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THE

Canadian Medical Review.

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Original Communications.

Croup or Diphtheria—Which? *

By DR. F. OAKLEY, M.D., Toronto.

I WAS called in to see E. W., a boy three years old, and one of a numerous family. This child suffered from attacks of croup and what their doctor called inflammatory bronchitis. He was seized with what they thought the usual trouble on Thursday, and I saw him on Saturday evening. Temperature, 102°; pulse, 130; considerable dyspnœa coming on in paroxysms; only slight indications of cyanosis; dry rales in the larger bronchi over the anterior portion of the upper lobes; cough slight, but somewhat brassy; voice, whispering. On examining the throat I found slight redness, no swelling and no sign of false membrane on the fauces, or as far down the larynx as I could see. There was no swelling of the cervical glands.

I administered, in divided doses, ℥ss. vin. ipecac., which produced slight emesis of purulent phlegm. Ordered an expectorant and

* Read at meeting of Toronto Medical Society.

frequent small doses of calomel, and directed the patient to be put under a steam tent.

On Sunday morning I saw the patient again, and found him much worse. He stubbornly refused to remain under the tent. The dyspnœa had greatly increased; the cough about the same; cyanosis was very marked, and the heart failing. I again examined the throat and still found no exudation on fauces or tonsils, and no sign of exudation in the larynx. Recommended intubation or tracheotomy, but paterfamilias very decidedly objected. The child died on Sunday night. I reported the cause of death to be croup. Although no precautions have been used, none of the members of the family have had any symptoms of diphtheria although nearly four weeks have elapsed since the death of this child.

Now, this case is an example of a class of cases which occurs in the practice of every physician. Some call them membranous croup; some diphtheritic croup (whatever that means); and some call all these cases diphtheria. The sole object of this short paper is to elicit discussion, and find out the opinion of the society on this vexed question.

A microscopic examination is regarded by most as the diagnostic test. If it were not for the theory now prevalent of the presence of a specific bacillus in all these cases, authority would still maintain the existence of true croup. A microscopic examination, however, is not possible in the country. Even in the city it is not always available in time to establish a diagnosis, even if it were infallible.

Professor Shuttleworth, who, by the by, holds that all these cases are diphtheria, showed me a few days ago a record of a case—a very severe one—where the first swabs from the throat revealed only staphylococci and streptococci, but no Klebs-Lœffler bacilli, and it was only when the patient was made to cough forcibly, while the swab was held in situ, that the specific bacilli of diphtheria were found.

In regard to the contagiousness of pseudo-membranous affections of the larynx, I am strongly inclined to think that it is overestimated. How frequently in private practice do we find just a single case in a family! My own experience of twenty-four years in country practice, during which I must have had one hundred cases of what I diagnosed as membranous croup, is that so far as my recollection goes I cannot recall a single case which I could attribute to contagion, or from which contagion spread. Practically, they were sporadic and generally prevailed in winter and spring, and in certain localities, nearly always in children (I never met a case in an adult), and these cases do not

usually extend upwards or downwards. A physician who occupies a prominent position in one of our city institutions, and who practised upwards of twenty years in the country, assures me that his experience corresponds with mine.

Now, although my experience inclines me to believe that there are two distinct pseudo-membranous affections of the larynx, I am open to conviction. There should be no hard and fast creeds in medicine. In the present state of our knowledge I think we are safe in assuming that (1) some of these cases are croup, and some of them diphtheria; (2) that there is little or no difference in their contagiousness, *i.e.*, even the diphtheritic cases, if at all, are not very contagious, unless by actual contact of the *materies morbi*; (3) to differentiate the two forms is exceedingly difficult, and in some cases impossible ("Osler," p. 108); (4) both forms are equally fatal; (5) so long as opinion is divided, and the profession are allowed freedom of thought, the law should not inflict penalties even in cases where a mistaken diagnosis has been made.

We are all expected to be infallible in regard to the diagnosis of diphtheria, although we are allowed to err in our diagnosis of other diseases. Two eminent lawyers will give diametrically opposite opinions regarding a question, yet neither law nor public opinion hold them responsible.

Let some authority such as our Provincial Board of Health—like the great theological councils of old—decree that all cases of pseudo-membrane of the larynx be regarded as diphtheria. The doctor will then know what to do without stultifying himself. He can then say to his patients, all these cases are diphtheria in the eyes of the law, and we have no option but to obey.

To say the least, an arrangement of this kind would establish a sort of *modus vivendi*, and enable us to gain time until thorough scientific investigation has given us the true solution of the problem.

Selected Article.

The Use of Antitoxin in the Treatment of Diphtheria.

By GEORGE DUFFIELD, M.D.

Attending Physician at Harper Hospital and Professor of Clinical Medicine in the Detroit College of Medicine, Detroit, Mich.

THE fear and misgiving which attended the administration of the anti-diphtheritic serum at the outset is no longer justified. From every part of the world come numerous clinical reports attesting the value of the new treatment. Its untoward symptoms have been promptly and carefully studied, so that with proper care it is a safe and efficient remedy for the treatment of diphtheria.

In September, 1894, I treated my first case of diphtheria with anti-diphtheritic serum, a bottle of which I had obtained from Aronson's laboratory in Berlin. The case had been a severe one; the serum was used after secondary infection had developed and the case seemed hopeless. The membrane had extended where it would and could not be checked. The temperature stood at 103° and pulse at 120.

The serum was injected with all due precaution. The temperature continued to rise for several hours, showing that diphtheritic intoxication was not materially checked, but about six hours after the injection the fever began to fall; in twenty-four hours after the injection the temperature stood at 98.5°, the membrane had grown white and the edges were loosening, and by thirty-six hours after the injection all of the membrane had been expectorated. The disease was not only controlled, but enough anti-diphtheritic serum had been introduced to counteract the toxic effects of the existing diphtheria, and the result seemed almost miraculous.

Since then, my faith in this new therapeutic agent has increased greatly. In the fall of 1895 I had from thirty-six to forty cases, and during the last three months of 1896, eighty cases were treated with only two deaths.

It should be the duty of every practitioner to place the antitoxin at the head of all therapeutic measures that he may know of for the cure of diphtheria, for it proves its efficacy whenever it is administered early, and in sufficient quantities to neutralize the poison which it is to antagonize.

An early diagnosis can not always be made from the clinical

symptoms; frequently a tonsil may be covered with spots like a follicular tonsillitis, and one of the spots be true diphtheria and the case treated for an ordinary tonsillitis, when in reality a true case of diphtheria is developing in a medium that will prove a regular hot-bed for the development of the Klebs-Loeffler bacilli.

All cases suffering from sore throat should receive the benefit of the doubt as to whether the case be one of simple or diphtheritic sore throat by a bacteriologic examination, and the earlier such an examination is made the greater the chance of saving our patient.

Our Detroit Board of Health has furnished test tubes for the making of cultures from suspected sore throats, and I believe that if they were used more often, the epidemics in our city would be reduced.

The dose to be administered at first is a question of importance. I think it is best to overdose at first, than to give a lesser curative serum. The bulk is the same, whether 500, 1,000, 1,500 or 2,000 units are used, and as the inserting of the needle is always painful, it is better to give a full dose early, rather than to have to repeat the injection.

The amount to be used depends upon the length of time the patient has been sick, the extent over which the membrane has spread and the thickness of the membrane.

As to the antitoxin to use, having tried five or six different makes in the past two years, I have found that which has been manufactured by Parke, Davis & Co. most efficacious. Apart from the potency of this brand, I must commend the ingenious manner in which it is marketed, viz., in hermetically sealed glass bulbs, which exclude the air and keep the serum strictly aseptic.

From the charts I exhibit, you will see that when a dose was given of sufficient strength, the action on the toxin producing the constitutional symptoms, namely, fever, high pulse and great prostration, was prompt and effective; the fever being reduced rapidly. Laryngeal cases recovered slowly, but showed marked improvement after each injection.

Strange as it may seem, the serum varies in strength, different manufacturers furnishing the same number of units in various bulks, and many brands containing a less number of curative units than claimed.* Such brands are to be avoided. The most concentrated serum is, I think, the best to use, as there are rarely any bad results from its injection. It has been noted in several cases that an erythema or urticaria develops around the point of injection. None of the severe symptoms as noted by some have been noticed by me, though several hundred injections have been given under my

* Medical News Report.

direction. Several have had rheumatic pains, but no other symptoms showed themselves, not even an abscess, and their absence was probably due to the great care used in the manufacture of the serum administered.

During the past year there have been one hundred and eleven cases of diphtheria in Harper Hospital, five of which died. Three of these entered moribund, and one man had been sick six days before entering the hospital and the action of the toxins upon his heart centres was so great that he died from heart failure, the result of the diphtheritic poison. Some cases where large doses of antitoxin were used close together showed sub-normal temperature for several days. There have been six tracheotomies and twelve intubations. There have been many laryngeal cases that were treated successfully with merely antitoxin and inhalations. The youngest case was a child of five weeks, bottle-fed. During the months of October, November and December there were over seventy cases in the hospital under my care, and six in private practice.

The nurses who were on duty were at first immunized with 250 units, later with 500 units, and still later with 1,000 units, as the prophylactic effect was better. The nurses were constantly, except when off duty, exposed in an atmosphere saturated with diphtheria. Two nurses took the disease after having been immunized, and one took diphtheria after nursing a man who started with a "follicular tonsillitis," but which later turned to a true diphtheria. All the nurses recovered. When the disease was taken by those who had been immunized the attacks were mild.

Too much praise can not be given to the corps of nurses who cared for the patients day and night, with promptness, cheerfulness and efficient vigilance. Had it not been for their splendid work, many of the patients would have succumbed to the disease.

In all the hospital cases the patients had been sick from two to three days before entering, hence it was necessary to use the strongest antitoxin serum early and repeat the dose in six, twelve or twenty-four hours, if the growth of the membrane was not checked or stenosis promptly relieved.

We have several standing orders that patients receive as soon as they reach the hospital, for we believe in using some medicines that proved useful before the discovery of the antitoxin.

An examination of throat is made to see the extent and location of the membrane.

1. A hypodermic of antitoxin 1,500 or 1,000 units.

2. A liberal dose of calomel if tongue was coated and bowels constipated.

3. An ice collar, worn until all glandular enlargement disappears.

4. A gargle every two hours of

Hydrogen peroxide	2 parts.
Euthymol	2 parts.
Lime water	4 parts.

5. Membrane to be touched for ten or fifteen seconds with Loeffler solution, ever three hours. This is composed of:

Menthol	10 gm.
Toluene, q. s. ad	36 c.c.
Creolin	2 c.c.
Iron chloride sol	4 c.c.
Alcohol, q. s. ad	100 c.c.

This dissolves the membrane and destroys the Loeffler bacilli in situ.

Should the patient be needing a stimulant, the calomel was omitted and whiskey or strychnine administered. Other symptoms were met by appropriate means as soon as they arose.

Cases of laryngeal diphtheria were treated with steam inhalations after being injected. Children with pneumonia complicating diphtheria were put in the oil silk jackets and kept in an atmosphere of comp. tr. benzoin and other non-irritant inhalations.

The frequency of dose of the antitoxin depends upon the spreading of the membrane and the condition of the temperature.

How soon is a patient to be discharged as cured? I have had a culture taken from throats each day for three or four days until all Klebs-Loeffler bacilli disappear before I pronounce the cases well enough to mingle with others, for it has been known that the Klebs-Loeffler bacilli may be carried in the throat of a person without danger to himself, and yet be the source of great danger to others.

As a rule the cultures taken after all membrane has disappeared from diphtheritic throats prove negative after three or four days.

Just how dangerous the diphtheritic bacilli are after the use of the antitoxin, remains for the bacteriologist to determine. Where antitoxin has not been used, I have known reinfection to occur ten or fourteen days after primary attack.

Diphtheritic paralysis developed only slightly in two cases, but more severely in another case where all the vital centres had suffered from previous disease. Albuminuria was noted in a few cases, but as the disease predisposes to renal disease the antitoxin could not be held responsible; all these cases cleared up as soon as the poison was neutralized. No secondary infections occurred after the disease was once under control.—*Journal of the American Medical Association, March 6, 1897.*

Society Reports.

Toronto Clinical Society.

THE regular meeting of the Society was held in St. George's Hall on the 10th of March. President, Dr. Allen Baines, occupied the chair. Fellows present: Drs. Strange, W. H. B. Aikins, W. Britton, J. A. Temple, J. E. Graham, B. Spencer, Trow, A. A. Macdonald, A. H. Wright, Fenton, Anderson, Johnson, Primrose, Peters, Oldright, J. O. Orr, Cameron, Davison, O'Reilly, Bingham, Boyd, Fotheringham, McDonagh, Baines and Brown.

Bullet Wound of Thorax.—Dr. A. Primrose presented a patient who had accidentally shot himself eight weeks ago with a revolver of 32 calibre, the bullet entering the chest one inch from the middle line over the sixth cartilage. His physician put him under chloroform and probed for the bullet, but was unable to find it. He thought it was lodged in the liver. With the X-rays the bullet could be seen between the shadow of the heart and that of the liver, when the patient took a deep inspiration. By getting the tip of the finger, the bullet, and the sharp end of a pair of shears in a line while the shadowgraph was taken from the antero-posterior direction, and resorting to the same device while the shadow was taken from side to side, it was discovered that the bullet was about three-quarters of an inch to the right of the point of entrance and about five-eighths of an inch from the surface. The shadow of the liver, and also of the heart with its pulsations, could be distinctly seen.

Dr. J. E. Graham said that he had seen it reported that in a similar examination with the rays it had been noted that the heart moved up and down with the respiratory movements. It had also been stated that if the patient were exposed too long to the rays the circulation would be affected.

Dr. Primrose said that with the liver moving up and down during respiration the heart must surely do so too.

Dr. Grasett said that he had seen a similar case to the one reported, and had referred the patient to Dr. Walker, who took a skiagraph, but no bullet was made out. The patient suffered from no symptoms.

Dr. Primrose suggested that the bullet might have been in the shadow of the liver.

Dr. Oldright asked if the lungs made a shadow.

Dr. Primrose replied that one could see through the lungs perfectly. He thought it would be difficult to get a shadowgraph in the case presented because the bullet could not be made out during expiration.

Poisoning by Illuminating Gas.—Dr. J. E. Graham read a paper on this subject. He gave the histories of two cases. They were of two sisters who had retired at 11 p.m., and were found the next morning at 8.30 in an unconscious condition. The patients were removed to a pure atmosphere and artificial respiration commenced, strychnia given hypodermically, and brandy per rectum. The pulse of the elder was weak, a strong odor of gas came from the lungs, and the breathing was stertorous at times. There were erythematous patches on the face. The urine and the fæces were discharged involuntarily. A severe pain would cause the limbs to move. The temperature before death rose to 105°, the respirations to 80, the pulse to 150. The disintegration of the corpuscles may have accounted for the high temperature. In the second patient the condition appeared to be much the same, but she suffered from nausea and vomited freely. A pinch would produce tonic spasms of the arms. The pupils were contracted. The patient lay unconscious for seventy-nine hours. The urine was drawn off by catheter for four days, then micturition, as well as defecation, was involuntary, but afterwards both were normally performed. The highest temperature was 103°. As the patient grew stronger she became irritable and nervous, and asked foolish questions. There was a certain amount of aphasia. A saline solution was given per rectum which increased the elimination from the kidneys. Patient grew worse if this part of the treatment were omitted. Nitroglycerine was administered the first week. The brandy which was also given caused stertor. The skin was sponged with salt water. The doctor said that illuminating gas was much more poisonous than formerly. The proportion of carbon monoxide formerly was 5 to 10 per cent., now it formed about from 20 to 30 per cent., according to analyses made in Boston recently. The effects of carbon monoxide on the blood were still under discussion. It formed a compound with the hæmoglobin in the blood corpuscles, displacing the oxygen, so that the corpuscles could no longer perform their functions as oxygen carriers. If a patient were exposed for a long time to a small amount of gas the symptoms were worse than in those cases where the exposure had been shorter to a large amount. The symptoms in cases of slow poisoning were then described. Secondary conditions produced were bronchitis, hæmoptysis, headache,

paralysis, hyperæsthesia, anæsthesia, herpes, pemphigus, gangrene, etc. One authority had pointed out that there was increased permeability of the capillaries; this might explain the occurrence of some of the nervous phenomena.

Dr. Graham said that reports of post mortems are not as exhaustive as one might wish. He detailed those signs usually found. After discussing the prognosis the doctor described the management of such cases fully. A review of such cases brought up an important question in medical jurisprudence. It was doubtful if corporations had a right for purposes of economy to supply to dwellings such a poisonous gas as water gas is known to be. Statistics had shown that the number of deaths by suicide and accident had increased three or four-fold since the introduction of water gas as an illuminant.

Dr. Oldright said that this was a question in which the Fellows were each personally interested. He called attention to the large number of cases of deaths from gas poisoning. The less virulent character of coal gas than water gas had been shown by experiment with animals. He suggested that the inspectors of gas meters might inspect gas fixtures as well. This would save many accidents. The habit of shutting the gas off at the main for purposes of economy or safety was fraught with danger, because next morning when turned on again it might escape from a tap which had been left open the night before. Certain preventive measures were referred to by the speaker, such as the use of automatic burners, the opening of the fan-light, etc. After referring to the pathological condition of the blood, the speaker said that the most fatal form of gas poisoning arose from a combination of carbon monoxide and carbon dioxide, according to Scott of Glasgow. The same authority reported cases of insanity and imbecility as sequelæ to gas poisoning. The speaker described an experiment for ascertaining the percentage of carbon monoxide in the blood. It was held by some that the administration of oxygen under pressure tended to the separation of the hæmoglobin and the monoxide. Alcohol was not beneficial in these cases according to some authorities, but positively injurious. Transfusion of blood was said to be of more service than saline solutions; the latter did not improve the quality of the corpuscles. He had noted that recovery followed in cases where patients were exposed to a large amount of gas for a short time more readily than where they had been exposed to a small amount for a long time.

Dr. Cassidy said that he had found upon inquiry that the gas used in the city of Toronto contained only about twelve per cent. of carbon monoxide.

Dr. J. L. Davison asked if it was not better to use defibrinated blood than the salt solution with the hope of replacing the disintegrated corpuscles, to lead to the carrying on of normal oxidation.

Dr. A. J. Johnson described the post mortem changes found in these cases. The main features were the same as those in other cases of asphyxia. The color of the ecchymotic patches in these cases was somewhat distinctive. A patient might be poisoned in a room while the gas was still burning in one jet, though escaping from another, showing that it would kill, although not large enough in amount to be inflammable. Dr. Johnson gave the history of some cases.

Dr. Cassidy stated that air charged with from ½ to 1 per cent. of the monoxide was fatal. In one case recorded it was estimated that the percentage was only .44.

Dr. Primrose said he thought that the saline injections were more efficacious than the blood, because the disorganized corpuscles would not be able to utilize the blood injected.

Dr. Cameron pointed out that the normal salt solution had no power of carrying oxygen, although it might maintain the tension of the circulation until the nutritive processes came into action so that sufficient pabulum was formed in the system from which the hæmoglobin could be obtained. To carry oxygen, hæmoglobin was necessary, and he was of opinion that the injected blood would supply the hæmoglobin to take up the oxygen given. A rational procedure would be, inasmuch as the monoxide formed such a suitable compound with the hæmoglobin, to deplete the venous system and introduce new blood from without. He, however, had never seen any experiment in the human animal.

Dr. Peters said it seemed to him desirable in such cases to get the oxygen into the blood in some way, either by forcing in air or oxygen. In order that the patient be alive it was necessary that there be some hæmoglobin in the system. There was no doubt that if the patient recover the carbon monoxide must disappear. It was not definitely known how the hæmoglobin formed in the system. It was probable that the injections of salines, by washing out the tissues, induced protoplasmic changes, which were followed by the formation of corpuscles containing hæmoglobin. Oxygen forced into the system was a most important procedure.

Dr. Spencer asked if the effects of the carbon monoxide were less injurious to younger than to older persons. It seemed to be so in the cases reported. He had been called in attendance on a man, wife and baby who had been poisoned. The father and mother were both insensible, but by hard work were saved. The child was little affected,

and was playing about in the morning. His conclusion was that the metabolism was much more rapid in the child, that the hæmoglobin formed more quickly, and so the child was more able to withstand the action of the gas.

Dr. Anderson said that the younger woman of the two cases reported was the weaker, according to the history. Probably she suffered less because she respired less deeply.

Dr. Graham said that he preferred oxygen to ordinary air in the treatment by forced inspiration. It had proved immediately beneficial in the two cases. Improvement was immediately noted on the pulse. In this way the hæmoglobin which has been injured by the carbon monoxide is more thoroughly oxygenated, the nerve centres are better nourished, and secretion and elimination take place in a more direct manner. By bleeding the patient much more poison is gotten rid of than in any other way. He did not think that the transfusion of blood was of any special advantage, because in ordinary conditions the blood corpuscles of the transfused blood became disintegrated.

Artificial Respiration.—Dr. Charles O'Reilly read a paper on this subject. He also presented the Fell apparatus for doing forced respiration, and also one of his own devising. He said failure of breathing of a non-obstructive character arose from various causes, such as an overdose of anæsthetic, affections of the lungs and bronchial tubes, syncope from anæmia or heart failure, an overdose of morphine, chloral, gas, and suffocation from drowning. Dr. O'Reilly reviewed the methods proposed by Sylvester, Howard, Hall and others. In certain cases where there was rigidity of the chest or of its walls, forced respiration was probably the best procedure to adopt. This procedure had been recommended at various times by such men as John Hunter, Simpson, Richardson and others. But of late, Fell, of Buffalo, had been its chief exponent. His apparatus as offered to the profession was too expensive. It, however, could be readily improvised by the physician. The doctor then showed one he had made. He said he had not yet had the opportunity of using it. The apparatus consists of a pair of hand-bellows, a long rubber tube in which a valve is placed which is opened when expiration takes place. To the oral end of the tube is attached a mouth-piece, which fits tightly over the face. In cases where it was necessary to do tracheotomy, a special tube was used for insertion into the trachea. Dr. O'Reilly's own device was a most ingenious one. It consisted of a garden hose tube. One end was attached to the perforated top of a tin pail, which contained lime water through which the inspired air was drawn. One coil was then made in a pail of warm water to warm the air as it passed

through. The tube then proceeded to the bellows, and from the bellows a tube led to the mouth-piece.

Dr. Oldright presented a jar he used for the administration of oxygen, which was of use when a bag was not available.

On motion of Dr. Primrose, seconded by Dr. Wright, the nomination of officers was deferred until the next meeting.

A paper to be presented by Drs. J. A. Temple and Fenton was laid over until the next meeting.

Toronto Medical Society.

THE regular meeting of the Society was held on the 18th of March in the Council building. President, Dr. W. J. Wilson in the chair.

Brasement Force.—Dr. William Oldright reported a case (and presented the patient) of brasement force for an ankylosed ankle, where the foot after fracture of the lower end of the tibia had assumed a position of over-extension and eversion. A tenotomy of the tendo-Achillis was done and then the foot was restored to its proper position and held there. The improvement had been more than he had anticipated, although the movement in the joint was limited.

Dr. B. E. McKenzie said that it was about as late as 1888 before dividing of tendons and immediate rectification of deformities was done in New York. In the case reported there would be improvement in the mobility of the ankle as time went on.

Diagnosis of Flat-Foot.—Dr. H. P. H. Galloway read a paper on the diagnosis of flat-foot. He said that this term had been applied to a number of mal-positions of the foot. It was often accompanied by a great deal of inconvenience and suffering. Its diagnosis was extremely easy but often overlooked. The treatment nearly always afforded relief. A correct diagnosis was important. By a comparison with the hand and forearm the essayist pointed out how pronation of the foot brought the inner malleolus and the astragalus nearer the ground and raised the outer side of the foot. This was the first element of the deformity in flat-foot. The second thing noted was the valgus. This was an outward deflection of the anterior portion of the foot, the movement taking place at the medio-tarsal joint. The third element was the depression of the arch. One, two or three of these elements might be present in any given case. The first symptom referred to by the doctor was pain, which might be complained of on the dorsum of the foot, the outer side of the ankle, or running

up the leg to the thigh. The pain might not be proportionate to the amount of deformity. The second symptom was tenderness. This might be noted on the inner side of the foot a little below and in front of the inner malleolus; on the dorsum in front of the ankle, in the centre of the heel and at the bases of the first and fifth metatarsal bones and about the external malleolus. The third symptom was limitation of motion caused by adhesions or reflex muscular spasm. This rigidity made walking fatiguing. The fourth symptom was loss of elasticity. This made the patient walk ungracefully; the non-extension of the knees, the inclination of the body forward and the drooping of the shoulders were the phenomena noticeable. The feet would become hot and flushed, or cold and clammy and would swell if the patient was on his feet much. An examination of the shoes would be interesting in helping to make a diagnosis. An outline of the oiled foot might be made on brown paper. The differential diagnosis between this condition and rheumatism, osteitis, contracted foot and deformity the result of central nerve lesions was pointed out.

Dr. Oakley discussed the paper.

Dr. B. E. McKenzie said that these cases were often considered to be cases of tuberculosis of the small bones of the foot. Contracted foot was more often due to a lesion in the cord than to other conditions. He had had cases which at first seemed to be cases of flat-foot but which now seemed to possess the appearance of claw-foot.

Dr. Clarence Starr said that a careful examination of the foot was usually sufficient to establish a diagnosis. Most cases of failure to diagnose the condition were due to the fact that the feet were not examined.

Dr. Greig agreed that most mistakes were made through non-examination of the feet. He drew attention to the symptom of reflected pain which resembled that of sciatica. His practice was where patients came complaining of such pains to examine the feet.

Dr. Cameron said he believed that cases of flat foot and contracted foot were due to gout. The diagnosis between the two conditions was easy. Tarsalgia of adolescence was a disease to consider in making the diagnosis of flat-foot.

Appendicitis.—Dr. Langstaff presented an appendix which he had removed, assisted by Dr. W. J. Wilson. The patient had had ten attacks. The first came soon after an attack of typhoid fever. Operation was done in the interval. The patient was doing well. There were a number of points of interest in the case. Did the typhoid have anything to do with the appendicitis? or with the large

number of attacks, the first of which was brought on by exercise? The appendix did not touch the psoas or the iliacus. There were a large number of adhesions. There was no pain after the operation. This he attributed to the fact that the structures were separated rather than divided by cutting. The pulse and the temperature following the operation were sub-normal.

Dr. Wilson said that there was a kink in the appendix. This accounted probably for some of the symptoms.

Dr. Ross said that many cases of appendicitis were treated as typhoid fever. Sub-normal temperature often followed operations involving handling the intestines.

Volvulus; Operation; Recovery.—Dr. J. F. W. Ross reported two cases in practice. The first was Volvulus; Operation; Recovery. Mr. G. First had an attack of abdominal pain and obstruction of the bowels. Was attended at the time by Dr. A. R. Gordon. Dr. Gordon tells me that at this time he considered the case was one of volvulus but the difficulty was overcome by enemas. Bowel was evidently straightened out and the patient made a good recovery. Four or five years after this patient was working on Friday and lifted some boxes. He felt some pain in the abdomen and was unable after this to get any movement of the bowels. On Saturday the pain continued and his wife endeavored to give him an enema but the fluid returned. It was impossible to get the bowel filled with fluid. On Sunday the pain became intense and Dr. Webster was sent for. He saw the patient at 9 p.m. and endeavored to give him an enema. After using a tube about a foot and a half long two quarts were retained in the bowel. This fluid evidently went up beyond the twist and remained there. On Monday the patient was found with the abdomen distended, the pain continuing, and distinct evidence of attempted peristaltic action of the intestine down to a certain point. Some blood and mucus was passed per anum. The patient was taken to the Western Hospital, and I saw him on Monday morning in consultation with Drs. Webster and Carveth. At this time the abdomen was considerably distended. The patient's face looked pinched and anxious. His pulse was 90, temperature 98⅘°. A distinct coil of distended intestine could be seen lying in the abdomen with its two ends approximated in the neighborhood of the left iliac region. It was evidently very fully distended with gas. I advised immediate operation. As soon as the patient could be satisfactorily prepared operation was performed. The abdomen was opened in the median line and immediately a large coil of distended intestine popped out and stood up like so much erectile tissue. Its apex was about from

ten to twelve inches above the surface of the abdomen. It was quite evident that this was volvulus of the omega flexure of the colon. Two half twists, or one complete twist, from right to left loosened the constriction so that a long stomach tube could be passed up into the distended bowel from the rectum. This was carried out by the nurse and I manipulated the tip of the stomach tube so as to expel the gas from the distended gut and thus produced flaccidity of its walls. After the intestine was collapsed the mesentery at three or four points along the mesenteric edge of the bowel on its upper and left surface was stitched to the perineum beneath the wound. The longitudinal muscular band on the anterior and left surface of the colon was perforated with two or three stitches at varying distances, and these were fastened to the peritoneum. The material used was fine silk. The abdominal wound was then closed with silkworm-gut sutures and dressed in the usual way. The patient made an uninterrupted recovery. During convalescence a large number of cherry pits that had been lodged in the volvulus passed away in the motions.

Dr. A. R. Gordon said he was called to the patient to treat the first attack. The symptoms were those of obstruction. By a good deal of hard work he succeeded by enemas in relieving the condition.

Dr. F. N. G. Starr pointed out that the sigmoid flexure might be displaced so that it might occupy the opposite iliac fossa. The symptom of movable dulness was an old one.

Very Early Ectopic Gestation; Collapse; Operation; Recovery.—Mrs. S., aged 28; one child fifteen months old. Menstruated once after birth of child, then went five weeks, that is up to the time she was taken ill with the symptoms of the rupture. There was no uterine hæmorrhage in the interval nor at the time of the rupture. Patient did her work as usual until between three and four o'clock in the afternoon, when she felt pain in the side. Had no idea there was anything wrong with her up to this time. A frequent desire to pass water came on. She got up to move about and fainted. She then lay down again, and endeavored two or three times to move around, but faintness coming on she was unable to do so. The pain then disappeared, and she felt as if there was not much the matter, except that she was weak. The neighbors, however, became alarmed and advised her to send for the doctor. This was done at 11 p m. Doctor found her suffering from considerable precordial uneasiness. She looked pale, was bathed in cold perspiration and felt extremely weak. She was pulseless at the wrist. The pain in the abdomen had disappeared. I was telephoned to at a quarter to twelve, and arrived at the house at a quarter to one in the morning. I found the patient pulseless,

though the heart was beating about 100 in the minute. As it is frequently expressed, "the bottom had fallen out of the pulse," so that it could not be felt at the wrist. The patient looked blanched, and it only took a few seconds for me to confirm the diagnosis of the attending physician, Dr. Rowan. Urine had been passed before the onset of the symptoms, but none passed since. I have frequently noticed this suppression of the urine in these cases. The abdomen was slightly distended. By percussion, intra-abdominal fluid was diagnosed. The dulness was slightly movable, with change of position, as frequently happens when the abdomen is filled with blood more or less clotted. The patient was lying in bed with her clothes on just as she had fainted in the afternoon. I made a vaginal examination. Could feel no mass on other side of the uterus, but thought I could feel blood-clot break down under the finger when pressing against the downward bulging cul-de-sac of Douglas from the vaginal side. There was no time to be lost. Something must be done at once. After a hurried consultation, the husband agreed that his wife should be immediately moved to the hospital. I offered the use of my cab that was standing at the door. It was decided that the doctor should go to his office and telephone to the hospital authorities that we were bringing the patient up so that time would be saved. He was then to meet us on our way up. A neighbor was roused, the little child was given to her for the night. The patient was carried out by the husband, the cabman and myself, and the key turned in the door. I told the husband before leaving that his wife might possibly die on the way; if this should occur he must not blame me, as this was the only chance to save her life. In a short time we were at the hospital; patient was carried in and prepared for immediate operation. I telephoned to another member of the staff, so that he might be dressing, and sent the cab for him. It was not many minutes before he arrived at the hospital. I had everything ready, so that not a moment would be lost during operation. The anæsthetic, ether, was administered with the greatest of care. As the patient was pulseless at the wrist, it was no easy matter to give it, and as little was used as possible, scarcely more than enough to deaden the pain of the incision through the skin and prevent straining. The patient was so collapsed that she seemed scarcely sensible of pain. With a couple of cuts the peritoneal cavity was entered, blood began to ooze out, fingers were passed down to the left tube, where I thought I felt a slight roughness of the surface. They were then passed to the right tube; nothing could be felt. I was then certain that the rupture was in the left tube. Fingers were passed down to the left tube again, and this was drawn to the surface,

rapidly ligated and removed, together with the ovary. Right side was not interfered with. The blood was washed out by my assistant while I placed the sutures. A drainage tube was placed and the wound closed. I never made my fingers fly quicker. Only a very few minutes until the operation was completed, and the patient was ready for removal from the table. The ether and the hypodermics that had been previously given seemed to stimulate the pulse. Patient was placed back in the ward, and the husband advised to remain all night. Frequent saline injections were given per rectum, hypodermics of digitalis and strychnia and brandy were given every hour. The patient gradually began to mend. Convalescence was somewhat slow, but very satisfactory. She left the hospital in four weeks. The plate shows the left tube and ovary. The left tube has a small perforation near the uterine end. The ectopic gestation was no larger than an ordinary white bean, so that rupture in this case was very early. Water-colored illustrations of the tube were passed around. The tube and the ovary were shown. The perforation was near the uterine end of the tube. The ectopic mass was no larger than an ordinary white bean.

Volvulus; Collapse.—Dr. Peters reported a case of volvulus with collapse. An opening was made in the lumbar region, and the bowel tapped above the site of the volvulus, with a relief of symptoms, the volvulus becoming untwisted. A year after this another attack came on. An operation was refused except at the old site and in the old manner. Patient again recovered. A year after this a third attack came on. The distension was very great. Operation was advised and consented to, but before it could be performed the patient died. If the volvulus had been undone by operation at the first attack, a permanent recovery might have ensued.

Dr. Webster, who treated the patient during his second attack, described the symptoms and the treatment. He strongly opposed the giving of morphia in such cases.

The Trinity Alumni Association.

THE Trinity Alumni Association met at Trinity University, April 7th, Dr. J. C. Mitchell, Enniskillen, President, in the chair. The forenoon was spent in routine business. The nomination and election of officers resulted as follows:

President, Elias Clouse, Toronto; Vice-President for Toronto, Dr. Rowan; for Eastern Ontario, Dr. A. S. Tilley, Bowmanville; Western Ontario, Dr. Gerald O'Reilly, Guelph; Secretary, Dr. Harold

Parsons; Treasurer, W. H. Harris, Toronto; Graduates' Representative, Dr. Eadie, Toronto.

A telegram from Seneca D. Powell announced that he was unable to attend the meeting.

The Use of Antitoxin in Diphtheria.—Dr. Dillon Brown was unable to be present but sent his paper, which Dr. J. G. Wishart read. It consisted of an analysis of 991 cases. From a therapeutic standpoint, diphtheria presented two distinct diseases—the laryngeal and the pharyngeal variety. The chief danger from the laryngeal form was obstruction; while from the naso-pharyngeal it was poisoning. In the laryngeal form the infection was more often unmixed and more readily yielded to the antitoxin; in fact the serum was almost a specific for it. An analysis of his laryngeal cases for some years back proved this. Under the old, from September, 1885, to September, 1886, he treated 37 cases with 18.9 per cent. recoveries; 1886 to 1887, 65 with 23 per cent.; 1887 to 1888, 89 with 21.4 per cent.; 1888 to 1889, 95 with 32.6 per cent.; 1889 to 1890, 63 with 30.1 per cent.; 1890 to 1891, 63 with 36.5 per cent. Then began calomel sublimation: 1891 to 1892, 117 with 34.1 per cent.; 1892 to 1893, 84 with 38 per cent.; 1893 to 1894, 76 with 38 per cent.; 1894 to 1895, 57 with 43.8 per cent. Then began antitoxin: 1895 to 1896, 30 with 56.6 per cent.; 1896 to April, 1897, 30 with 90 per cent.

Drs. C. Trow, J. G. Wishart, Eadie, Powell, Baines, Clouse, and Fenton discussed the paper.

Lacerations and Erosions of the Virgin Cervix.—Dr. J. L. Davison read a paper with the above title. This was a comparatively new subject, but was of considerable medico-legal importance. Recent investigations had shown that this condition was present in certain full-grown fœtuses examined. A predisposing cause of the condition was an extension downward of the glandular epithelium of the cervical endometrium beyond its normal limit. One observer has noted ten erosions in twenty-eight cervices examined. Dr. Penrose, who had made a study of this condition, had reported cases in adults. One was of a young woman, aged twenty-five, who menstruated at fourteen. For five years she had suffered from leucorrhœa, back ache, and pain in the left ovarian region. She was most probably virtuous. The cervix was of a mushroom shape; there were erosions of the external os; microscopic examination of a portion showed the os to be covered with squamous epithelium except where the erosions were, and this was cylindrical. Racemose glands were noted all over the cervix in front and behind. A second such case was reported, in which the

evidence went to show that the patient was a virgin. The opening of the hymen would, with difficulty, allow the passage of the little finger.

Drs. Temple, Machell and Miller discussed the paper.

Bone Lesions Following Typhoid Fever.—Dr. Harold Parsons made some remarks on this subject. The doctor gave a *resume* of the work which had been done on this subject, and reported briefly six cases he had observed. It was proven beyond doubt that the bacillus of typhoid would produce suppuration. As a rule the bone lesion set in a considerable time after convalescence, its course was very chronic, and its cure in many cases difficult. The prognosis was good; no improvement had been suggested in the treatment over that offered by Paget, who had made a study of the question twenty years ago, viz.: Incision and removing the affected tissues.

MEDICAL SOCIETIES.—Join the medical societies of your neighborhood; and if none exist, induce your medical brethren to join you in founding one. Organization gives protection both to the profession and to individuals. Society membership is a guarantee of your good standing, and that you pursue legitimate practice. A good medical society is also something of a post-graduate school—"steel whets steel." And, next to actual experience, there is nothing so valuable to the young practitioner as the medical society, for there the collision of mind with mind, and of thought with thought, in amicable discussion awakens reflection and deeper reasoning, increases the intellectual grasp, stimulates the mental digestive power, and liberalizes and enlarges the scope of both speaker and listener, and acts as leaven to the entire profession. Nowhere else can you study so well the individuality and the styles of different physicians, and discover the reasons why each one is where he is, so fully, as at medical meetings. There the specialist, the teacher, the general practitioner and the book-worm all meet, "well armed with mighty arguments," and each in his own way contributes to the instruction and intellectual recreation of the others. . . . Their rivalries, dissensions, jealousies and controversies can be softened, and professional friendships be formed and cemented. There you can find opportunities for pleasant social intercourse with worthy men. . . . Independently of the benefits and improvement accruing to the members of medical societies individually, they give a sound and healthy tone to the entire profession, stimulate the growth of medical science, and also generate and keep alive a genuine professional and brotherly spirit that tends to minimize all that is unprofessional. CATHELL.

Editorials.

Medical Council.

We have for publication this month two letters from estcemed correspondents which we reproduce at full length, and are in this case very pleased to do so; but in future we find it necessary, in order to save space for other weighty matters, to pursue a different course. Council matters, distinctly as such, will always command the attention of this journal. But the correspondence must be limited after the May issue to three or four pages to each writer. In June members of the Council will have an opportunity of threshing out their differences on the floor of the Council chamber. We purpose giving a *resumé* of the Council's proceedings, and shall give our readers the benefit of the discussion. We take this opportunity to say, and we believe the past will justify it, that we have taken and are determined to take an absolutely independent course in all matters pertaining to the Medical Council and educational matters in Ontario.

We have received many letters from subscribers cordially endorsing the independent stand taken by this journal, and we can assure our readers that we shall not swerve from that course.

The Victorian Order of Nurses.

A short time ago a mass meeting was held in Toronto, called by the Mayor of the city at the suggestion of Her Excellency the Countess of Aberdeen. The object of the meeting was to establish an order of nurses to be known and designated the "Victorian Order of Nurses."

The intentions are to raise a million dollars—not a large sum, by the way! and to found an order of nurses that would give their services at very low rates to poor people.

Now, unless sufficient funds can be obtained, the scheme could not be made a success; and unless it is a success we do not wish it at all. The money should be on hand before the order is created. It will be required from year to year to maintain the order and carry on its work. Enthusiasm may die out, and the order of nurses die out because of lack of funds.

Then again, this new arrangement of things may interfere very much with the excellent trained nurses we now have, and who have great

difficulty in finding employment to fill up their time. To start an order of nurses with a flourish of trumpets, and induce a large number of young women to become nurses, may be far from wise or beneficent. These will go into the occupation and meet with little but disappointment afterwards. The fees these nurses are to be paid by the poor patients are small, and so the nurse must he paid some further remuneration. This must come from the general fund, and if there is no general fund why then the nurses must go unpaid. In this way the whole scheme becomes discredited.

Again, one of these Victorian nurses might be located in some remote and poor district, and expected to visit the sick in the neighborhood. This would in practice prove impracticable. The whole affair so far appears to be quite Utopian.

One of the evils that would arise from the establishment of such an order of nurses would be the tendency to still further pauperize the people. It would be another charity to be maintained; and many who could well afford to hire and pay a nurse a proper fee would seek the aid of the Victorian Order.

While we fully appreciate the noble motives of Her Excellency the Countess of Aberdeen, we regard the scheme, as it was outlined at the Pavilion meeting, as one that is unworkable in many details.

The Ontario Medical Association.

THE regular meeting of the Provincial Association will be held in Toronto, June 2nd and 3rd. Already a large number of medical men throughout the Province have signified their intention of being present. A goodly list of papers is expected, quite a number of gentlemen having already consented to appear on the programme. The subjects for the discussions in surgery, medicine and obstetrics are respectively: "The Present Status of the Radical Operation in Hernia," "Serum Therapy in Medicine," and "Albuminuria of Pregnancy."

The membership of the Association now reaches about one thousand. Last year the Association met in Windsor and a large number of men from the western part of the Province united with the Association as a result. But the place of meeting was so remote that few men east of Toronto were in attendance.

This year, it is hoped that the east as well as the west will be well represented. Toronto is certainly the best of all places for the meeting as a rule. It is central, it is the seat of the medical colleges

of which most of the members are alumni, it is a delightful place in which our busy outside men like to take a holiday, and it is a medical and surgical supply centre.

The railways will grant reduced rates, and it is hoped this '97 meeting will be largely attended. The Medical Society spirit is spreading, particularly through Western Ontario. There are, perhaps, a score of local associations meeting quarterly in which much good work is done. An apology for their existence is no longer necessary, a recitation of their value is not needed. It is usually the bright and busy practitioner who attends these societies. There are many good men practising in more or less out-of-the-way places who should come out or be brought out and persuaded to do something for the good of the others, and for themselves. For he who prepares a paper does not only his confreres but himself good. It is exceedingly hard to convince our average Ontario medical man that he can prepare a paper, for he is a very modest man. Consequently the burden falls on the old stand-bys who would gladly give place to the modest practitioner, and who are sometimes criticized by the modest brother for appearing so often on the programmes. We bespeak a general rally in Toronto this year.

BARON LISTER of Lyme Regis in the County of Dorset, is the official title of the new medical peer.

A NEW HOSPITAL FOR LONDON.—The Queen's Jubilee Committee will ask local architects to submit plans for a new $60,000 hospital.

THE library of the late Dr. Thomas A. Emmett has been purchased by the New York Union Library for $150,000. It was appraised at $240,000.

ENDOWING A CHAIR.—At the annual convocation of the medical faculty of McGill University it was announced that Mr. Walter Drake had given $25,000 towards endowing the chair of physiology.

SIX EVILS IN MEDICINE.—Dr. L. E. Grant, in an able article in the *Atlantic Medical Weekly* for 13th February, on the above subject, gives the first place in his list of evils to overcrowding of the profession. He points out that with a doctor to every 500 to 600 people, honest practice has become almost impossible. Competition is so

keen that the practitioner is forced into practice he would not think of were the competition not so great. Even criminal practice may be thought, certainly often, quackery. The remedy for this is partly in the hands of the profession—they should persuade young men and women against the study of medicine; but the great remedy is in the hands of the college men—they should advance the course of study so as to sift out many who are unfit for the profession. Hear ye this, O ye professors.

PROPHYLAXIS OF TUBERCULOSIS.—Dr. N. S. Davis, in *Chicago Medical Recorder* for March, remarks that in many of the large and populous centres, consumption is decreasing. This is due to greater attention to the question of prevention. He calls attention to the danger of careless and unclean habits in the case of a consumptive patient. Sputum should be carefully destroyed. The room of a tuberculous patient should be well ventilated as a means of controlling infection. Tuberculous food and milk are sources of much danger. In cases of children of consumptive family histories, great care should be taken of their physical development to produce full, deep chests. All overcrowding in rooms should be prohibited. No cause acts with greater force than small, badly ventilated rooms. Certain diseases, such as chronic bronchitis, should be treated with great care, as they tend to lay the foundation of consumption.

DEATH RATE IN PUERPERAL FEVER.—Dr. Charles J. Cullingworth, in *British Medical Journal* for March 6, gives a table deduced from the mortality returns of Britain to the effect that the death rate from puerperal fever has not lessened since 1847. Indeed, the table shows that for fifty years the mortality from this disease has remained practically the same, or from 1.5 to 3.3 per 1,000 births. In 1895 the rate was 2 per 1,000 births. The causes for this the writer holds to be twofold: the large number of confinements attended by ignorant midwives, and the lack of thorough asepsis in private practice by physicians. The remedies are apparent. Midwives should be compelled to have a sufficient knowledge of antiseptics and cleanliness as to enable them to prevent the disease, and regular physicians should institute thorough methods of cleanliness and asepsis. The writer holds strongly that it is alarming that there should be so high a death rate from a disease that is preventable.

Correspondence.

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

A correction—Sources of a plausible debater's power—Effect of a winning manner—Almost persuadest thou me to be a traitor—Impolicy of forcing disclosures which can only embarrass the Inner Circle—Dr. Williams on stilts—No "passion for writing" except in the "Ontario Medical Journal"—Dishonest controversialists dogged by the Nemesis of exposure—How Dr. Williams came to grief—How his "passion for writing" was nipped in the bud—His purely technical relations to honesty and truthfulness in Council discussions and debates—His heroic bravery and unconcern—Standing to his guns with a persistency that, in a better cause, would merit respect—The word plausibility supplied with additional "shades of meaning"—Dr. Williams challenged to make any specific charge—Why the endorsation of the Inner Circle, in Dr. Williams' sense of the word, would be a calamity to any honest representative—The doctor forgets how he used to wrestle with a bolus of taffy in the far-off days of Sunday Schools and Bible chapters.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—Kindly permit me to explain that, by typographical errors in your last issue, the word Bœotian was misprinted, and the word "(sic)," which was designed to come after the word "friend," was misplaced. The type-setting and proof-reading of THE REVIEW are usually so exceptionally excellent that it is rare indeed to find even such trifling misprints as these.

Without possessing any special equipment beyond his guileful art, a skilfully plausible man will often prevail with the unwary, where a much abler but more scrupulous advocate would fail. The former is trammelled by no ethical considerations. He aims to win a merely ephemeral confidence, which reaches the requirements of the occasion, and he is in no way particular as to the means by which it is secured. In the pursuit of so laudable an object as this, why should hostile facts be permitted to stand in his way? Why should he hesitate to mould them to his purpose? If customs, and *les convenances* of society, courtesy to a great prince, why should not both facts and circumstances bow to the requirements of a great president or of a great ex-president? Outside the domain of statistics—where even an accomplished artist in this line has been known to severely burn his fingers—why should he not be at perfect liberty to weave his subtle creations, and to modify coarse actualities, and to fabricate cunning fictions,

and to heroically use, at will, either the blank cartridges, or the *suppressio veri*, or the *suggestio falsi* chambers of his dialectic revolver? If really clever, except when he ventures into the perilous region of figures, he runs no great risk of being brought to book. It is an intellectual effort of the highest order to critically follow the devious meanderings—the quips and quirks and quibbles and inuendoes—of a plausible debater, so as to rapidly winnow the chaff from the grain (if any of the latter there be), and not everyone is equal to the occasion. Under such circumstances, perhaps four men out of five are content to have their ears tickled and to charitably accept plausibilities for truth, while the fifth man, who is of sterner build and more exigent in his demands, and who recognizes the artful fallacies of the speaker, is, as a rule, none too prone to commit himself to the thankless and ungracious task of exposure.

But when a skilfully plausible man, as is the case with the distinguished representative of No. 2, is also blest with a winning manner, he has, except before an exceptionally critical auditory, a truly immense advantage over any less gifted but more conscientious debater. Dr. Williams is peculiarly happy in his endowment of personal magnetism, and a gracious winning way of presenting his views, whether these be real or pretended, so that he seldom fails to charm even where he does not convince. I do not wonder, then, that he wins credence and support from those whose charity is larger than mine. I even, at times, while listening to him, wonder that I am not also convinced. I think it not unlikely that, carried away by his own brilliant creations, he occasionally half deceives himself. The debate on the motion to give the profession its legal and righteous representation on the Executive Committee was a case in point. This motion was defeated almost exclusively by the plausibilities of Dr. Williams, and I was not greatly surprised that some five or six Independents voted with him. The specious nothings, and finely-spun sophistries, and high-class plausibilities then urged by him against the motion on behalf of the electorate, were so eloquently presented—were set forth in a way so fair-seeming and so captivating, with all the charming Deportment of a Turveydrop, and all the noble sincerity and large-heartedness of a Pecksniff, and all the generous unctuousness of an Oily Gammon—that I was myself nearly carried away to the point of crying out, "Almost persuadest thou me to be a traitor."

Even by his own associates, Dr. Williams may possibly be regarded as indiscreet in forcing disclosures which can only add to the confusion of himself and his friends. By those who know me well, I am not regarded as being an ungenerous opponent—provided I receive

anything like decent treatment and fair play. I write only what I believe to be true. I speak of persons and things strictly as I find them. I "nothing extenuate, nor aught set down in malice." With respect to the doctor, there were, as I intimated in my letter to the December REVIEW, personal considerations which inclined me to deal with his aberrance from the path of official duty as lightly as possible. In fact, until the appearance of his letters in reply, I was not without some faint hope that he might yet be won to clearer views of his obligations to his constituents. These considerations, and possibly also mistaken good-nature, prompted me to shroud an attack—which he well knew was directed exclusively at himself and his two elected associates in the Inner Circle—behind the kindly veil of ambiguity, by the use of indefinite expressions such as "a few elected men," "five or six territorial representatives," etc. That I have now withdrawn even this thin screen, is the natural and inevitable result of your correspondent's artful effort to make it appear that the words "ductile," "recreant" and "subservient" were levelled at the whole Council, or at "nearly three-fourths of the Council." Again, I might have met his attempt to discredit me as a witness, in the matter of Council irregularities, and misgovernment, and the hidden machinery by which the Council is controlled, by simply and pointedly citing, and insisting on, the internal evidences of the truth of my averments, and the justice of my strictures, contained in the official Report of Council Proceedings, while also refuting his misstatements, and correcting his misrepresentations, and unmasking his sophistries, seriatim, as they appear. He is, however, so untrammelled by the ordinarily accepted ethics of public debate, so unrestricted in his choice of means "*calculated* to win confidence," that the task of refutation would be a continuous, and an endless one, and I have other subjects, of much more interest to the electorate, to discuss. It is to me, consequently, a matter of vital importance that your readers should be in a position to properly appraise the value of his testimony on points pertaining to Council policy and regime, and to professional politics. In his private, his social, his civic and his professional relations, I have no reason to even suspect that he is not a truthful and an honorable man. On the contrary, I believe him to be, outside of his Council relations, as trustworthy and as sincere, as I know him to be the reverse in Council debates. I gladly express my honest admiration of his many good qualities, and of his personal amiability of character, and I freely state my firm conviction that his Council idiosyncrasies are the only specks upon an otherwise spotless and enviable reputation. I should, indeed, deem it an unpardonable outrage to charge him with dishonesty, even in Council debates

and controversies connected therewith, if the evidence to be used in support of such a charge had to be sought for outside the discussion in which we are at present engaged. I have thus said perhaps enough to show how reluctantly I am, herein, forced to recall certain incidents, connected with one of the earlier phases of this dispute, which serve to settle the question of his credibility in public discussions, connected with Council affairs, at once and forever. If this exposure proves painful to him, I can assure him that to pen it is almost equally so to me, and I beg to remind him that, by his wanton and gratuitous attack on my veracity, he has left me no alternative but to make it. Similarly, his reiterated inquiry as to why I "cannot trust my case to an intelligent electorate with the transactions of the Council as an exponent of my actions," can only have the effect of constraining me to, presently, lay before the profession certain facts relative to the official Report of Proceedings which, I am sure, both Dr. Williams and his friends would much rather did not appear.

Your distinguished correspondent begins his first letter very magniloquently. He says that I and my followers, as he ventures to call the Stalwarts, "Have a passion for writing. Other members of the Council are usually content to allow them to write on without comment—only now and again, when they become particularly personal, is any reply made." This, sir, under the circumstances, is rich indeed—is of the very highest order of grandiloquence. It is so instinct with the spirit and loftiness of Deportment—is so full of inimitable dignity and self-repose that it really might have been penned by the immortal Turveydrop himself. Does it, however, correctly explain the silence and forbearance of these "other members of the Council"? Is it a reliable interpretation of my dear Local Brother's own protracted exemplification of the Christian graces of meekness and long-suffering patience? In a word, is this very turgid statement true, or is it merely Williamsesque, and, therefore, to be accepted only with the salt of discretion, and at a very heavy discount on its face value? Is there not another and a much more easily found solution of the mystery of his and their careful avoidance of printer's ink during the past four years? Allow me to submit to you certain facts which furnish a very complete answer to these queries.

Your correspondent's pretentious assumption of a dignified forbearance—a lofty indifference to adverse criticism—founded on some higher inner consciousness, on the part of himself and his friends, collapses into merely pretty verbiage when it is remembered that, some five years ago, they established, and, with Council money, paid for a subsidized journal of their own, wherein, at first or at second-hand, they

could, with safety, roundly abuse and traduce any and every member of the College who had the temerity to claim that his professional soul was his own. Unfortunately for them, the journalistic orr which they therein so freely mined and brought to the surface, and paraded, and coined, and circulated as pure gold, never had the ring of the true metal, and, so, was easily recognized as being only and always unmitigated brass. The higher sentiment of even the Inner Circle at length grew restive over the public implication of having any official connection with the thing, and it was only last June that Dr. Williams with his right and left territorial *thumbs*, in the capacity of chief mourners, sadly and sorrowfully assisted, in the Council chamber, at the obsequies of this creature of their liberality and love. Consequently it is merely during the past few months that the doctor and these "other members of the Council" have been deprived of the inestimable boon of, either personally or by deputy, working this editorial crank, so as to grind out their monthly quota of Council plausibilities, and dialectic vituperation and individual vilification. Whether Dr. Williams did or did not avail himself of the privilege of thus holding forth in the *Ontario Medical Journal* behind the shielding anonymity of the editorial "we" I do not know, nor do I profess to know. Identity of style and of grammatical eccentricity and a truly marvellous similarity of freedom in the selection of means "*calculated* to win confidence" would seem to imply as much, but I freely and gladly admit that all these together fall short of absolute proof that such was the case. The fact, however, remains that, whether he was the hand or the head—the factor or the inspiration—the work was done either by him or for him and these "other members of the Council," and, consequently, his stilted utterance as quoted above is as disingenuous as it is pompous.

But why, it may be asked, should Dr. Williams and his particular friends in the Council desire to hide themselves behind the anonymity of the editorial "we" in the *Ontario Medical Journal* or elsewhere? Simply because they have never yet, as far as I know, appeared in print over their own signatures without coming to bitter grief—the Nemesis of exposure, which ever and righteously dogs the steps of the dishonest controversialist. In the arena of professional politics and outside the Council transactions, your plausible correspondent has himself, I believe, twice and twice only heretofore appeared before the profession in print over his own name—once in a letter to the public press (!) and once in an essay or paper originally read before the Ontario Medical Association. Upon the former of these incidents I do not propose to dwell, as I have not just now at hand the

newspapers of the day containing the *corpus delicti* referred to. The simple facts, however, as I remember them, were these: Some five years ago, in his capacity as President of the Council, the doctor furnished, for presentation to the Legislature, a statement showing that the whole cost of the Council's real estate was $60,000, that the building was to the Council a source of revenue, and that at any moment the Council could take $100,000 cash for it. Dr. Armour of St. Catharines, I believe, in very moderate terms, challenged the correctness of all three of the President's averments, whereupon the latter rushed into print professing to have now made a close and careful examination of the Treasurer's Financial Statements, and that as the result of this critical investigation he found that the outside true and exact cost of the real estate was just $83,000. And yet, sir, if your readers or any of them take the trouble to go over these same Financial Statements, they will find that, exclusive of all disputed items of expenditure, the Treasurer admits an outlay on the building and its appurtenances of $92,077.90! The gifted President's artless statement of *facts* was severely and unkindly commented on by his critics. They even unmercifully roasted him in the public press, for what they uncharitably termed his "unscrupulous manipulation of the Treasurer's figures," and they invited him either to prove his asseverations or admit that he was in error. Unhappily he has never condescended either to justify or retract his unfortunate affirmation, and the net result of the episode was that his "passion for writing" in the public press was suddenly and rudely nipped in the bud, and that his statements *re* Council affairs have been taken ever since, by well informed persons, liberally sprinkled with salt.

His second and last effort in the same line was still more disastrous. When the arbitrary actions of the late Council drove a large section of the profession into open revolt, it became necessary, in the interests of the Inner Circle, to throw a little dust into the eyes of the startled electorate, especially with regard to the deficit in the Council's finances due to its real estate misadventure. It matters not whether the plausible doctor was selected for the work because of his eminent ability in that line, or whether he voluntarily threw himself into the gap—he did the work, and, apparently, he did it *con amore*. In his paper read before the Ontario Medical Association, he employed means "*calculated* to win confidence" so artistically that he satisfactorily figured out the fact that the Council enjoyed a net annual income of over $500 from its building! Again some rude outer barbarian at once tore his figures to tatters in the public press, and, by an unvarnished statement of the real facts of the case, showed that in

place of an imaginary annual income of over $500, there was an actual and melancholy yearly deficit of very nearly $4,000 even after allowing the $750 which the President claimed as the yearly rent for the rooms occupied for Council purposes. This really artistic production of the President—though scarcely as brilliant as some of his more recent and more subtle achievements, is a masterpiece in its way, and as it serves to show the wonderful elasticity and expansiveness of plausibility in the hands of a really clever man, I commend it to the careful perusal of your readers. A few days after this second effort had been severely mauled in the public press, its distinguished author read it again from the President's chair in the Council chamber. He had now for some months past had the previous year's Announcement containing the Treasurer's Statement in his hands, and in his official capacity he ought to have known it in detail, yet he claims that "on looking into this more *critically*, I find that I had mistaken the Treasurer's Statement. I will now give some figures which I think are *correct*," and this he proceeds to do so cleverly as to arrive at the conclusion that the whole annual deficit was just $302! Surely this charming candor, this manly admission of past error, this Pecksniffian pretension of critical exactness in the present, were all means eminently well "calculated to win confidence" on that occasion. Let me ask your readers to also examine the figures which this high and honorable officer then so critically studied and so skilfully manipulated. Presumably they already have in their possession the Announcements of 1891-92 and 1892-93, but if not, they can obtain them, on application, from the Registrar. Opening the former at page 220 and the latter at page 120, they have the whole matter before them. Adding up the items given under the head of Building Maintenance they get $3,817.48 as the whole, and if to this they add $3,000, the interest on the mortgage, they find a total of $6,817.48, not taking into account the $2,000 interest on money actually sunk in the real estate but not by the Treasurer debited against it. Yet the President makes this total to be only $5,142.00! And he does this deliberately, with the previous year's Announcement opened at page 220 in his hands, and in presence of his associates of the Inner Circle who each also had the Treasurer's itemized statement before him! With what object? Merely that it might be published in the next Announcement and thus throw a little useful dust into the eyes of the electorate. How did he accomplish this seemingly perilous and doughty feat? Let your readers compare the President's figures on page 120 of the one Announcement with those given by the Treasurer on page 220 of the other, and they will find that, with a courage that stamps him as

a very brave man indeed—that amounts almost to a heroic disregard of consequences—the President, deliberately and of set purpose, drops out the $520 paid as Caretaker's salary, the $204.48 paid as Commission on Rents, and the $675.31 paid for General Rapairs, while he reduces the other items by an aggregate of $307.69. So that while the Treasurer makes this part of the deficit, $1,966.76, the President so cooks the Treasurer's Statement as to make it appear to be only $302! And it is further characteristic of the doctor's steadfastness to the traditions and contentions of the past, that although this trifling discrepancy of $1,604.76 in an itemized account of only $3,817.48 was sharply pointed out to him at the time, and he was invited to correct the error, he has never to this day done so. His "passion for writing" came to an untimely end, but he has suffered too subsequent editions of that address to go into print, and to be disseminated broadcast in the profession—without thinking it necessary either to vindicate his honesty of purpose and truthfulness of statement, or to apologize for thus immolating veracity and honor on the altar of the Moloch of plausibility. Even yet it is not too late to explain away, if possible, this unhappy charge of paltering with truth in his statements regarding Council affairs. But until he does so satisfactorily, he must clearly understand that his evidence on Council matters is ruled out of court and that his mere *ipse dixit* thereon is not worth the ink with which it is written.

All this, sir, goes to show how carefully even the most accomplished sophister should shun the domain of statistics. Figures are stubborn facts, intolerant of manipulation. They do not bear suppression, or pruning, or any other form of sophistication, and if a debater or a controversialist, howsoever skilful he may be, is not straightforward enough to handle them honestly and truthfully, he had better avoid them carefully, as he would the business end of a vicious and unscrupulous mule.

While writing his first letter, the doctor thought I had "failed to make clear the shades of meaning" of the word *plausible*. One very *shady* "shade of meaning" he has himself since supplied, and I have added a few more. When I come to his second letter and to his contentions in Council, and to his last artful effort in the March REVIEW on behalf of the homœopaths and the Schools, I have no doubt other "shades of meaning" will come to light. The special and peculiar "shade of meaning" brought out by my present letter, is that to be plausible is to sacrifice the confidence and respect of the many in order to win the applause of the few; is that the art of plausibility may, in certain cases, become a pursuit so fascinating and so absorbing

as to warp a good man's nature from right to wrong; is that a man of undoubted worth and amiability—a man of more than average ability—and of unquestioned integrity in every other walk of life, can in one particular set of official relations become so enamored of—so given over to this delusive and guileful habit—as to prove himself to be unworthy of credence in everything pertaining to those special relations, while he may remain perfectly truthful and honorable and honest in all other respects.

In his first letter your correspondent charges me with being "lavish with half-truths," questions the capacity of my gullet, manages by the liberal and artistic use of caps, italics, notes of exclamation and interrogation to convey an impression that, in his opinion, I also have been ductile and recreant and subservient, and, finally, inquires whether my self-given certificate of character, in this regard, would not be better if endorsed by the Council or the electorate.

This is a medley of base insinuations and profuse swearing at large which is hardly creditable even to a territorial ex-President of the Medical Council. If the worthy doctor can screw up his courage to the point of specifically challenging any one of my statements, in this entire series of letters, as a half-truth, I will at once either show it to be a whole truth or retract it. Similarly, if he ventures to instance on my part any act of disloyalty to my constituents, or any evidence of ductility or subservience to any interest or alliance hostile to the electorate I am anxious to serve, I will either rebut his charge or retire from the controversy and from the Council. His baby talk, in his second letter, about my not taking the Council into my confidence I will summarily deal with in due course. The endorsation of the electorate I hope to receive at the proper time, and I am curious to know whether Dr. Williams expects, after matters have been amply discussed, to be similarly favored. There are but few members of the Council whose individual good opinion I do not value very highly. Their personal endorsation I hope to continue to merit and to long enjoy. The endorsation of the "Solid Phalanx" or "Inner Circle" as a "Ruling Alliance" is a very different affair. I should esteem it a very great misfortune to merit or receive that, since my having it could only imply that, like my esteemed friend himself, I had betrayed the interests of my constituents in order to obtain it. Finally, it may perhaps relieve his very kind and elegantly expressed anxiety about my swallowing capacity, if I remind him that it is only dogs and hogs that swallow taffy in the form of a "bolus." Both men and boys are in the habit of allowing the luscious morsel to roll about in the mouth till it has slowly dissolved, so that they may enjoy

the "luxury of sweetness long drawn out." In this matter, as also with regard to the italicized head lines of the Bible, I really regret the necessity of having to recall to his memory the sweet experiences of the long ago—of those earlier and less sophisticated years when Sunday School chapters and taffy "boluses" were evidently more familiar to him than they have been since he became a member of the Medical Council.

I have about concluded my review of his first letter, but if he thinks I have omitted any material point, I shall be glad to give it my attention. Meanwhile, I think that "pitying smile" is now on the other fellow's face. Yours, etc.,

JOHN H. SANGSTER.

Port Perry, March 27th, 1897.

New York Letter—Dr. W. Graham.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—Since writing from Newark, I have pitched my tent across the river, in the great medical metropolis of this continent, New York. Here there are at least forty-four hospitals and thirty dispensaries for every imaginable purpose and condition—a great many of them nominally for the poor, but only nominally. For the student there are three teaching colleges of good standing, viz.: College of Physicians and Surgeons, being the medical department of Columbia College, University of New York, and Bellevue. Since my student days the College of Physicians and Surgeons has been richly endowed by various members of the Vanderbilt family to the amount of one million or over, placing it above the pinch of poverty, and pushing it to the front rank for facilities, as it has hitherto been for instruction.

There is not much change at Bellevue as far as the buildings are concerned, excepting the addition of Carnegie Laboratory, during these last thirty years. The hospital amphitheatre has been completely remodelled and improved very much in the way of ample light and modern appliances. The teaching building, or college, was burnt down, or rather gutted, last December, and I don't think it is decided whether to repair it or build a new one.

Although there is not much change in the buildings, what sad havoc time has played with the old teachers! In vain you look amongst the list of professors for the names of Austin Flint, of Practice of

Medicine fame ; Fordyce Barker, Isaac E. Taylor, Van Buren, James R. Wood ; my old preceptor, Frank Hamilton, author of the best works in any language on fractures and dislocation, and others whose names will remain in American medicine long after many generations have passed away.

For the practitioner who wishes to keep in the van of medical and surgical progress, there are at least three or four post-graduate schools, where he can have the cobwebs of self-satisfaction swept away and get pushed out of the rut that one gets into, if left too long, without brushing up against enthusiasm.

For the medical man who is spending two or three weeks' holidays in the city, and wishes to sprinkle in a little profit with it, there is ample opportunity of seeing any amount of operative work of all kinds. Any operations of note are announced on the bulletin board at the Academy of Medicine, Forty-third Street, and if they happen to be at such a place as the Woman's Hospital, where visitors are admitted only by invitation, all one has to do is to go to the Superintendent and state you are a stranger, giving your name and address, and you will have no trouble in obtaining permission or a card of invitation for the period of residence in the city.

There is one thing that very forcibly strikes the medical visitor here, viz. : The very evident desire that prevails to do something in medicine, and especially in surgery, that no one else has ever done before. I saw an operation of this kind a few days ago at St. Mark's, by Carl Beck. The case was one that had previously been operated on for procidentia, by the ordinary method of ventro-fixation, and had proven a failure. The abdomen was opened again and the right round ligament dissected out ; this was held up by a hook into the abdominal wound, while the operator stitched together the peritoneum muscle and fascia under the ligament, and then closing the abdominal wound in the usual way. Thus the uterus was suspended in the abdominal wall by the round ligament. I mentioned that I had never heard of that being done before. Dr. Beck remarked, "that was not surprising, as this was only the second time he had done it and did not know that any one else had done so."

Since witnessing the above I had the very great pleasure of seeing the now famous Dr. Thos. Emmett, at the Woman's Hospital, try to accomplish the same thing by another method. The case was also procidentia, which he relieved by the usual operation of colporrhaphy known by his name, and is given in detail in most modern works on the subject. It consists of picking up from the anterior wall of the vagina two longitudinal and parallel folds, stripping or freshening the

edges of the folds, and suturing them together with silver sutures, thus folding in a portion of the redundant vaginal mucous membrane, which lessens the calibre of the vagina, and forms a column of support for the uterus. He claims the only rational way to support the uterus is from below, and not from above. While operating he strongly condemned the new-fangled methods of hanging the uterus from above. "You may as well hang a weight by a rope over the clouds," were his words. He said, "the suspensory method was based on incorrect principles." I was pleased to meet Dr. Powell, of Toronto, who was also present at the above operation.

The favorite antiseptics amongst many abdominal surgeons here are lysol in from 1 per cent. to 2 per cent. and Thiersch's solution, composed of salicylic acid 2 parts, boracic acid 12 parts, water 1,000 parts. By the way, this brings to mind a very nice case of skin grafting, by Thiersch's method, performed by Prof. Woolsey, of New York University at Bellevue. The patient was injured on the street in some way, resulting in large sloughings of the integument on the left thigh and leg; ample time was given to cicatrize, but it refused to heal, hence the operation. Under anæsthesia and antiseptic precautions very thin transparent grafts were taken from the opposite thigh about three quarters of an inch wide, and three to four inches long, with a keen razor, flattened on one side. These were placed so as to cover the raw surface. They in turn were covered with rubber tissue, cut in narrow strips to insure drainage, then dressed with gauze in the usual way.

A few days ago, amongst many other interesting cases of general surgery at St. Mark's, I saw Dr. Carl Beck perform a very interesting operation for appendicitis. The patient was one who had been operated upon twice before for the same thing, once by a very eminent surgeon in this city, but in both cases they were honest enough to declare they had not found it, and there still remained a fistulous opening. There was a great deal of scar tissue over the usual region of McBurney's incision. Dr. Beck reasoned, after he removed the scar tissue by an elliptical incision, that if the patient had appendicitis, he must necessarily have an appendix, so he was determined to find it, which he did after a good deal of dissection and breaking up adhesions. It was then excised as usual and the wound closed. There seems to be some difference of opinion here as to the best incision for this operation. Drs. Beck and Ill prefer to get even a little closer to the superior process of the ilium than McBurney's. Some advocate the line corresponding with the external border of the rectus muscle directly into the abdomen; others through this line,

then retract the rectus inwards about an inch or so, and then enter the cavity at this point. The object, as will be seen, is to prevent hernia.

Since coming here I have seen any amount of laparotomies, Alexander's operation, amputations of the cervix, plastic operations, removal of ovaries, etc., *per vaginam*; but nowhere, according to my opinion, do I see better, more honest, conservative, cleanly and efficient work than is done by Dr. Ill, of Newark, and it seems a pity that so much good work is lost for teaching purposes.

Seeing such a vast amount of this kind of work, and considering a similar quantity going on at all the hospitals in this great city, one is apt to think if they continue in the same ratio they will very soon get all round, and no material will be left. If I ever felt thankful I am not a woman I do so now, and I think the time is about ripe for a new department in surgery, that of the Andrologist, who will remove the testicles of all victims of venereal diseases, and thus have mercy upon poor woman with her tubes and ovaries.

Hoping I have not trespassed too much on your valuable space,

I remain, yours very sincerely,

WM. GRAHAM.

67 West Thirty-Sixth Street, New York,
March 27th, 1897.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—The March number of the REVIEW brings the promised letter from Dr. Sangster. A glance at it discloses the usual characteristics of his writings, also the evidence of surprise at the hardihood of any one venturing to defend himself against his attacks. A further perusal reveals that the first shot from the enemy has more than "ruffled" his "plumage." It makes clear that, in his own language, "it is ill-advised . . . to reply while still quivering with the pain of a recently received castigation."

A very ludicrous part of his letter, and one at which those who know the circumstances will smile, is his threat "to carry the war into Africa." It is suggestive of the Irishman at the fair, dragging his coat through the crowd inviting some one to tread upon it. If an unfortunate by mischance or otherwise should set foot upon it, he regards this as sufficient cause for the use of his black thorn.

He tells you the words "ductile," "subservient," "recreant," words which he hurls at his opponent in place of argument, "have been applied exclusively to Dr. Williams and his two territorial associates in the 'Inner Circle.'" I had the bad taste to suggest that if he, Dr. Sangster, wished his views to prevail in Council he should not first insinuate improper motives to other members. This was the treading upon the coat. After brooding for six months his December letter came. In referring to it, he calls it a "*very moderate critique*," and in another place refers to me as "quivering with the pain of a recently received castigation," the rod being this "*very moderate critique*." Again he tells you he has shown that Dr. Williams "*can be stung* into some semblance of reply." This "*very moderate critique*," then, had a preconcerted design to sting. And again, "it was necessary to unload the doctor," and "I have drawn his fire," further evidence of preconcerted design. And this is the man who talks of carrying "the war into Africa." Here, Mr. Editor, is the explanation of the very personal character of the letters, and the very little of Council matters they contain.

That a man, himself the aggressor, should speak of carrying "the war into Africa," as if *he* had been attacked, is highly amusing. Canada is a great country wherein to parade his generalship without the addition of a continent, and he may find it sufficiently warm without going to Africa. It is large enough, too, that he may exhaust his belligerent powers and burning desire for conquest, and not find himself weeping for other worlds to conquer.

Dr. Sangster reasserts that there is a party in the Council which he calls the "Inner Circle," and his little party of "Stalwarts" is the opposition. To make his case stronger, he now gives a third party of "eight elected members, who style themselves Independent members," and claims that their very cognomen explodes my position, that there is no party in Council, except his little party of "Stalwarts." He admits the absurdity of an opposition when there is no other party to oppose. And to get himself and party out of this absurd position, he hunts about for circumstantial evidence in support of his statement. He tells us there are eight who style themselves Independent members. Why did he not poll the balance of the Council and learn how many would "style themselves Independent members?" Why? Because he knew the individual members, with the exception of his Little Phalanx of "Stalwarts," would style themselves "Independent members;" and they would prove it by their actions. He dares not poll them. To do so would establish my position.

He has another circumstance to prove the existence of the party. He says "Dr. Williams has admitted, and he dares not now deny, that a caucus—as he prefers to call it—is summoned each year antecedently to the Council meeting, or that he has himself been in the habit of attending it. Now, if sixteen members or any other majority of the Council meet from year to year in secret session—to the exclusion of the 'Stalwarts' and Independents, and there and then settle the personnel of the Council officials and committees, and become mutually pledged to an active line of policy, what is the use in indulging in baby talk about there being no government and no parties?" This quotation is full of inaccuracies—of half-truths—from which he proceeds to reason. Let us correct some of them. Dr. Williams *did not* say a caucus *was summoned each year*, nor that he was in the habit of attending them. Nor did he say *that sixteen members or any other majority of Council was summoned.* Neither did he say the personnel of the Council officials was settled at such meeting, or that those present became mutually pledged to certain lines of policy. Not only did he not make these statements, but he *challenges* Dr. Sangster *to the proof of the statements, or the facts.*

What are the facts? Taking the period from 1880 up to the present—I know nothing of what was done before that date—*three meetings* have been "summoned" antecedently to the Council meeting, and I have attended them. The first, a meeting of territorial men only. Their especial object was to decide what position they should take as to allowing a High School master to hold private matriculation examinations. They determined to oppose it. They did so, and the method was changed. The two other meetings had no special object other than "friends spending a social hour." The officers and other business were talked over, but the "personnel of the Council officials" *was not settled.* One of these meetings was last year, and two school men, who, according to Dr. Sangster, would both be of the "Inner Circle," contested the position for the Vice-Presidency. This did not show much agreement. Caucuses have occurred in other years, when *no person* was "summoned," and few attended. Members meet at their hotel, discuss the personnel of the officials of the Council, and decide on their course. I have never attended these and know nothing of their procedure, nor of their numbers, but believe there is in *no case a majority of Council*, and in all cases a very small minority.

On flimsy pieces of circumstantial evidence deduced from the above quoted tissue of half-truths, the doctor undertakes to prove the existence of a party of sixteen members which he styles the "Inner

Circle." In his own language, "Does the facile doctor fancy that he is writing for the edification of imbeciles, and that plausibilities, which might easily pass muster in his" "Little Phalanx of Stalwarts," "are at all likely to satisfy intelligent men outside the Council chamber, who are free from all taint of entanglement with that alliance?" But, sir, why does he try to establish his case by circumstantial evidence?—by sophistical arguments based on false premises? He has an opportunity to set the question at rest by direct testimony. Where is the Independent member "who has shown sufficient will power and right feeling to emancipate himself from the cramping influences of past association, and assert his manliness by taking his stand as an advanced Independent?" Surely he can be trusted to testify to the facts. Give us his evidence over his own signature. Let him tell about the "Inner Circle" he has left—about the organization of sixteen members to control the Council—about the schools controlling the Council. He is an honorable man, and will speak the truth. I challenge you, doctor, to put up the evidence. I assert you can not do it, and you know you cannot; you are making statements for the purpose of deceiving the profession. We will not confine you to one witness. You tell us there are eight elected men who "style themselves Independents," and you separate them out as not belonging to the "Inner Circle." Give us the testimony of one of these. You can surely find an honorable and truthful man in this number; or are all who do not belong to the "Stalwarts" unworthy of credence? Or have they belonged to the Council for two years and have not learned the facts? Is there no person with the exception of Dr. Sangster and his "Stalwarts" with sufficient penetration to see through the inner workings? Mr. Editor, the doctor may get any member of the Council, outside of his "Little Phalanx" of "Stalwarts," who, over his own signature, will give us the evidence. Let him bring on his witness, and not depend on dialectic sophistries, or stand branded as a man who will state and restate what is untrue, for the purpose of deceiving the profession.

Your correspondent intimates that "Dr. Williams is welcome to all the satisfaction he can procure from the consciousness that it requires all the thumbs of both hands to number his elected supporters in the 'Inner Circle.'" In this he is too generous by far. He multiplies the truth by three. I can count on the regular and systematic support of one, that one myself. But that any other member of the Council will set aside his own judgment for mine, and become a systematic supporter, is not true. Nor can the doctor find

a single man in the Council who will take this position with reference to any leader outside of the "Little Phalanx of Stalwarts" with Dr. Sangster.

It is interesting to follow the representative of No. 12, in making out a case for himself and party. The vigorous efforts to "whistle up courage," and the great egotism displayed are points worthy of note. In a previous paragraph he gave us to understand there was a party of six "Stalwarts" who constituted the opposition. He now tells us they "are all full privates." "They have no leader, hold no caucus, recognize no party shibboleths." In a word, when it suits his purpose, they are all Independents. He has no party. Will he tell us, too, he was not selected as their scribe? Again, "*the Stalwarts . . . are fighting the battles of the electorate.*" They view things "*from the same standpoint—the well-being of their constituents and the profession at large*," "*with an eye single to the vital interests of the electorate*," in contradistinction to the eight Independents, and the sixteen members of the "Inner Circle," who regard none of these things. Who would have believed the profession in Ontario could have got together thirty men, and twenty-four of them "recreant" to their own interests and that of the electorate, which are identical! Yet so it seems, according to Dr. Sangster, and only six "Stalwarts" who are true. Ho, ye Independents! have you no interest in the battles of the electorate? Have you no interest in the well-being of your constituents? Are your eyes not single to the vital interests of the electorate? or to the interests of yourselves? You are as bad as the "Inner Circle." Mr. Editor, is it not a case of "*see*" and "*vote*," as Dr. Sangster indicates, or expect to be berated as "ductile," "subservient," "recreant," or such other pet names as sound euphonious to the doctor's highly cultured ear?

The doctor has been kind enough to take my case under his especial care. He gives the diagnosis and the prognosis. He claims to have found that I am "hobbled, shackled, hampered, bound hand and foot." A pretty strong diagnosis for one small doctor! Well, there is one thing clear, with all this hobbling, shackling, hampering and binding, I surely can do no harm. Is it not cowardly of the doctor to make an attack on a man so fettered? I did not suppose that either a history, a diagnosis or prognosis should be any part of a discussion of this kind. Yet as the doctor has decided otherwise, I will waive my opinion for that of the eminent man who "sees only with an eye single to the vital interests of the electorate." I cannot lay claim to any eminent skill in this line, and can only inquire in the directions the history seems to lead. The profession will for themselves supply the diagnosis and the prognosis.

Dr. Sangster was opposed to the Medical Act establishing the Council when the law was first enacted. He was a professor in one of the medical schools. Was he opposed because it would decrease the number of students? The doctor ceased to be a professor and retired to a quiet country practice. A law was passed imposing a fee of one or two dollars per annum on each registered practitioner, and putting the duty of collecting it on the Council. The doctor remained at his quiet practice. The Council purchased the ground on which the present Council building stands, the new building was erected, ineffectual attempts were made to collect the fee, one part of the profession paying, the remainder, who derived equal benefit, contributing nothing. The doctor was among the latter and remained at his quiet practice. He had conscientious scruples. The law was changed, compelling each member alike to pay the fee, so that one part of the profession should not profit at the expense of the other. The doctor at once springs into activity and heads an organization to fight the Council. Why? The doctor opposed the Council in the first instance from the standpoint of the schools; now in opposition to the schools. Why? Was it from purely disinterested motives in both instances? To maintain his consistency, will he fight on until he destroys the Council as constituted under the present Act, and the Act itself? Or until the electorate take warning and send him back to his quiet practice? With this brief history, and the queries introduced, the profession will be able to arrive at a diagnosis as well as a prognosis.

The representative of No. 12, with more courage than discretion, returns to the word "plausible." After his exhibition in the December number had been dragged to the light of day, and his absurd positions exposed, most men would have considered "discretion the better part of valor." Not so the gifted representative of No. 12. With a true military genius he considers a masterly retreat second only to victory, and he labors for it with an assiduity worthy of a better cause. He wriggles and he twists, he contorts and he distorts, he flexes and he genuflexes, as he ambles away. Apparently with the intention of disguising his retreating motion, he makes a pyrotechnic display with subtleties and oversubtleties, and hairsplitting niceties, intended to befog the reader until he is lost to view, but not until he has wasted three pages of your valuable journal.

Among his characteristic exhibitions of sharpness, notice his attempt to class me with himself in dragging words from their connections to get at their meanings. He quotes from Funk & Wagnalls' Standard Dictionary the meaning of the word "plausible" under the subdivision

No. 2, and he affects to believe that in giving "a meaning" you must embrace the entire division. He chooses posing as an ignoramus in punctuation and in the use of his lexicon, if he can thereby drag me, in this particular, into his company. In his own language, "does the facile doctor fancy he is writing for the edification of imbeciles?"

Another characteristic is found in his repeated complaint that when I advised him to put *his views* in a reasonable and plausible manner I did not direct him as to their character. He says I advised "quite irrespective of their intrinsic truthfulness or falsity." Mr. Editor, was I to presume Dr. Sangster would use arguments irrespective of their intrinsic truthfulness or falsity? The advice was as to how he should put "*his views.*" I acknowledge it was an oversight. Had his methods of warfare been as well-known to me as since reading his recent letters, he would have been cautioned on this line. Ignorance of his methods must be my excuse.

Your correspondent treats us to a dissertation on the words "*ductile,*" "*subservient*" and "*recreant,*" and insists "they do not belong to or approximate to Billingsgate." We quite agree with this. They are good and useful words—words that when properly used are above suspicion. When hurled at an opponent in place of argument, they cannot, however, be said to be properly used. The fault is in the user, not in the words. We are told, too, that "racy" "is a word of good and not of evil report," and we are given its meaning with its synonyms and antonyms, and we are referred to the "Standard Dictionary," which, for an example of its use, quotes De Quincey's "Opium Eater," "Pure mother English racy and fresh with idiomatic graces," and then, sir, he quotes a line from my letter used in reference to Dr. Sangster's composition, in which I say "few members of the Council have a desire to be trained to this (his) raciness of expression." He tries to make the reader believe this sentence was used with reference to De Quincey's "Opium Eater," or to a "racy" article. What has this to do with De Quincey or with De Quincey's composition? Is this sophistry? or has the doctor a "bee in his bonnet"? Is it an attempt to deceive the reader? "This is his idea," in his own language, "of honesty and honorable warfare." Little, tricky sophistries of this kind will not serve his purpose. The Council can appreciate De Quincey, and can appreciate a "racy" good article, but this is an entirely different matter to having a desire to be trained to that raciness, which your correspondent calls a resort to "the school-boy trick of making faces and calling names."

He charges me with insinuating that "his raciness in debate" is the language of Billingsgate. Dr. Sangster knows—no one better—

that there is a spirit goes with the oral expression. It is not simply the words. It will be for the doctor's readers to judge whether or not he prostitutes words to the Billingsgate spirit. I quite understand that the doctor has studied "a Standard Dictionary," not "the Standard," as he would make you believe, until he knows well the use of language, and that had Disraeli lived to the present decade, he would have found one more man "intoxicated with the exuberance of his own verbosity."

I regret not being in a position to accept the honors and compliments your correspondent heaps upon me, as being the "discoverer of microbic exogenesis." Unfortunately "Canada is" not "to be congratulated on having produced a truly great scientist." "God's injunction that each created existence shall bring forth after its kind,' is still in force. The doctor was led into this error by a little faulty diagnosis on his part. He knew the outbreak in December was from the organisms in the dishwater of June. As the December product could claim his parentage, he did not suspect it was strictly homogenetic. It is well known that a parent is rarely a good judge of his own progeny. What he supposed to be an indication that the December outbreak was "pungently racy," was acrimony, the result of decomposition, brought about by putrefactive changes. He hints that his integument was not likely to be pierced by microbes with little penetrating power. If, as he says, it was the "Pachydermatous Dr. Sangster," this may be true.

In the February number, I say "his (Dr. Sangster's) first letter is introduced with a series of italicized head-lines that would be creditable to the business energy of a peripatetic medicine vendor. No doubt they are introduced to so satisfy the reader that he will not peruse the context and learn that the arguments (?) do not establish the assertions made." From these two sentences, this masterly logician finds that I am "moved to bitter reproach at the iniquity of italicized head-lines." "Characterize them as dishonest and in every way reprehensible," "and condemn their employment unequivocally, rather offensively, and without any reservation whatever," and "insist that (he) shall be classed with quacks and rogues, and thieves and murderers, *et hoc genus omne.*" Who would have suspected those two little sentences so pregnant with meaning? Just think of it, compliment a man for his business ability, and you are actually insisting that (he) shall be classed with quacks and rogues, thieves and murderers, *et hoc genus omne!!* My, my, what logic does for a man. Where could such brilliancy have been acquired? Surely not from Whately. The doctor owes it to the world to acquaint them at what Gamaliel's feet he studied.

The doctor say he is "credibly informed," "that in my earlier years" I "entered the sacred desk to expound the Word of God." And he condescendingly refers to me in such endearing terms as "my beloved brother," "my dear local brother," etc., terms which I cannot accept without some protest. I can aspire to no brotherhood in any ecclesiastical organization graced by Dr. Sangster; the only relationship I can claim being a common brotherhood in the great family of man. History was too busy crowning her pages with the noble deeds of *his* early life, standing always, as he did, the advocate and illustrator of "high class" morality, to make any note of my avocations. He was, therefore, obliged to depend on a "credible informant." Unfortunately, in this case, he was not more trustworthy than such gentry usually are. I never "entered the sacred desk to expound the Word of God." The statement was a fabrication, perhaps on the part of the "credible informant."

Dr. Sangster informs us we have a real live Turveydrop in the Council, for which we should be profoundly thankful. We are very much obliged to the doctor for supplying us with a euphonious appellation for qualities we had long recognized, but had not been able to succinctly designate. We had felt the force of what he truly says, that "it is a liberal education to come in casual contact with such a fountain of courtesy and gentility." I hope that we have profited by his ceaseless endeavor to "polish, polish, polish," which he carries on continuousally and uncomplainingly. He polishes our words, our sentences, our characters, and even our thoughts. What would we do without our Turveydrop? We acknowledge with contrition that we did not recognize in some marked way our great obligation to him until he was obliged to direct our attention to it, and even indicate his willingness to pass the honor to one less gifted in this way. It is the old story. We do not appreciate the blessings we enjoy until there is danger of losing them. No, no, Dr. Sangster, you are too modest by far. We cannot allow you to hand over to another the title you have justly earned. You have exhibited the characteristics, you have done the work, and you shall enjoy the euphemistic title of the Turveydrop of the Council.

Characteristic features of the qualities of our Turveydrop, which justify his selection of the name, are illustrated in a paragraph before closing his March letter. For instance, what jaunty, self-reliant pomposity in the words "*somewhat to his confusion, I fancy.*" And what arrogant braggadocio in "*it was necessary to unload the doctor in order to clear the field for future action.*" What calculated preparation to give the great man room! In a word he says, when we read

between the lines, I have hurled shot and shell to "draw his fire." Now look out for my balls. Ye gods, stand back and wonder! I am just going to work!! What wily design to bring on a controversy in the words, "*having shown he can be stung into some semblance of reply.*" What premeditated cunning to get at and sting one he does not like. Sir, he utterly discounts the great prototype he selected for himself, Turveydrop of "Bleak House;" for while that illustrious individual was credited with being "a selfish, pompous, elderly dandy," our Turveydrop of the Council adds many qualities to these. Among them bombastic swagger and preconcerted design, with a callousness that leads him to boast of what most men would scorn to acknowledge.

In reply to why my "little effort," had importance thrust upon it, he says, not that it contained anything that was not true; not that it was not given in the interests of the Council; not that it was offensive to him or his party, but that it "*was necessary to unload the doctor,*" "*to draw his fire,*" "*to see if he could be stung into some semblance of reply.*" A premeditated design to discuss, not Council matters, but a person he dislikes. And this man talks about ethics and honorable warfare!

In the final paragraph of his letter he gives an idea of the bill of fare for his next. He intimates that (he) "proposes to give his promised paragraph elucidating (his) averment that Dr. Williams' want of status in regard to truthfulness and honesty in public discussion was decided more than three years ago." Mr. Editor, allow me to remind the doctor that my reputation for truthfulness and honesty is not in his keeping. I have now been known to members of the Council since 1880. My colleagues have had ample opportunity to judge for themselves as to my reliability in these particulars. To some of the profession, other than the Council, I am known, and I rest confident that many of those who do not know me, do know Dr. Sangster, at least by reputation, hence I have nothing to fear. I invite him to do his utmost.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, April 6th, 1897.

DR. ALBERT A. MACDONALD was elected President of the Toronto Clinical Society for the ensuing year.

Obituary.

Dr. John Wellington Rosebrugh, Hamilton.

DR. J. W. ROSEBRUGH, one of the oldest and best known physicians in Hamilton, passed away, March 25th. The deceased had been ill for some weeks with influenza followed by complications. He was sixty-nine years of age, and leaves a widow and a daughter, besides his son, who assisted him in his practice, and Dr. A. M. Rosebrugh, of Toronto, a brother. For a great many years he was jail surgeon. He was a valued member of Temple Lodge, A. F. & A. M.

John Wellington Rosebrugh was born near Galt, Ont., on the 5th of November, 1828. His father was Thomas Rosebrugh, who fought at Lundy's Lane and Queenston Heights, and his grandfather was a U. E. Loyalist. He was educated at the Galt High School and Victoria College. In 1850 he commenced the study of medicine with Hon. Dr. Rolph and Dr. Workman; he afterward attended the medical department of Victoria College, and took an additional course at the University of New York. He was a licentiate of the Canada Medical Board, 1852; M.D., University of New York city, 1853; M.D., University Victoria College, 1855; member of the Council of the College of Physicians and Surgeons, Ontario; member of the Ontario Medical Association; member of the Canada Medical Association; member of the British Medical Association; member of the International Medical Congress; honorary member of the American Medical Association; fellow of the British Gynæcological Society; corresponding member of the Boston Gynæcological Society. Dr. Rosebrugh commenced the practice of his profession in Dundas, afterwards entering into partnership with Dr. Billings, of Hamilton. While residing in Dundas he was appointed a Coroner for Wentworth county, and in that capacity he served at the investigation of the Desjardins Canal accident in 1857. In 1860 he was elected a member of Hamilton City Council, and during his two years as an alderman he gave special attention to the reform of the hospital, acting as Chairman of the Hospital Committee. For a number of years he was a member of the School Board, and was a promoter and Director of the Ladies' College. He was a prominent member of the Centenary Methodist Church, holding the office of trustee and steward for thirty years. In 1887-8 Dr. Rosebrugh was President of the Ontario Medical Association. He was also a member of the Ontario Medical Council as representative of Victoria University.

Personals.

DR. SLOAN, of Dunn Avenue, has left for Seaforth to resume practice there.

DR. J. F. W. ROSS was elected President of the Toronto Athletic Club.

DR. P. E. DOOLITTLE has returned to England, to attend to some business interests there. We understand that the doctor has been most successful in his commercial ventures.

DR. BUCKE, of London, has been elected President of the Psychological Section for the meeting of the British Medical Association to be held at Montreal.

Selections.

IODIDE OF POTASSIUM OR IODIDE OF SODIUM.—According to Briquet (*Rev. Inter. Med. et de Chir.*), the sodium iodide is preferable to potassium iodide in all maladies of the respiratory tract and for certain rheumatic pains. The potassium salt is badly tolerated in many instances in hepatic disease, but is unquestionably good in these cases. He has found that where the patients do not tolerate iodide of potassium well, the iodide of sodium first prepares them for the potassium salt. He has also been able to get the effect of the iodine in many patients by the use of the sodium salt when the potassium was contra-indicated because of its depressant effect.—*Therapeutic Gazette.*

TYPHOID FEVER.—Bouchard prescribes :

℞	Pulv. carbo. ligni	℥iij.
	Iodoformi	gr. xv.
	Naphthalini	gr. lxxv.
	Glycerini	℥vj.
	Beef-peptone	℥iss.

M. Sig.: A teaspoonful every two hours in one-third glass of water —*North American Practitioner.*