening. The oratory was of a high order, the members of the medical profession, who responded to toasts, showing that they were as competent to shine at the festive board as at the operation table or the meeting of a medical association.

PROVINCIAL BOARD OF HEALTH.

The Third Quarterly Meeting of this Board took place at 5 p.m. on August 13th at the Garner House, Chatham, Ont. The following gentlemen were present: Chairman, Dr. Macdonald, Hamilton; Secretary, Dr. Bryce, Toronto; Dr. J. J. Cassidy, Toronto; Dr. Rae, Cshawa; Dr. Kitchen, St. George, and Dr. Vaux, Brockville.

The minutes of the second quarterly meeting and also those of the special meeting held July 11th were confirmed.

Kingston, Hamilton, Windsor, Colchester, Dover township and Chatham township reported small-pox outbreaks—six cases altogether with one death. No further outbreaks.

Burgessville, in Norwich township, reported sixteen cases of diphtheria, with three deaths. This outbreak is supposed to have originated from a Guelph case. Cases were also reported from Lindsay and Burleigh township. Dr. Bryce reported that the supposed leper, Thomas Sheehan, having been refused admission into Toronto General Hospital was now

undergoing treatment at the city hospital, St. Catharines.

Dr. Bryce next presented a summary of correspondence with municipalities regarding the action taken by them to prevent small pox.

One hundred and seventy-one municipalities, classified as below, reported.

Dilatory . . . . .	69
Moderately active . . . . .	71
Active . . . . .	31

171

Twenty-five thousand vaccine points had been sent out from Dr. Stewart's vaccine farm, Palmerston, since the beginning of the current year. Dr. Davis, the Medical Inspector appointed by the Board to visit the infected districts in the North-west part of the Province, reported that he had vaccinated 2,000 persons living on the Manitoulin coast, at Spanish River, Killarney, Cooks' Mills, Thessalon, Bruce Mines, Sault Ste. Marie, St. Joseph's Island, Cockburn Island, Gore Bay and Webbwood. There were no fresh cases of small-pox occurring in these places, and no imported ones introduced from abroad.

At 6.30 p.m. the Board adjourned, and reassembled at 7.55 p.m. In response to an application made to the Board by the Ontario Lumber Co. that Constable D. McRae be recommended for appointment as Sanitary Inspector for French River, the Board made a recommendation to the Government asking that this appointment be made.

A committee, composed of Dr. Cassidy and Dr. Bryce, was named to co-operate with the committee appointed by the Canadian Institute to provide for the meeting of the British Association for the Advancement of Science at Toronto in 1897.

A committee, consisting of Drs. Kitchen and Bryce, was appointed to report on

the material used in shoddy mills. Dr. Bryce reported that the nuisance which had been caused at Mimico village by the discharge of laundry water from the sewer of the Mimico Industrial Home would be abated by providing for the discharge of the laundry water from the Home into subsoil irrigation pipes, only ordinary field drainage being discharged into the sewer, which empties into Mimico creek.

The proposed water supply of Sudbury from Ramsay Lake was considered. Permission was granted to go on with the work on condition that that portion of the town situated beside the lake be not allowed to discharge sewage into it, and that in case settlement should take place beside Kelly Lake, into which the sewage of Sudbury now drains, the people living near Kelly Lake be not allowed to use the water of that lake for domestic purposes.

A communication from the Galt Local Board of Health recommending that a main sewer be placed in the principal street of that town and allowed to discharge into the Grand River, was referred to the committee on the disposal of sewage.

Drs. Rae, Vaux and Bryce were named as representatives of the Board at the approaching meeting of the American Public Health Association at Montreal.

The report on the notification of tuberculosis was received and transmitted to the meeting of the Association of M. H. O. for discussion.

The Board then adjourned

New Brunswick Medical Association, at meeting held at St. John August 21st, elected the following officers:—Dr. M. G. Bruce, president; Dr. John Benson, 1st vice; Dr. J. B. McInerney, 2nd vice; Dr. G. A. B. Addy, secretary; Dr. Fisher, corresponding-secretary; Dr. F. McFarlane, treasurer. Trustees—Drs. E. Travers, Daniel and W. W. White.

## Dominion Medical Monthly.

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TORONTO, SEPTEMBER, 1894.

### OVER-CROWDING OF THE MEDICAL PROFESSION.

On former occasions we have referred to the fearfully over-crowded condition of the Medical Profession. When one considers that it takes about six years to qualify one's-self for the practice of medicine, and that at least the first three or four years of practice yields very little income, it is very doubtful whether many active young men, who may be thinking of studying medicine, would not be acting much more wisely to turn their thoughts in some other direction.

The study of medicine does not fit a man for any other line of work. Consequently, if he does not like practice or does not get on well, he has to begin life over again, after having spent a great deal of money and many valuable years of his life. The numbers who study and graduate in medicine and do not succeed well are much larger than many are inclined to believe.

Then, again, a medical practitioner must live in a respectable way. "He must keep up appearances," as the saying has it. This is not easily done on a small income.

Much of the fault of the present overcrowded condition of the profession is the fault of the medical men themselves. Throughout the country it is a common practice for the young men, especially the school teachers, to frequent the doctor's office for a chat. They get their erroneous ideas from the glowing accounts of what the doctor is making. Thirty dollars a day sounds big. We have had far too much of this booming, which has had the effect of leading many a young man into years of toil and disappointment.

Throughout Canada, Great Britain, the United States, and even in Australia and New Zealand the field is thoroughly occupied. You cannot find a small village or rural district where there is not a doctor or two. With a doctor to every 500 or 600 of the population the income, on the average, must be small.

But there are other factors at work. Sanitary science is making great strides. Much is now done in the way of prevention. Hospitals and dispensaries are ever on the increase. A large share of the work of the doctor is now done in these institutions. Lodge practice is on the increase, and this alone is an enormous loss in revenue to the doctors, as well as a degradation of their status. When once the public get the idea that one man can be attended for a dollar a year, his neighbour will cease paying a dollar a visit. It is an amazing thing that the profession cannot see this, and at once give up taking lodges.

Chance with chance for the same outlay of money, time and work we think that a young man can do better than enter the Medical Profession at the present rate of crowding. We do not decry the work of the physician. It is high and valuable; but this will not do, if it is not an avenue to a comfortable living.

## THE LABORDE METHOD IN ASPHYXIA.

This procedure, which was noticed editorially in our August and November numbers last year, continues to receive a good deal of attention from European physicians. In the capital of France it is established on a firm basis; and to popularize it, while at the same time extending the area of its beneficial influence, the Council of that metropolis has had a printed description of the Laborde method posted up in all the life-saving stations under the control of the Parisian Prefecture of Police. Briefly stated, the Laborde method consists in taking the tongue of the patient between the forefinger and thumb of the operator, or seizing the organ with a dressing forceps, and pulling it beyond the lips at short and regular intervals (about fifteen times a minute). These reiterated and persistent rhythmic tractions of the tongue, it is contended, enable the operator, as long as life is present in the patient, to act powerfully on the medulla oblongata, in which the reflex function of respiration resides.

Last June, a girl who had attempted suicide by drowning in the river Seine, and who had been rescued after an immersion which lasted five minutes, was restored to life by the application of the Laborde method. Commenting on this case, Dr. Laborde thinks that the would-be suicide, who was a neuropathic subject and entertained suicidal ideas, had, when submerged, a spasmodic contraction of the glottis of sufficient duration to prevent the aspiration of water into the air-tubes and minute cells of the lungs. This may be the correct explanation of what, under any circumstances, must be considered a very extraordinary fact; for, as Taylor says, in his *Medical Jurisprudence*, "A human being as a rule, dies if sub-

merged for a period of from four to five minutes. In a few exceptional cases persons have been resuscitated after this period; but it is most probable that in these the lungs had sustained no damage." We think, however, that the girl's restoration to consciousness five minutes after the application of the Laborde method proves she was not asphyxiated, as she would have been if air had been prevented from entering her lung for five minutes, owing to clonic spasm of the glottis. Spasm of the glottis may be caused by the inhalation of noxious gases; but spasm of the glottis in a neuropathic girl (globus hystericus) would not resist a plunge into cold water, and still less be caused by it. Syncope immediately after immersion, by preventing any conclusive effort at breathing on the part of the would-be suicide, would explain how an immersion of five minutes could take place without serious damage to the lungs. A neuropathic girl, while entertaining suicidal ideas, might lose consciousness from syncope immediately on finding herself helpless in the river. This condition would necessarily impede respiration and the consequent introduction of water into the lungs and stomach, which are by far the greatest sources of danger in drowning.

The powerful stimulus applied to the medulla oblongata by the Laborde method started the respiratory function going again, and the free introduction of pure air into undamaged lungs started the languid syncopal heart again on its rounds, all of which would naturally bring about a rapid return of consciousness.

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#### HUMAN VIVISECTION.

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Dr. Goodell recently pointed out that the aim of modern surgery is conservation—that now limbs, members and organs were saved which formerly would have been sacrificed, and that this result has

been brought about by antiseptics. "But antiseptics, by the glamour of success, has so dazzled gynecology as to make it a spoiler rather than a conservator." Quite recently a practitioner of St. Louis, Dr. O'Rielly, raised his voice against the wholesale slaughter of women, and appealed to the City Board of Health to suppress this modern laparotomy craze, alleging that the mutilation there was little less than criminal and murderous. The *St. Louis Medical Review* says: "The fact of the matter is, Dr. O'Rielly is right—that operations on the abdominal and generative organs are daily performed for which there does not exist the shadow of justification. . . . This lamentable state of affairs seems to be the immediate outgrowth of the multiplication of individuals who style themselves professors of surgery. The fact is, that too many pseudo-surgeons occupy professional chairs." The *Times and Register* of August 11th fully agrees that the "professor" fakir is in part responsible for this, and that "the fallacious claims of asepsis and antiseptics have lent their aid to this human slaughter, which it is about time the State authorities promptly and sternly suppressed. Perhaps, under certain circumstances, we might excuse with a sharp reprimand the ambitious, visionary young enthusiast for his first offence; but when the crafty and experienced practitioner suddenly casts aside legitimate remedies and stalks forth with the crimson blade in hand, promising every woman a sure cure through laparotomy, it is time that that man was placed in permanent quarters under lock and key." These certainly are strong words, but none too strong; even in our own cities culprits exist. The authorities promptly put down card sharks and flim-flammers; but what should be the punishment meted out to those beings who, with license to practice, decoy, for the purpose of gain, confiding women to the operating-table, and there

remove healthy ovaries and tubes, and then, with a diabolism complete, pocket the fat fee? What if a life is wrecked, "so-called interested science has been satisfied, and the rest is a laughing matter!"

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#### DOMINION REGISTRATION.

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It is not our intention to argue the merits of a common registration for the whole Dominion. On several occasions we have already done this. In our last issue we drew the attention of medical men about to meet at St. John to this question. It is gratifying to learn that the Canadian Medical Association, at its St. John meeting, appointed a committee to look into this matter and to report at next year's meeting. Goethe once said, "That it was to suit our wandering that the world was made so wide." Surely it is not going too far to say that at least that portion of the world under the common laws and flag of Canada should be free to all the medical men in the Dominion. Having once settled the question of standard, all the rest becomes easy. We have much pleasure in drawing attention to Dr. Harrison's able address to the Association, in which he deals at considerable length with this question.

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#### THE CANADIAN MEDICAL ASSOCIATION.

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The meeting of this association held last month at St. John, N.B., was, owing to the energy and ability of the members of the profession in the Eastern Provinces, quite a success. There was a large attendance from the Maritime Provinces, and while there were some members present from Toronto and Montreal, Quebec, Ontario and the Western Provinces were slimly represented. Dr. Harrison, of Selkirk, with his usual geniality, made a

capital President. The social features of the gathering were, as usual, prominent, and the magnificent reception given by the wives of the medical men of St. John will long be remembered. Most of the papers were full of interest, as will be seen by our report. We purpose publishing a number of the best. The President-elect is the venerable Dr. Bayard of St. John, N.B.

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#### SAY NOTHING—JUST LAUGH.

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It is reported that a party known popularly among the profession as the official editor was about to attend a meeting of his confreres, he wished to know what sort of a reception he was likely to have, so he said to one of them "What do the profession say about my editorials?" "Hump!" says the brother medico, "they say nothing; just laugh." We may be permitted to assume the same position in reference to the very careful and elaborate defence of the official editor's position, which appeared in the August-September number of his *Journal*, or the Council's *Journal*, or his *Journal* of the Council, or the Council's *Journal* of him. We are anxious to get this thing right, and we simply gather the above idea from the lucid explanation of the position as given by some members of the Council.

As a matter of fact, not even a plausible answer is given, but he has resorted to the defence of the cuttle-fish which, when pursued throws out an inky fluid in trying to escape observation, and in the same manner the *Ontario Medical Journal* "plays the saucy cuttle," and attempts to escape from the relentless grasp of facts by an inky fog of mis-statement and vituperation.

When the official editor undertakes to explain facts, the public may expect to hear something drop; they have a look

of curious expectation on their faces similar to that which was depicted on those of the ancient Israelites when they waited for Sapphira to follow her husband.

We simply again call the attention of our readers to the facts as stated in our previous issue.

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PIPERAZINE IN NEPHRITIC COLIC.—

John McKinlock, M.D., of Chicago, in *New York Medical Journal* of 18th August, gives his experience with this drug in four typical cases of renal colic. He claims to have obtained great benefit from its administration. His plan is to give 5 to 10 gr. along with 5 gr. of phenocoll in lithia water every two or three hours. The amount of urine is rapidly increased. The pain is relieved. The piperazine has a prompt action on the uric acid, and breaks up the concretions. It possesses wonderful solvent powers. It appears that large quantities of the drug can be used. It speedily dissolves off the angles from the calculi, and enables them to pass painlessly. It also breaks up phosphatic calculi by destroying the albuminoid cementing matter. As it is not irritating, it has been used with much advantage in the washing out of the bladder for vesical calculi.

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Items, Etc.

Dr. Bayard, of St. John, the newly elected president of the Canadian Medical Association, recently attained his 80th birthday.

Professor Stellwag, the distinguished Professor of Ophthalmology in the University of Vienna, delivered his last lecture and took leave of his students in July. He resigns his chair on the completion of his 70th year.

The profession will be pleased to learn that ex-Alderman Dr. J. Orlando Orr, has started a laboratory for the bacteriological examination of secretions, tissues, etc.; also bacteriological examination of water, earth, and air. Special examinations and reports made in cases of local epidemics.

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It is announced that Dr. F. N. G. Starr, assistant demonstrator of anatomy, Toronto University Medical Faculty, is one of the associate editors of the *Ontario Medical Journal*. It would be interesting to learn to what extent he is responsible for certain editorial matter which recently appeared in the *Journal*.

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In view of the approaching election for the Medical Council of Ontario, we urge our readers to notify Dr. Pyne, Registrar of the College, of any change of address which may have occurred during the last five years, in order that every member of the College may receive a ballot for the division in which he now resides.

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MARITIME MEDICAL ASSOCIATION.—The following are the names of the officers elected for the ensuing year:—Dr. Edward Farrell, of Halifax, N.S., president; G. E. Coulthard, vice-president for New Brunswick; G. E. Buckley, vice-president for Nova Scotia; R. McNeill, vice-president for P.E.I.; G. M. Campbell, of Halifax, secretary; G. E. DeWitt, Halifax, treasurer.

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OFFICERS OF CANADIAN MEDICAL ASSOCIATION FOR 1895.—President, Dr. Bayard; General Secretary, F. N. G. Starr, M.B. (Toronto); Treasurer, Dr. Small (Ottawa); Vice-Presidents, Drs. Shaw (Hamilton, Ont.), Armstrong (Montreal, Que.), McLaren (New Brunswick); McKeen (Nova Scotia), Blanchard (Mani-

toba), Haultain (N.W.T.), Maclaren (P.E.I.), Edwards (B.C.). Provincial Secretaries for the above provinces named in order—Fenwick (Kingston), Campbell (Montreal), McNally (N.B.), Hattie (Nova Scotia), Nelson (Manitoba), Macdonald (N.W.T.), McNeil (P.E.I.), Richardson (B.C.).

The *Times and Register* says: "The profession is vastly overcrowded, the times are hard, and a decent living in the profession without "faking," or even resorting to practices with sometimes the color of crime, is exceedingly difficult to realize. In the "upper ten," who are fast and firm believers in a big show, grim want plays his harshest freaks, and to them a large prospective fee is like a red blanket before a mad Castilian bull."

PROFESSOR BILLROTH'S WIDOW.—The Emperor of Austria has (*British Medical Journal*) granted to the widow of the late Professor Billroth a yearly pension of 2,000 florins. This is to be interpreted as a mark of special favor, because, according to the law of Austria, the pension allowed to widows of professors is only 600 florins. As the distinguished surgeon is understood to have left little or no private fortune, the Emperor's grateful act has given general satisfaction.

DEANSHIP OF THE MEDICAL FACULTY OF TORONTO UNIVERSITY.—A correspondent draws attention to the fact that some two years ago a change was made by the Medical Faculty in this office, when there was, no doubt, a feeling of irritation. It was generally thought that the head of the Toronto School of Medicine was to be continued in the deanship while he was connected with the Medical Faculty of the University, and the change has been regarded by

some as a breach of faith. This matter will doubtless receive due consideration by the Medical Faculty at the proper time.

A meeting of the Territorial Medical Association for West Toronto was held in Broadway Hall on 6th September. The attendance was unusually large. Dr. A. J. Johnston announced that he would not offer himself again as a candidate for the Council. It is likely that Dr. Machell may not be opposed. A committee was appointed to look into the question of druggists repeating prescriptions without the consent of the doctors. Lodge practice was discussed, and Dr. Oakly gave notice of motion that this be made a special order of business for the meeting in October. The feeling was very strong that some action should be taken in this matter. It is to be hoped that there will be a large attendance, and that something may be done to remedy this evil.

ONTARIO MEDICAL COUNCIL ELECTION—LIST OF CANDIDATES.—Some few changes have occurred in the list since last publishing. In No. 1, we understand that Dr. Samson, of Windsor, will oppose Dr. Bray. In No. 11 Dr. Johnson has retired from the contest. In No. 15 Dr. Dickson will oppose Dr. Spankie, of Kingston; and Dr. Reddick, of Winchester, will contest No. 16 with Dr. Preston. No. 1, Dr. Bray, Chatham, and Dr. Samson, Windsor; No. 2, Dr. Williams, Ingersoll; No. 3, Dr. Roome, London; No. 4, Dr. Graham, Brussels; No. 5, Dr. Brock, Guelph; No. 6, Drs. Henry and Smith, Orangeville; No. 7, Dr. G. Shaw, Hamilton, and Dr. Heggie, Brampton; No. 8, Dr. D. L. Philip, Brantford and Dr. J. Armour, St. Catharines; No. 9, Dr. Law, Beeton, and Dr. Hanby, Waubashene; No. 10, Dr. Barrick, Toronto; No. 11, Dr. Machell,

Toronto; No. 12, Dr. Sangster, Port Perry, and Dr. Cotton, Lambton Mills; No. 13, Dr. McLaughlin, Bowmarville; No. 14, Dr. Rutton, Napanee; No. 15, Dr. Spankie and Dr. Dickson, Kingston; No. 16, Dr. Preston, Newboro', and Dr. Reddick, Winchester; No. 17, Dr. Rogers, Ottawa, and Dr. Bergin, Cornwall.

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### Correspondence.

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

Correspondents are requested to be as brief as possible.

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#### PROCEEDINGS OF THE LATE MEDICAL COUNCIL MEETING.

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Report of Proceedings Carried—Extravagance—The Library Association—\$225, What was done with it?—Irregular Registration—Report of Property Committee a Hollow Sham—Defence Association and College Building—Exposure of Council's Expiring Tactics.

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EDITOR DOMINION MEDICAL MONTHLY :

SIR,—I desire, with your permission, to continue my review of the proceedings of the late Council Meeting, which was, in the main, a very clumsy electioneering farce, got up for the edification of a constituency supposed to be much less discerning than it really is.

9. On page 249 of the *Journal* will be found evidence that the Council still permits only such of its proceedings to appear in the report as are deemed suitable for publication, or are specially designed to meet the eye of the electorate. Before the appointment of an official stenographer, this kindly concealment of all it would be unwise to submit to public scrutiny was secured by freely admitting press reporters to Council meetings, where, as a rule, there were no discussions, and carefully excluding them from committee meetings and meetings in Committee of

the Whole where the discussions were held, or admitting them to these only on the understanding that they were not to report. Now, as the President explains, the stenographer reports "*unless directed to the contrary.*" This is a convenient and, perhaps, with the present Council, a necessary arrangement. But as secrecy always breeds suspicion, and public bodies should have nothing to conceal, in the better order of things expected to prevail in the new Council, it is hoped that the whole proceedings will be published unreservedly for the information of the profession.

10. In public bodies, especially such as have an unsavory record for financial extravagance, ante-mortem fits of economy, just before an election, are common and deceive nobody. In the Medical Council they are in such violent contrast to the whole past record of the body and the men, that they are more than ordinarily ridiculous—are, in fact, offensive, from the insolent assumption that the electorate is likely to prove stupid enough to take them at their face value.

11. The resolution anent the Library Association, introduced like that *re* public prosecutor, to let off a little election gas, was the prelude to a burlesque, comical only on account of its ineffable flatness. When, in 1892, some one stated in a letter to the press that the Council had established and was supporting a medical library at the cost of the profession, the report, owing to the systematic suppression by the Council of all information relating to its transactions, was widely believed and evoked a good deal of angry comment. As soon as it was explained that this library was paid for and supported by a local association, and that the Council's connection with it was merely to allot an otherwise unoccupied room in the building for its accommodation, no further objection was made. Practitioners throughout the Province are



not warring against their confrères in the city, and are not striving after penny economies while pound extravagances are suffered to go unchallenged. If a very extensive correspondence with medical men entitles me to express an opinion, I would say that, provided this library is freely open to the profession in and about Toronto, not ten practitioners in the Province will object to its occupancy of a room in the building free of rent.

12. As \$225 is credited in the financial statement to the Committee on Legislation, one is curious to know what became of the money. No legislation was obtained or sought, and as far as can be learned the Committee never met. Perhaps the senior member of the Council will rise and explain.

13. Some of the aspirants for registration, in virtue of relationship to those in power, did not get there. They were, it is said, jockeyed by the *Mail*. In fact, they did not all run. The K. and K. colt was scratched and did not start, and although the St. Thomas horse had many backers and ran well, he lost the race chiefly through the intimidation of the judges. It incidentally leaked out, however, that some very queer things in the same line had been done in the past; that, per favor of the Council, certain members of the College, both male and female, have found open side doors of entrance. Upon the whole, notwithstanding its evidence of a temporary tonicity due to the strychnine of the *Mail*, this discussion is damaging by reason of the revelations it makes, and one wonders why it was not, in accordance with Council usage in such cases, promptly suppressed.

14. Perhaps the most offensive of all the hollow shams in the proceedings is that on the Property Committee's report. The first and most painful thought that impresses the reader of this part of the

transactions, is one of shocked amazement at the true gambler's spirit which strikes the key-note of the whole discussion—the obvious intention to hold on to the property till something or other happens to make it turn up trumps. No matter that a loss, and no question of how large a loss, annually accrues from its retention, “let us keep it till we win.” “If we keep our money long enough on the red, the ball must eventually rest there.” “If any one of us,” says a sapient member whose geographical environment ought to entitle his opinion to weight, “If any one of us had \$50,000 in this building, and could sell it to-day for \$100,000, and could sell it in two years for \$150,000, would he not be justified in waiting?” This beats Alnaschar, and is quite unanswerable. Viewed from the standpoint of either prudence or principle, it reflects credit on the great centre of education and intellectual refinement, which is fortunate enough to have secured so accomplished a representative.

15. The last clause of the report on which all this bogus discussion was founded, might have been fitly written by the worthy ex-president himself. It implies as strongly as though it averred it in so many words, that an offer had been made for the purchase of the property, and concludes with, “we do not recommend that the proposition be entertained.” Yet the same gentleman who signed this report as Chairman, is driven subsequently to acknowledge that “there has been no offer made”!! One of the levelling effects of the long and very intimate association of the two paths in the Council, is a gradual assimilation of methods, and so we find here a high-toned ex-professor of our leading university making a clumsy attempt to administer a “moral attenuation” to his fellows—not successfully, because he lacked the adroitness which comes from use and nerve, and so unhappily became self-convicted.

16. The whole Council professes to believe that its investment in real estate is a good speculation, one member going so far as to describe it as "the wisest thing anybody ever did"! A few simple facts will enable each elector to judge for himself. And although it can be shown from the financial returns that the property cost over \$100,000, and that the entire annual loss due to carrying it amounts to over \$5,000, we will base our estimate on a cost of \$90,000, that being, in round numbers what the Council admits to have been the outlay.

(a) The interest on \$90,000 at 5% is \$4,500, which added to \$3,748, last year's cost of maintenance, gives \$8,248 as the annual cost of the building. The income from rentals last year was \$3,216, and if to this we add \$2,000, which is a very liberal allowance for the Council's present accommodation, the amount, \$5,216, is the whole income arising from the structure. Now, anyone who can understand that \$200 is the difference between \$3,500 and \$3,300, cannot fail to perceive that the difference between \$5,216 income and \$8,248 outlay for the year, amounts to an annual loss of over \$3,000, when money can be invested at 5%.

(b) Or, if we take \$3,748, the cost of maintenance, from \$5,216, the annual income as above, the net annual proceeds of the investment is only \$1,468, which is a trifle over 1½% on \$90,000, for two-thirds of which sum the Council is actually paying interest at 5%.

(c) Although the building has only been five years erected, *repairs* have already cost nearly \$3,000, or have averaged \$600 a year; and henceforth, as the building becomes older, this item of outlay will rapidly increase.

(d) The strain to make the investment appear as little unfavorable as possible has prevented many necessary repairs from being done. A careful perusal of the Building Committee's reports for the

last two years, shows that there is immediate need of an outlay of some \$2,000 on the roof and for changing the motive power of the elevator, the estimated cost of the latter alone being \$1,200.

(e) Insurance companies and real estate agents allow from ½% to 1% on the value of a building for deterioration due to the ravages of time, and not coverable by outlays for ordinary repairs. This would cause a further shrinkage in value of from \$400 to \$800 a year.

(f) Two years ago, in view of the fact that several large structures with extensive office accommodation were being erected in the immediate neighborhood of the new court house, the Registrar and Building Committee were directed by a resolution of the Council to secure tenants for the unoccupied rooms at any rent obtainable. Yet, notwithstanding the special effort thus made, the rentals were \$402 less this year than last, and \$479 less last year than the year before. So that there has been a falling-off of rentals to the amount of \$881 in two years, and the indications are that the building revenue next June will show a still larger shrinkage. Real estate agents in Toronto say there are so many structures contiguous to the new court house, with eligible offices to rent, that the completion of that edifice will not materially affect the revenue of the Council building.

(g) I challenge the members of the Council to dispute the correctness of any of these facts or figures—and if they do not contest them, I ask them to consider, for a moment, the position in which they are placed. They can only vindicate their honesty at the expense of their intelligence, or their intelligence at the expense of their honesty. They either knew or they did not know these facts, two months ago at their grand pow-wow. If they did not know them they are not sufficiently intelligent to have charge of the building, and much less so to have

charge of the interests of the profession. And if they did know them, all the nursery prattle and Alnaschar-like castle-building based on a bogus report, which they then indulged in, was a deliberate attempt to deceive the electorate, and was an insult to its intelligence, which ought to be resented at the polls by every thoughtful and independent elector.

(b) If the Toronto members of the Council and the appointees belonging to it really have the unbounded faith in the future of the building which they profess to have, perhaps they will exemplify their faith by their works. Several of them are said to be men of means. Why not form a Toronto syndicate of doctors to purchase and carry the property? The new Council will not look for a profit of \$50,000, or \$5,000 or \$5. It will be glad to sell at cost. It could afford to sell at two-thirds the cost, and agree to pay a rental of \$2,000 for its present accommodation and still save money by the transaction. "If any one of us can put \$50,000 in this building and can sell it next year for \$100,000, and can sell it in two years for \$150,000, will he not jump at the investment?"

17. The position of the Defence Association, with respect to this real estate, is absolutely unassailable, and must commend itself to all men of business capacity and right principles. It may be thus summarized:

(a) The building is altogether beyond the requirements of the Council, and is, therefore, not within the purposes of the Medical Act. Consequently in erecting it the Council exceeded its lawful powers, and its nineteen members who were also in the Council of 1885-90 could, at any time, be personally prosecuted for malefeasance of office. In consenting to the Council's retention of the property, the profession would be countenancing and perpetuating a breach of the law.

(b) On this ground chiefly, the property

should be sold without delay by competitive tender. There is no danger of its being sacrificed or sold for much less than its intrinsic worth, while there are millions of dollars in Toronto waiting for investment, and many far-sighted, keen business men watching for opportunities. In appraising its value, real estate men who thoroughly know the signs of the times and the character of the building's surroundings, will take into account the chances of any prospective rise in value and offer accordingly. This is their business as real estate speculators. But for a reputable public body to unlawfully invest in real estate for the purposes of speculation, and, when it discovers that the investment involves serious loss, to hold on to the property in the vain hope that the market will improve is neither more nor less than gambling—is, in the Medical Council, a proceeding so indefensible that it should receive the severe condemnation of every right thinking man in the profession.

(c) The property being sold at cost, the Council can pay off the \$60,000 mortgage and thus save annually the \$3,000 now paid as interest; it can invest \$20,000 of the balance in a building commensurate with the requirements of the Council, and adapted to the purposes of the Medical Act, and receive \$500 a year from the investment of the remaining \$10,000 at five per cent.; and thus even after allowing \$1,000 a year for the maintenance of the new building it will be better off than now by some \$2,500 a year. Or it can, if so disposed, rent, on a lease for ninety-nine years, its present accommodation at \$2,000 a year, and still save \$2,500 annually. Quite as much more can be saved by dispensing with the \$600 editor (as the new Council will find its "strong arm of defence" in a wise and economical administration of affairs), and curtailing or dispensing with other unnecessary luxuries. And the \$5,000 thus saved will

not only obviate the necessity of an annual assessment, but will enable the Council to increase its interest-bearing investment from year to year in anticipation of any future reduction of its legitimate income.

18. I have only, in conclusion, to ask my fellow-practitioners in the Province to consider well this exposure of the Council's tactics at its recent meeting. The record of that meeting is an object lesson which even children can understand. The dishonesty and insolence of the whole attempt then made to deceive and mislead the electorate, should suffice to alienate every honorable man in the profession whose confidence had not been previously withdrawn, and amply justify every elector in revoking his promised support from any member of the Council, or any one known or suspected to be in open or secret alliance with that body. As clearly as unquestioned facts and figures can prove a position, it has been shown that the Council is, practically, paying between \$5,000 and \$6,000 a year for the accommodation it now occupies. As clearly as unchallenged facts and figures can prove a position, it has been shown that when unnecessary items of Council expenditure are lopped off, and extravagant outlays curtailed, and the mere luxuries of officialism sharply reduced, the Council's ordinary income will be found quite sufficient to cover its lawful expenditure, without the aid of any professional tax, and without in any way impairing the efficiency of its service. No candidate in the present contest can mean fairly who refuses to express his views and his intentions with respect to the reinstatement of the assessment and coercive clauses of the Medical Act, and the retention or sale of the Council's real estate. If the electorate is prepared to stultify itself by sending to the Council any man who makes an uncertain sound on these vital issues, the result will undoubtedly be deplored by

the bulk of the medical men in the Province as a professional calamity. Should some such uncertain men be returned, it must only brace us to renewed exertions and animate us with a more confident hope that another four years of journalistic and newspaper enlightenment will produce a more perfect result at the next succeeding election. Assuredly no intelligent elector who is concerned about the welfare and concord of our craft can afford now to support a doubtful man—can afford in this crisis of his profession's history to palter with duty, or permit himself to be misled by the glamor of professional association or private friendship or personal solicitation—or suffer himself to be influenced in casting his vote by any consideration less worthy than a manly and a stern determination to do right.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, August 31st, 1894.

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#### MEDICAL COUNCIL.

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The ex-President's Campaign Deliverance—The Appointees Favour the Tax—The \$600 Gratuity—The Object of the Council's Crusade against the Profession—A Favourable Outlook.

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EDITOR DOMINION MEDICAL MONTHLY:

SIR,—It was predicted that, if the Council held the extra session, it would be that the members might secure the sessional emoluments and have their campaign literature printed and distributed at the profession's expense; and the result has fully verified it. The restrictions that were placed on the labours of the session by the Attorney-General—which were intended to show the inadvisability of holding it at all—limited their work so that the session could have been completed in three days; but a couple of additional days were spent in

irrelevant discussions and the bandying of compliments between members that the usual sessional indemnity might be secured.

The many misleading statements in ex-President Campbell's campaign deliverance have already been effectively dealt with; but their handling has left a conviction in the minds of the profession that I believe may be unjust, and I desire to offer a theory in mitigation of it. We find it to be the prevailing belief that the ex-President was guilty of deliberate untruths when he made such statements as: "The Council supplied the profession with the fullest information at its disposal. Their opponents took the position that, as a class, physicians were incapable of self-government. The changes in the Medical Act of 1893 were all in line with the avowed sentiments of the Council. This building has been erected with the knowledge and approval of the profession, and could to-day be sold, leaving the Council with a large cash balance as a result of the operation, etc." While I am sorry to differ with my friends, I feel constrained to take a more lenient view of this offence. My theory is, that surrounded by the strong intellects of his associates, with their minds charged with the desire that such assertions should be true, is it not more than probable that the hypnotic effect of this mental concentration was sufficient to entirely remove the responsibility of such palpable mis-statements of facts?

The appointees have felt very sore since they have been deprived of the privilege, by the Defence Association, of participating in the taxing of the profession. They have not, however, given up all hope of a further indulgence in the enjoyment of the tax, for they have taken charge of the campaign in behalf of their territorial brethren who favour it, and hope, by their astute management, to secure the election of a sufficient number to secure its re-institution by the new Council!

So much of the proceedings of this session are taken up with campaign oratory that it might very properly be called a campaign session. The first outbreak occurred on the presentation of the Finance Committee's report. After passing such items as \$5,000 sunk in real estate, \$600 gratuity to editor, and many other equally useless expenditures, it recommended that the services of the public prosecutor be dispensed with that \$400 might be saved. This was a device intended to justify and necessitate the assessment of the annual tax. It was engineered by a great head and designed to be the master-stroke of the session. The subservient territorialists, at a nod from their campaign managers, fell upon their undefended professional brethren throughout the Province and roundly berated them for stopping the tax. It was finally decided to dispense with this economy for the time, with the understanding that it might be insisted on some time in the future, if the tax was not forthcoming.

In addition to this chief move there were many side issues brought on, designed to have an influence on the electors favourable to the territorial friends of the dominant faction in the Council. The proposal to appoint an auditor to "give confidence to a dissatisfied profession" gave rise to some misgiving among the members; but when it was explained that the resolution contained a saving clause, "as may be deemed necessary," and that it might not be deemed necessary at all, "so that no harm could be done whatever," it was received with unanimous approval. The clause in the property report that gave the impression that the real estate could be disposed of at a profit, was cunningly devised and led to a lengthy discussion. Seven appointees aired their views on this supposition, all agreeing that the property should be maintained and the profession made to pay for it. Of the eight terri-

torials who spoke to it one only cast in his lot openly with the appointees, and seven professed to favour its sale under possible, ill-defined conditions that might exist some time in the future. After the discussion had gone merrily on for several hours a territorial member, with less discretion than was desirable, asked the appointee who had the matter in hand: "Has there been an offer made?" to which he reluctantly replied: "No, there has been no offer made. It is merely an enquiry, and there is an addendum to it: I will expect my commission;" and so the real estate inflation collapsed. The resolution to give the library free rooms was another simple device to allow the territorials seeking re-election to declaim against the edification of their constituents, and the gratuity of \$600, given to one of their members whom they fancied had "a very strong arm to strike a blow in their defence," were also expected to yield good returns.

Had the profession not risen in revolt in 1891, and in a measure completed the revolution by securing the protective legislation of 1893, against the tyrannous methods adopted to secure the means to gratify the extravagant tastes of their governors, what would be its condition to-day? The members would be presenting themselves, with due humility before the Registrar, at the end of the year to secure a certificate to enable them to follow their calling for another year; the officers of the Council would be receiving salaries equal to that paid to Cabinet Ministers; the members would have a sessional indemnity equal to that of members of the Legislature; the profession would be inflated with the idea of great profits from real estate investments, and with fabulous increase in values during Council's manipulation; the increase of the tax which failed to pass in 1891 would have been secured in 1892, and the profession would now be contributing

\$15,000 a year to the Council's funds,—it was the failure to secure this power that was referred to in ex-President Campbell's address when he said: "We have not been able to obtain all (the legislation) we desired,"—and while the members of the Council revelled in luxury they would be exacting humble obedience to all demands by the yearly renewal plan.

This was the goal they had marked out to attain when they set out on their crusade against their professional brethren. The profession did not prove so pliable to the artful scheming of the dominant faction as did their representatives in the Council, but came promptly to their own defence, and instead of contributing \$15,000 for the support of their prodigal governors, for the past two years they have not contributed a cent; and the ship sails on safely and well as far as the finances for the real object of the journey is concerned, but with much repining on the part of the crew, who, instead of the expected rise, have been threatened with a reduction of wages and have had their rations very considerably curtailed; their real estate speculation is now known as a disastrous enterprise, and instead of doling out certificates to practise by the year, the territorials seeking re-election do not even acknowledge the fact that they still approve of this scheme.

This discussion has been in progress since the autumn of 1891, and during all this time the members of the Defence Association have been actuated by one common object: to secure the facts and figures in connection with medical Council affairs, place them before the profession for their judgment, and utilize the result for the reform of existing abuses. Great difficulty was experienced in getting this information. Some of the most damaging against the members of the Council could only be secured by the command of the Legislature, and there is still much darkness with regard to many details of expenditure.

But such as has been procurable has been used that the Council might be established on a firm basis, secure in the confidence and respect of the profession. Those members who have taken an active part in the battle have incurred a great amount of inconvenience, labour, and expense, and there are scores of others who have not been publicly mentioned with the cause that have given valuable aid in many ways. Of those who have been actively engaged, the able and indefatigable labours of Drs. Sangster and McLaughlin to the common cause have placed their profession under a debt of gratitude to them it can not easily repay. Their friends everywhere will be glad to know their services have been thoroughly appreciated by the electors in their own divisions, and that we are already assured of their valuable services at the next Council board.

The choice of the elective part of a Council to administer the medical Act for the next four years is now in the hands of the electorate, and there is reason to believe that at least thirteen or fourteen members will be elected, who will have no purpose to serve but that of the interests of their constituents.

Yours, etc.,

J. P. ARMOUR.

St. Catharines, Sept. 6th, 1894.

#### THAT STOLEN SESSION.

Serpentine Tactics—Defiance of the Legislature—Hand-Organ Methods—Weak Mathematics—Tod and Bourinot not in it—Conspiracy against the Profession—Carrying the War into Africa.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—In compliance with a promise in my last letter, I return with only one more sample of the ex-President's Caliban offspring—the "Stolen Session."

The curious reasoning of Dr. Campbell upon this issue, his indifference as to facts, his cunningly-adroit methods of stating half-truths and suppressing whole ones, lead to the grave suspicion that the author of the speech must be an ardent admirer of him who, by similar methods, succeeded in leading astray the mother of our race. Before, however, considering these curiosities of logic and fiction, I shall, in a few sentences, endeavour to make clear the intention of the amendment of 1893. In considering this question it is important to keep in mind two facts:

1. Under the old law the Council was to be elected for a period of five years as an outside limit.

2. The elections were *invariably* held before the meetings of the Council, which were fixed for the second Tuesday of June in each year. Here are the electoral dates for nearly twenty years:

1875.....	June 8th.
1880.....	June 6th.
1885.....	May 26th.
1890.....	March 26th.

The last election being held in 1890, if the Legislature intended the Council to continue in existence for the five years of the old law it would have enacted that the next election should be held at the usual time—the early months of 1895. But it was not so enacted. This could not, therefore, be the purport of the Act. If, on the other hand, the intention was to adopt the new four-year limitation, then the Act should call for the election one year earlier than usual, viz., in 1894; and this is precisely what was done. It seems to me this view is plain and simple, and must commend itself to any honest mind. When the Legislators fixed the election for 1894, one year in advance of the usual time, they thought they were dealing with honest men who would not wantonly violate the rule, established by twenty years or more of precedent, of holding

the elections *before* the regular June meetings of the Council. But what did the Council do? It resorted to the unworthy subterfuge of calling the elections at an abnormal time, the last of October, in order to "steal" from the incoming Council the session held three months ago. Surely such a course was unworthy of honourable men.

There is, however, another view of the question of even greater importance. The moment the Lieutenant-Governor gives his assent to a bill it becomes the law of the land, and every section comes into full force; and there is no power whatever that can suspend the operation of any portion of the Act save the power that created it—the Legislature. Now, if the Council in its arrogance claims, as its action proves it does, that it can ignore the four-year clause, it can, with equal propriety, ignore any other clause; e.g., that one which forbids the Council to collect a tax from the profession and erase the names of its members from the register. If the Council can ignore one section of the Act, it can ignore *all*, and thus set at defiance the Legislature and Her Majesty's representative who created the law. But this is precisely the story of the autocrats who rule our profession. Our charter forbade the use of one dollar of money for other purposes than the purposes of the Act. Regardless of this circumvallation of their powers, they plunged into the Charybdis of real estate speculation in Toronto, and brought to our profession disaster, with ever-recurring and increasing deficits. They unlawfully squandered our money in subsidizing an organ to grind out their own defence and chatter at the profession; and last, but not least, they cozened us out of our June session and the increased representation to which we were entitled at that session.

I must now apologize for wasting your space and the time of my brethren in taking a glimpse or two into Dr. Camp-

bell's Curiosity Shop on the "Stolen Session." But it must be remembered that this gentleman was the chosen mouthpiece of the members of the Council, and when he spoke they spoke, and all are responsible.

1. The oracle says: If the Legislature intended the four-year limit to prevail "an election would have been ordered in 1893." Indeed! Look at figures. Last election in 1890 + four years = 1893. This neat little bit of the ex-President's arithmetic was evidently intended for his "children" and "feeble-minded" subjects.

2. He says the Council "cannot go out of existence when it pleases. It must run the full period prescribed by the Medical Act." Shades of May, and Tod, and the living Bourinot step aside and make obeisance to the greatest authority on Parliamentary Procedure of any age! The law prescribes that the members of our Commons shall be elected for the period of five years, our Legislators for four years, and, by the old law, our Medical Councillors for five years. These respective periods are fixed by statute as *outside limits* beyond which no member shall sit as representative without going back to his constituents for its judgment upon his record. But this latter-day authority teaches that our Commoners, our Legislators and our Medical Councillors must all run their full allotted span! What nonsense! Does not the merest tyro of our political system know that Parliaments can be dissolved at any time, and so can the Parliament of our profession. But the case for the latter is put beyond all question by our Act, which says: "And the manner of holding such elections shall, with respect to the *time* thereof and the taking of the votes therefor, be determined by by-law to be passed by the Council." Thus the "*time*" of holding the election is completely at the disposal of the Council, and can be placed at any period within the five-year limit. But the



hypocrisy of Dr. Campbell's statement was uncovered when two days after the delivery of the speech he, with the Council, lopped off five months of the five years by fixing the elections for October, 1894, whereas the five years would not have "run the full period prescribed by the Medical Act" until March 26th, 1895. Thus ended this pitiable farce.

I am not surprised that the school men and the homœopaths clung tenaciously to the "Stolen Session," for under the old law they constituted the majority of the Council. But we will search the universe in vain for a valid reason for the extraordinary conduct of the territorial representatives. Why did they join the class men in a conspiracy to rob the regular profession of their full representation at the last meeting of the Council? They knew we were entitled to seventeen members by the Act of 1893. Yet the twelve sat around that board day by day knowing that five of our representatives were wrongfully excluded from its deliberations, by putting off the elections from March or April to the end of October. Ask Dr. Williams, Dr. Bray, Dr. Henry, Dr. Philp, Dr. Johnston, Dr. Bergin, Dr. Rogers, etc., why they sat dumb as oysters whilst this scheme to deprive their constituents of full representation at the June meeting was hatched out and consummated? Not a word on our behalf fell from the lips of these men, who should have been the guardians of our rights. Having securely laid their plot and fixed their plans for its faultless execution, the conspirators began to look about for protection from the storm of indignation their betrayal of trust would inevitably bring upon them. In their terrified scramble for safety some Brutus amongst them exclaimed: "O Conspiracy! . . . Where wilt thou find a cavern dark enough to mask thy monstrous visage?" And they found it in electing Dr. Campbell presi-

dent. I am now done with this *as officiale* of the Council.

Nearly four years have elapsed since the embers of discontent within the profession, which have been smouldering for decades, were stirred into a blaze by the arbitrary and now notorious legislation of 1891. From that time on, the controversy has proceeded with ever-increasing vigour and potency, and I regret to add there has crept in no small amount of bitterness—bitterness engendered by tyrannical legislation, surreptitiously obtained—bitterness engendered by opprobrious epithets and misrepresentations cast upon the Defence Association by President Williams—bitterness engendered (I regret to use the word but none other is appropriate) by the impudence and insolence of President Campbell.

And yet does not history demonstrate that bitterness is often incident to conflicts involving on the one hand a demand by the masses for their constitutional rights, and on the other hand a resistance of such reforms by the Family-Compactism of privileged classes. That is the battle ground to-day. We resist a government of twenty-seven men, when fifteen of them are chosen by two favoured classes, and beyond the touch of our votes. The boon of self-government bestowed upon every other learned profession in this province is the boon we seek for the noblest of them all.

The battle will not end at 2 p.m. of the 30th of October. It must go on with unabated vigour until every medical man in this province can point with pride to his Council, and say, "Every man who sits in judgment on the affairs of our profession is subject to our franchise."

The Medical Defence Association has no selfish ends to serve in this conflict, it aims at the severe but judicious application of the pruning knife of economy to the affairs of the Council, including the abrogation of rations and other small

boodling that have shed no lustre upon the dignity of its present members. It aims at the management of our affairs in a manner not calculated to require a subsidized journal of defence, but calculated to win the confidence of the whole profession, and deepen and broaden within our ranks a genuine *esprit de corps*. Above everything it aims to secure the inalienable right as well as the honour and dignity of a self-governed profession. Surely these are aims worthy the earnest consideration of every medical man in Ontario.

Yours, etc.,

J. W. McLAUGHLIN,

Bowmanville, Sept. 6th, 1894.

#### STILL THE ELECTIONS.

Councillor Scored - Office Monopolists - Pleasant Comparisons of the Profession to Thieves and Murderers.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—Your excellent editorial in the last number of the DOMINION MEDICAL MONTHLY should awaken the whole body of medical electors to a sense of the situation. If, by swallowing the "Soothing Syrup" with which men, who have been tried and found wanting, are seeking to keep their constituents quiet, they suffer themselves to be seduced from the duty of the hour, they will miss an opportunity to advance the best interests of the profession never likely to recur. It strikes me that the three men of the present Council seeking re-election whose return would reflect disgrace on the profession are Dr. Williams, Dr. Bray and Dr. Bergin. These have all monopolized the office so long that they conceive that there are no men in their respective divisions able to replace them. All three are pledged to restore the assessment and penal clauses of the Act. All three are

bound hand and foot by school and university influences. All three are determined opponents of economy and reform. Dr. Bergin was the mover, and Dr. Bray the seconder, of the resolution on which the atrocious law of 1891 was founded, and this fact alone ought, with men who have the honour and well-being of the profession at heart, to seal their fate in the present contest. Dr. Bray's insolent mode of suggesting a conference with the leaders of the defence movement two years ago was bitterly resented by the latter, and it took all Dr. Fowler's tact and kindness of heart and manner to overcome the annoyance produced by Dr. Bray's injudicious language. To Dr. Williams, however, belongs the very questionable merit of balking whatever good might have been accomplished by the conference. Not content with having previously applied to a large class of his fellow-practitioners various complimentary terms, of which "Pachydermatous" may be taken as a sample—at the conference he began to lecture men who were at least as honest as himself upon the duty of being "honest" and paying their "honest debts," and to draw parallels between their case and that of "Thieves and murderers." This was, of course, keenly resented, and the opportunity was lost. Whatever may be the feeling in his own division, where it is well known several of his friends are trying to bulldoze the rank and file into submission—the sentiment elsewhere is that, in the interest of peace and harmony and good government, the electors of Division No. 2 will best show their independence and good sense by leaving Dr. Williams at home and selecting as their representative anyone of a score of better men to be found within its limits.

I am, yours truly,

B. LAMMIMAN, M.D.

Bowmanville, Sept. 6th, 1894.

THE DEANSHIP OF THE MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

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EDITOR DOMINION MEDICAL MONTHLY:

SIR,—It is recent history since Dr. W. T. Aikins was deposed from the Deanship of the Medical Faculty. For nearly forty years Dr. W. T. Aikins has given much of his time to the advancement of medical education and the good of the medical profession of this Province. He was Dean of the Toronto School of Medicine at the time of Confederation in 1887. He had held this position ever since the organization of the school. It was under his wise government of the institution that it had grown from nothing to a college with about 250 students in attendance. He continued to act as Dean of the Medical Faculty until 1892. Most will remember the memorable row that took place in University affairs on that date. In the Medical Faculty there was a majority opposed to the Dean, and consequently they voted him out.

It is the writer's opinion that no wiser move could be resorted to than that of restoring Dr. W. T. Aikins to the Deanship that he filled so long and so well, in the full enjoyment of the confidence of the medical profession.

Yours, etc.,

A GRADUATE.

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IN THE WRONG PLACE.

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EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Some years ago a friend of mine while visiting a ranch in Texas, saw a plowman doing excellent work with a tandem of a horse and mule, under the leadership of the horse. The work got along so well that my friend decided to

try the scheme on his own farm. But failure and disaster were the result, for he hitched the mule in front of the horse, and the mule ultimately kicked the brains out of the horse.

Let me apply the moral to the Medical Council and its organ, the *Ontario Medical Journal*. If the self-respect of the *personnel* of our Council was not below par, it would refuse to be led into the distressing and mortifying dilemma it finds itself, and would put the *Journal* in the rear. As it is it frightens no one. Acting on the theory, *similia similibus curantur*, it is rapidly kicking the brains out of the Council; in the seventeen constituencies only six of the present members are out for re-election. Poor horse! poor mule! poor Medical Council! and poor *Medical Journal!*

Yours, etc.,

J. H. T.

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CONVICTED OF UNTRUTHFULNESS.

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EDITOR DOMINION MEDICAL MONTHLY:

SIR,—The *Journal* of last month (only just to hand), in continuance of the unworthy tactics it has from its inception pursued, accuses me of misrepresentation and of making rash statements. Whenever that high-toned periodical or the powers behind it have been faced with unpleasant facts or figures, it has thought it quite sufficient to make a vague denial of their correctness, and when convicted of untruthfulness, its invariable and convincing reply has been—"You're another." It has been our most unpleasant duty more than once to impugn the veracity of an ex-president or an official editor; but we have at least, on such occasions, given accumulated and overwhelming evidence of the truthfulness of our charge. Per-

haps the editor of the *Journal* will kindly, in this case, do likewise.

If your readers will turn up p. 414 of the *Journal* they will find set forth in detail the compact by which, in return for so much money paid by the Council, the proceedings—including the President's address—were to be published twice at the expense of the profession, viz., once in the *JOURNAL* and once in the *Announcement*. On p. 392, under the heading, "Notices of Motion," they will find: "Dr. Miller.—That the Standing Committee on Printing be authorized to prepare, at the earliest possible date, a sufficient number of copies of the President's address, delivered to-day, for distribution to every member of the profession on the register of Ontario." The discussion on this motion, if discussion there were, is suppressed in the report, being probably, in the estimation of the Council, too *fishy* for publication; but that the motion was concurred in, and prompt action thereon taken, is shown by the fact that only two days subsequently we find (p. 409): "Dr. Miller—I beg to move, seconded by Dr. Moore, and resolved, that every member of this Council be supplied with a copy of the President's address delivered on the opening day of the session. Carried." This seems conclusive, and should satisfy anyone that the third issue of the address, being ordered by resolution of the Council and prepared by its Printing Committee, was also paid for out of the profession's strong box, especially as no intimation or hint to the contrary is given. The official editor, however, contradicts the official stenographer. Which are we to believe? The official stenographer has no public veracity record. He can only ladle out unsophisticated and unattenuated truth, and even that only when permitted to do so. Of manipulating facts to suit the occasion, he knows nothing whatever—is a child in knee pants as compared with

the ex-President or the official editor. Dr. Orr, in his private and social and professional relations, is no doubt a credible witness, and no one wishes to question his veracity; but, in his editorial capacity, his statements are to be taken *cum grano salis*. One of his chief—perhaps I should say his only essential qualification as an official "strong arm of defence"—is the ability to shoot far and well and often with the "long bow." Hence the *Canadian Practitioner*, in its last issue, speaking of the Council's finances, very justly remarks: "No one expects to get an impartial opinion from a subsidized journal." Upon the whole, therefore, we must believe the official stenographer in preference to the official editor, until the latter throws more light on what is at present, like the Council's memorable champagne guzzle, a very dark subject. Was there a secret conclave in a darkened room, with the stenographer excluded, and the door properly tyled? Was the hat passed round? Or, out of the \$225 credited to the Committee on Legislation, was there a surplus unabsorbed by the "senior member," and was this impounded and transmuted into printer's ink? Until we get the whole facts and figures, with vouchers attached, we decline to believe either that the ex-President had the personal vanity to print his own address at his own expense or the ethical indelicacy to thus float his portrait on the public as a professional advertisement, or that Dr. Orr and the eleven other "gentlemen," in whose behalf the address was written, and spoken, and published, were small enough to suffer its gifted author to pay for its dissemination out of his own pocket. Perhaps the official editor will now rise and explain.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Sept. 12th, 1894.

## A CARD.

*To the Medical electors of Territorial Division  
No. 12:*

GENTLEMEN,—When last January I acceded to the request of a large majority of your number, and allowed myself to be put in nomination as a candidate for election to the Medical Council, I refused point blank to make personal canvass of the constituency. I thought then, as I think now, that the position should seek the man and not the man the position. Among the many objections to a private canvass, not the least is that it exposes one to the charge of using private detraction and private misrepresentation for the furtherance of his aims. I have no reason to doubt the personal honour and integrity of my opponent in this contest. I cannot believe, therefore, that he is wilfully traducing me or misrepresenting my views and intentions, or that he is seriously urging the fact of his youthfulness as an unanswerable plea in his favour. Youth is no disparagement to any man, and is a fortunate accident to those who happily possess it; but it is not generally supposed to be a guarantee of wisdom in counsel, or moderation in aim, or firmness in resisting the seductive influences of metropolitan and professional association, to which so many elected members of the Medical Council have, in past years, succumbed. Ten years ago this constituency, on just such grounds, withdrew its support from the late Dr. Allison, who had served it faithfully, and elected in his stead its present representative—the then young man who now runs the *Ontario Medical Journal*, and stands behind my opponent. It is a question whether, with the experience thus gained, it will care to repeat the experiment, or regard mere youthfulness as a desideratum. I want to say something more on this and other positions taken by my opponent, and very greatly

prefer saying them in his presence. I desire moreover to give him an opportunity of placing himself right with the electors on the charge of misrepresentation. With this end in view, I have asked my friend, Dr. Coburn, to arrange, if possible, with Dr. Cotton for a series of six joint meetings of the medical electors of No. 12, in say Lindsay, Cannington, Aurora, Lambton Mills or Toronto Junction, Markham and Whitby, at such dates as may suit Dr. Cotton's convenience. Pending this arrangement I only desire to refer to my printed address and to much reiterated assurance that neither I nor my friends, whether elected or not, contemplate doing anything which can jeopardize the existence of the Council, or endanger the essential features of the Medical Act. The charge that we do is one contrived and urged by the schools to keep the timid in line, and prevent an unbiased expression of opinion by the medical electorate. Nor will I advocate, in or out of the Council, any legislation or measures which are not obviously and palpably just as much in the interests of the younger members of the College as of those who are in the "sear and yellow leaf." In fact, I am at a loss to understand where any diversity of interest can exist between the old and the young of our profession, or on what grounds it can be urged that "we young men should cling together," or "we young men have our own interests to look after."

If Dr. Cotton will meet me as proposed, he is perfectly at liberty to bring to his assistance any of the Toronto-school men who are so eager for his election. Being anxious to help his candidature in "a quiet way," perhaps they would be glad to embrace an opportunity of doing so more openly.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Sept. 12th, 1894.