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REPORT OF A CASE OF ADDISON'S DISEASE.

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J. J. L., admitted Dec. 22; died Dec. 29, 1899. Diagnosis, Addison's disease. Aged 38 years; born in England; machinist by trade, but has been at sea much of his life.

Family History.—Father living and healthy, aged 68; mother dead at 38, of spinal caries, ill six years; one brother living, aged 40, suffers from chronic bronchitis; one sister living, aged 36, had glands in neck operated upon twice.

Personal History.—Had diseases of childhood; pneumonia of right lung when 19; when 9 used to have attacks of severe vomiting and diarrhea about spring-time. Says he had an attack of malaria, which he got during a trip to Australia; was laid up nine weeks. Denies ever having cough, and says he never took cold easily. Says he has always been subject to headaches.

Habits.—Has used tobacco and alcohol excessively for many years, especially the latter. Entirely ceased drinking four months ago.

Present illness.—Began about twelve months ago, with headache, nausea and vomiting, which troubled him only in the morning, disappearing on going about. He very soon began to feel excessively weak and languid, so that he could hardly drag himself home at night. At this time he also began to suffer from

palpitation and breathlessness. Shortly after Christmas of 1898 his wife noticed that his face and hands were becoming darker. This was more marked in the morning, clearing up somewhat during the day. Continued to work up till seven months ago, when he had to desist owing to weakness and vomiting, which steadily increased. Since then has had several severe attacks of diarrhea, though as a rule constipated. Took to his bed about two months ago. His wife reports that he has for some time been extremely irritable and cross, and though drowsy during the day he is restless at night. She also says that his sexual vigor has much diminished, and that his last attempt about four weeks ago caused him to faint.

Condition Dec. 27, 1899.—Complained of constant pain in umbilical region, also of complete anorexia and frequent vomiting. The latter is more severe on some days than on others. Says he feels extremely weak, has constant dull frontal headache, extremities always cold. Temperature, 98 2-5. Pulse 80, small and compressible. Respirations, 20.

General inspection.—Well developed and well nourished; muscles flabby; expression very dull and languid; Face and neck of a smoky brown color, more marked on the latter, especially at the back, where it is quite dark. Backs of hands and ulnar borders of the same hue. On either elbow is a brown, scaly patch about two inches in diameter. The wrinkles on the palmar surface are each picked out sharply in dark pigment. Distinct dark tint along lower dorsal and lumbar spines.

On the perineum, scrotum and penis the skin is quite black. The feet, ankles and knees are of the same tint as the face, but not quite so dark. On the dorsal surface of several toes there are black spots. In addition to the markedly pigmented areas just described, the whole body and limbs are of a distinctly murky-yellowish hue. The sclerotics present a marked contrast with the dark lids, appearing very pale by contrast. This appearance is not borne out on further examination, as they have about the normal color. On the front of the right tibia there is a shallow linear scar which is darker than the surrounding skin. The umbilicus and axillæ are also much darker than their surroundings.

Respiratory system.—Depression, loss of movement and dulness well marked on left side from clavicle down to third rib. Vocal fremitus more marked on right side in this region. Vesicular murmur slightly harsh but clear; no rales.

Circulatory system.—Pulse very small and soft; apex beat neither seen nor felt; no murmurs; no enlargement; no evidence of arterial thickening.

Examination of the blood showed upwards of 5,000,000 reds. The drop was dark and flowed with difficulty. The excess of cells was probably due partly to stasis and partly to concentration from excessive vomiting. No count of white cells was made.

Genito-urinary system.—Urine scanty; color pale yellow; reaction acid; no albumen; no sugar; no indican; no sediment; no casts; Diazzo reaction wanting.

Nervous system.—Plantar, cremasteric and abdominal reflexes normal; no patellar reflex, nor ankle clonus; pupillary reflex normal, pupil somewhat contracted; sensation normal.

Special senses.—Hearing lost on right side, owing to some affection which came on a year ago. Tubercular?

Alimentary system.—Patient vomited several ounces of dark green fluid after taking some milk. Exposed portion of lips dark brown in color. Running backward from either angle of the mouth to the last molars are two irregular bands of quite black pigmentation, one-third of an inch wide. These follow the line of meeting of the teeth, and have very sharp and irregular edges. Inner surface of both lips and gums present the same irregular, black color. The roof of the mouth is uniformly, but faintly discolored, with here and there pin-points of darker tint. The under surface of the tongue is also darkly colored by patches extending from the frenum along either side to the last molars. Posterior wall of pharynx presents faint linear pigmentation on the right side. Abdomen slightly concave; very tender in epigastric and umbilical region. Palpation impossible, owing to rigidity of walls. Bowels constipated. Liver seems slightly enlarged.

Termination.—The patient died very suddenly and quietly the night of the 29th, apparently while attempting to move in bed. All day he had been very drowsy, getting somewhat restless and incoherent towards evening. There was no great change in his condition subsequent to the time of the above examination, though it was obvious that he was steadily sinking.

Sectio cadaveris.—Sixteen hours after death. Height, 5 feet 10 inches; body well developed and fairly well nourished. Hair and whiskers of a dark brown tint; face very dark; pupils dilated. *Post mortem* staining on back and thighs. *Rigor mortis* well marked. (Here follows a description of the discoloration of the body similar to that in the clinical history. It need not, therefore, be repeated).

Section.—Subcutaneous fat abundant; muscle dark red in color; omental fat very abundant. The omentum extends to rim of pelvis in front. The mesentery contains two calcareous no-

dules, one-quarter inch in diameter. The mesenteric glands generally appear more opaque than normal. A number of small points of black pigment found near reflection from the spine.

Small intestines.—Serous surface of bowels smooth, but vessels generally are much injected, while in some areas there is a distinct, diffuse red tint. On opening the bowel, the duodenum presents an intense and diffuse injection of blood vessels, with numerous dark submucous hemorrhages. A similar appearance is found throughout the last three feet of the ileum. In this situation, however, the hemorrhages are minute and have a linear arrangement following the line of the larger blood vessels.

Twelve inches above the ileo-cecal valve a tubercular ulcer one-quarter inch in diameter is found. The serous coat corresponding to this is found to be slightly opaque and granular; one grey tubercle occupies the centre of the ulcer.

Close to the valve Peyer's patches appear to be unusually distinct. Throughout the small intestine the solitary follicles are very marked, appearing as raised granules. Cecum pale in color, but vessels very distinct. The descending colon for ten inches is of a diffuse red color. Post-peritoneal glands slightly enlarged and caseous.

Stomach.—Greater curvature is beset by numerous submucous hemorrhages, which give it a dark brown coloration. Many lines of dark pigment also on greater curvature, especially near pyloric end. The mucous membrane of whole lower half of the stomach has also an appearance as though thickly peppered, owing to vast number of very minute pigmented points.

Spleen.—Weight, 7 ounces, 4 1-2 by 3 inches; dark brown in color; very friable. *Pancreas* normal.

Liver.—Weight, 3 lbs. 3 1-2 ounces, slightly pale. A number of yellow tubercles found on surface, scattered irregularly. More numerous on left lobe, one group of twelve on under surface of latter. Cut surface: Throughout the whole organ a coarse meshwork of dark bands, enclosing lighter areas about one-quarter inch in diameter. Yellow tubercles scattered in substance.

Left adrenal is about three times normal size, yellowish white, very hard and nodular. Cut surface dense opaque, yellowish-white throughout centre. A small margin of translucent, dark-colored tissue surrounds the hard centre.

Right adrenal diminished to about one-half its normal size, thickened and much deformed—lower half replaced by dense fibrous tissue, upper and thickened portion presents the same opaque and nodular appearance found in the right.

In addition both capsules were very adherent to neighboring structures, especially towards inner side, so that all their vessels, as also the semilunar ganglia with their nerve branches were closely invested and matted together by a mass of fibrous tissue.

Kidneys appeared normal. *Bladder* empty and normal.

Thorax.—Right pleural cavity obliterated; upper right lobe traversed by numerous bands of dark, fibrous tissue; a number of discrete, caseating tubercles. Left pleural cavity also obliterated. The upper left lobe beset by a large number of tubercular nodules, and also markedly atrophied and condensed by dark bands of fibrous tissue. The lobe was, as a result, deformed as well as atrophied. On splitting up the bronchi, no evidence of acute inflammation was present. The tubercular nodules noted were on an average the size of a pea, were enclosed in dense walls of fibrous tissue and for the most part caseous.

Heart.—Weight, 9 ounces, slightly paler than normal, pointed in shape; right side distended; valves normal.

P. S.—Dr. Harold Parsons kindly made a microscopical examination of the adrenal glands, and reported an extreme and typical tuberculosis.

The preceding history and *post mortem* presents a typical case of Addison's disease, with the characteristic phenomena well marked, viz.: Indefinite onset, increasing mental and muscular asthenia, epigastric pain and vomiting, pigmentation of skin and mucous membranes, and finally absence of marked emaciation or anemia. Apart from the interest attached to the whole case, especial attention is due to the evidence of extensive but quiescent disease of the lungs. The *post mortem* findings, too, while fulfilling expectations, have one or two features of extra interest, viz.: The wide distribution of unsuspected and quiescent tuberculosis, and also the markedly acute inflammation of the alimentary canal without any clinical symptoms.

Addison's paper, published in 1854, consists of the recital of eleven cases, all of which came to *post mortem.* In four cases cancerous disease of the adrenals was found, and in the others tubercular change.

Two cases of which he speaks were unique in that they presented areas of leucoderma which were so marked that even the hair at these points was quite white, forming a marked contrast with the surrounding dinginess.

He prefaces his recital by a concise but complete description of the clinical course of the disease, showing that it may run from six weeks to over a year. With one possible exception, his cases

being fatal, he gives a prognosis which subsequent experience has not modified materially. Finally he somewhat cautiously gives it as his opinion that the essential lesion is disease of the adrenals. Since that time little has been added to our knowledge of this disease comparatively speaking. Rare cases are met with in which the capsules are normal, the lesion being in the spinal cord or in its neighborhood. Other rare cases present every symptom and *post mortem* appearance except pigmentation.

With these exceptions, and also the knowledge that anemia is slight or absent, Dr. Addison's description could well be placed in any of our text-books.

The diagnosis is readily made, as a rule, from the following symptoms: Increasing mental and muscular languor, absence of marked emaciation, pain and vomiting, together with pigmentation, varying from a slight dingy hue to a dark bronze, most distinct on exposed or irritated parts of the body. In addition there are nearly always pigmented patches in the mouth, on the cheeks, gums or tongue. This last is said to be almost conclusive. If with the above there is evidence of tuberculosis or cancer elsewhere there would be little doubt.

Nevertheless, there are certain diseases attended with pigmentation which might cause error. Among these are *post partum* debility, with the characteristic pigmentation sometimes seen after pregnancy, carcinoma, and very rarely melanotic sarcoma, produce pigmentation. The color, however, in both cases is unlike that of Addison's disease, being ashy grey in the former and dark in the latter. Besides, other symptoms would clear up the diagnosis.

Arsenic and silver also cause pigmentation, but the history and examination of the urine should be appealed to. In the case of arsenical poisoning, too, mucous membranes are often spared. Pellagra is another cause of discoloration, and is also attended by extreme asthenia, but there is usually diarrhea rather than constipation; moreover, here, too, the history would aid. Malaria, rare cases of exophthalmic goitre, and pseudo-leukemia, certain cases of diabetes with pigmentation (bronze diabetes), disease of genital apparatus in the female, and sometimes cases of a typical jaundice, may all cause pigmentation, which might mislead, and so have to be borne in mind when making a diagnosis.

SOMETHING OF ADVANTAGE TO THE PHYSICIAN FROM A BUSINESS STANDPOINT.*

BY DR. GRAHAM, CLINTON, ONT.

Before proceeding to the subject on which I propose to speak to you for a few minutes, allow me to thank you very much for the confidence reposed in me by placing me again in the President's chair. From the very inception of this Association I have taken a great deal of interest and experienced considerable pleasure in its meetings, for many years driving twenty-five miles and back, and rarely missing a meeting, and after over a quarter of a century must admit that I do not regret the time so spent. I sincerely wish that the medical men throughout the county could be induced to turn out to these meetings, and make the Association deserving of the eulogy bestowed upon it some sixteen years ago by Prof. Osler, viz.: "The best medical society in Ontario."

The members of the profession in Huron who keep aloof from this Association are themselves the greater losers. These meetings serve as a social and intellectual exchange, and besides bestowing many individual benefits, engender a genuine professional spirit, and minimize to a very great extent everything that is unprofessional. I now hope that with your assistance and that of our esteemed Secretary, Dr. Shaw, we will endeavor to make this year one of the most successful in the history of the Association. I now propose to state some means whereby the interests of the profession may be conserved from a business standpoint. I do not think by any means I am especially capable of speaking on this subject, for I have myself been a sinner and not entirely free from defects, but I have lived long enough to see the error of my ways, and hope to profit by my past mistakes.

The physician is proverbially a poor business man. For one who possesses business sagacity there are one hundred who do not. There are many excellent men in the profession who are well acquainted with the scientific aspects of medicine, in fact, who are accomplished physicians, but, lacking professional tact and business ability, prove failures in securing that success which their attainments deserve.

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*Read at the meeting of the Huron Medical Association, April 18th, 1900.

It seems to be hereditary or infectious amongst the profession. It is no doubt a legacy from former days, when physicians were few and patients plenty. It is a relic from the lofty ideals of British physicians, who lived at a time of lucrative incomes, and who could afford to neglect the business end of the profession; whose members claimed to be humanitarian and philanthropic, who disdained to sue a patient for services, and which still remains as a restriction subscribed to by every member R. C. P., London. But the times are changed, and we should change with them. During the last quarter of a century, physicians are turned loose upon the public at such an alarmingly disproportionate rate that there is scarcely a hamlet in the country without its medico, and in such cities as Toronto they are tumbling over each other in the scramble for bread and butter, or sometimes bread without butter. Under such circumstances it is not surprising to hear so much tirade against hospital and dispensary abuse, lodge practice, etc. Under such circumstances it is not surprising that the incomes of physicians are reduced from thirty to fifty per cent. It behooves us, therefore, to look around for leakages, and put a stop to them, and also to devise all or any honorable means for self-preservation, and to keep our income up to the average of at least skilled mechanics.

I do not wish to leave the impression that I would make money getting the primary goal of a professional life, that I would entirely sweep away the higher and nobler traditions of the profession; but, at the same time, we have to live by it, and I don't see any reason why some of the traditions may not stand aside so long as nothing derogatory or dishonorable is resorted to. One of the prominent causes of reducing the incomes of physicians is hospital and dispensary abuse, but as these do not at present affect the members of this Association, I will pass them over.

The next is writing prescriptions. I believe it would be to the interest of the profession if there never had been such a thing as a written prescription. By writing prescriptions, you throw away your skill, and place it in the hands of the drug trade and public. In this way, no small amount of knowledge pertaining to the healing art has become common property. People treat their own colds with quinine, phenacetine or antifebrine; their cases of anemia with Bland's pills, or beef, iron and wine; their rheumatism with salicylate of soda; constipation headache and indigestion, with other complaints, are managed in some way between the patient and the druggist, without the intervention of the doctor. I will therefore say, do not write prescriptions at

any cost. Dispense your own medicine absolutely, either by yourself or a dispenser in your own employ. By doing so, you will increase your income by preventing your skill being scattered broadcast to the public in general and druggists in particular.

Where would the patent medicine business have been to-day had there never been any prescriptions written by physicians? It simply would have no existence, because there is hardly a patent medicine sold or ever existed but emanated from the brain of some physician, and utilized by some enterprising druggist to feather his nest.

Secondly, druggists almost invariably repeat prescriptions without any order from the physician. This is well known to all of you, each of whom might give instances *ad infinitum*. A doctor from Kirkton was called to a patient near Mitchell. When about ready to return home a lady handed to him an empty bottle with a prescription pasted on it, asking him to fill it and bring it with him at his next visit. He looked at it and said, "Why, this is Dr. Wood's prescription, you ought to have it filled by him." She replied, "Oh, I never take it to him, the druggist in Mitchell has filled it a hundred times for myself and neighbors. Dr. Woods made perhaps fifty cents or a dollar at the most out of the transaction; the druggist, his profit on a hundred repeats, all without the knowledge of Dr. Wood.

I remember prescribing maltopepsin for a patient when it first came into the market for indigestion. It was not very long before I found dozens using the same thing obtained from the druggists without any order from a physician. Again, druggists very frequently substitute one drug for another, either a cheap for a dear one, or a drug they have for one they have not. During my very short residence in Toronto, of a year, four such cases occurred in my own practice. I will relate two of them: I gave to a lady a prescription for her son, who was troubled with nocturnal incontinence. She took it to a departmental store for dispensing. Next time I saw her she told me the medicine had done no good whatever. I was, of course, disappointed, and asked her to still try one more bottle. She did so; she took the same prescription to the same place. This time she said it had acted like a charm, but she said there was something peculiar about it, as the last bottle she obtained had neither the color, taste, nor odor of the first. Comment is unnecessary. The first evidently had been a substitution. The other case was one where the ferri ammon. cit. was substituted for citrate of iron and quinine.

An acquaintance of mine, who knows considerable about

drugs, went into a drug store in Guelph, asking for an empty, wide-mouthed bottle. A bottle, with the label cinchonidia sulph. on it, was handed to him. He looked at the label with curiosity, repeating cinchonidia, cinchonidia. What kind of stuff is that? "Oh, said the druggist, that is used nowadays for quinine. Whenever we get quinine ordered in a prescription, we put that in, which does just as well."

A circumstance occurred in Sheffield, Eng., some years ago, when quinine and KI were very expensive, some of the physicians were in doubt as to the accuracy with which their prescriptions were dispensed. In order to test the matter, three prescriptions were sent, each calling for 120 grs. KI. Two contained the full amount, and the third only 76 grs. Three others were sent out, calling for 16 grs. of quinine; one contained only 9 grs., and in another prescription where 40 grs. quinine were ordered, only 30 were found in analysis, and so on. Such instances, you already know, can be multiplied indefinitely. Again, I believe, with very few exceptions, the majority of druggists do counter prescribing, and use the doctors' prescriptions to assist them in this reprehensible and illegal practice, and this is a sufficient reason in itself why physicians should not write prescriptions. The following, bearing on this subject, is a translation from a French journal, published in Montreal, showing that counter prescribing is not unknown in that quarter: "Almost every day complaints reach us in reference to the practices of certain druggists who, without hesitation, don the bonnet of the doctor, write prescriptions, give consultations, and this in the face of the well-known provisions of the Medical Act. The attempts of pharmacy to encroach upon the domain of medicine is not a thing of recent occurrence, nor are we the first or the only ones to complain. Similar abuses have for many years existed in the United States and in Europe, and in those countries as well as here great difficulty is experienced in devising a proper remedy for their prevention. In Montreal, their increase is becoming more and more serious. "One particular druggist of this city has, to our personal knowledge, a patient abundantly able to pay, actually under his care as his medical adviser, from whom he annually receives a handsome sum." One of our correspondents writes to us that in his quarter there is a druggist who does not scruple to substitute mixtures of his own invention. Another assures us that a druggist in his neighborhood practises medicine to so great an extent that he is obliged to employ a collector to look after his accounts. He draws teeth, opens abscesses, calls himself Doctor, and Montreal does not perhaps contain a more aristocratic gentleman (?).

Where druggists are determined to do counter prescribing, it is very easy to make use of doctors' prescriptions which are sent to be dispensed. For instance, an individual presents himself at the counter of a drug store, bearing a prescription signed by some popular physician. This excites the curiosity of the druggist. A few days after, the same individual presents the same prescription for renewal. Inquiry is made as to the effects of the remedy, and the response is that it has acted like a charm, and that this is the remedy that has done him most good. By means of a number of adroit questions the diagnosis of the physician is ascertained, and then the prescription is carefully laid by for future use. In this manner do our druggists educate themselves at our expense in the science and practice of medicine. According to this charming system of giving prescriptions, which seems to satisfy us, and by means of which a prescription once given may be filled again as often as the patient or druggist has a mind to, we have nothing to do but sit down (Micawber like) and wait for something else to turn up.

We prosecute to the bitter end quacks and charlatans, who do not injure us, it may be, one-tenth part as much as these practicing druggists do, and we think that if there is a law to regulate the practice of medicine and surgery, the same law ought to apply to all classes alike.

Another great defect in the business habits of the profession which is thoroughly effectual in attenuating the income of the physicians, is the method of collecting—yes, or rather non-collecting—of accounts. Most physicians give patients their own time to pay; never have they any regular method or system of collecting—do not give the people to understand that they must be paid.

No class does so much for nothing as the medical profession, and no class (at least in Huron) experiences so much ingratitude at the hands of the public as physicians.

> "God and the doctor we alike adore
> When trouble takes us, not before;
> The danger past both are alike requited—
> God is forgotten and the doctor slighted."

These lines are just as true now as the day they were penned, and not only is the doctor slighted by not paying him, but the very parties who so slight him are the very ones who find fault and criticize the most. If the doctor visits his patient every day, he wants to run a bill. If he does not, he is negligent. If the patient recovers, it was the good nursing, or some old woman's onion poultice that gets the credit. If the patient dies, the doctor

did not treat him right. If the doctor talks much, he is too familiar. If he talks little, he is unsociable, and so on.

Now, all this is unbearable enough with a solid fee forthcoming, but intolerable indeed when no emoluments are attached. Willie McClure, Drumtochty's beloved physician, experienced no such criticism and ingratitude, although his practice netted only $750.00 a year, and did a large amount of work without fees. He was much better paid than many of us in Huron, because he had none of the devil's poor to attend, as we have, consequently what lacked in fees was made up by the whole-souled affection, gratitude and esteem from the kind, simple, poor but honest people of the glen. What I mean by devil's poor are those who are able to pay, but not willing. Those who dress as well as we do, smoke cigars, use liquors, hire livery rigs, have their swell parties, their bicycles, their excursions to visit their friends, while the doctor is unpaid for the last two or three confinements. Prof. Wm. Gairdner, in a graduate address at Glasgow University, said: "It is not too much to say that every man worth his salt in the medical profession makes up his mind to do far more for nothing or for the love of it than he can ever do for fees." I do not believe this statement, in so far as we make up our minds to it, but I admit that most of us have done so, whether our minds were made up or not. Weir Mitchell, in an address to young graduates, said: "A part of your life-work consists in giving of your best to those who cannot pay; the poor will claim from you help in time of sickness." I have no doubt Dr. Mitchell had reference to charitable work amongst God's poor, and not amongst the devil's poor already defined.

I am not prepared to say that we should refuse to do such work at the present period, but I might ask, why so? Why should the doctor supply the sick poor with medicine and advice any more than the grocer, baker, and butcher supply the hungry poor with groceries, bread and meat? They do not do so, neither does the tailor clothe the naked poor, nor does the lawyer defend the poor litigant without his fee, and takes good care he has it beforehand.

This custom in the profession is no doubt a legacy to us from the days of Hippocrates, as one of the clauses in the Hippocratic oath is binding on those who take it to attend the poor *gratis,* but to speak in ancient political language, "it is time for a change." It is all very well to be philanthropic, when your tombstone is to be carved, but it will not fill the flour barrel, nor pay the butcher or baker. It is pleasant to be very popular, but popularity earned in that way will not fill your market-basket nor pay your tailor.

Business is business; the practice of medicine is the business of our lives. It is as legitimate as any other. We must live by it, just as others live by theirs.

It has often been said that medicine is a noble profession, but a poor trade, which is no doubt correct, but there is no reason why we should not more carefully look after the business side of our work, insist on prompt collections, and give the public to understand that we expect and must be paid for services.

There is not a manufacturing interest or business in the whole country, by adopting such loose and unbusiness-like methods could possibly escape failure.

HOW TO SECURE PURE DRUGS AT LESS COST.*

BY J. W. SHAW, M.D., CLINTON, ONT.

Mr. President and Gentlemen:

For some time I have been greatly impressed with the idea that some radical change must be adopted in order to secure to the medical profession a means by which they could provide themselves with reliable drugs, better instruments and standard articles prescribed by the physician generally, and at the same time procure them at less cost than has heretofore prevailed.

Every physician can testify to the valuable time frittered away listening to travellers of drugs, instruments, and sundry other articles carried as a side-line. How they pester you for a small order "just to show the house you have not forgotten him, or that you so much appreciate their preparations and great trouble and expense they have gone to in order to furnish the physicians such elegant preparations."

Those wholesale and jobbing houses are at much expense sending those agents through the country, and paying them large salaries. As an example, a house in Toronto not yet a year in existence has fifteen men peddling their goods in Canada. This great cost either reduces the quality of the drugs or increases the cost, in which the physician must suffer in either case.

For example, cascara sagrada can be purchased all the way from $2.75 to $5.00; a Winchester syrup hypophosphites, $1.50 to $3.00, and in every case you are getting the best article on the market. But your results are anything but satisfactory. Again,

*Read at the meeting of the Huron Medical Association, April 18th, 1900.

bismuth in any form of recent years gives no expected results, even in double doses. The same can be said of iodide of potash, the triturates and liquors, salicylic acid, the tinctures in general, and all preparations containing alcohol, and many other staple drugs, to say nothing of the pepsins, lacto-pepsins, listerine and its substitutes, put on the market by every house in Canada under assumed names, but the identical same thing.

We have not far to go to look for a solution. The great competition, "reduced prices," and dishonesty of jobbers and mushroom concerns, furnish the cause.

The busy physician has not the time nor facilities to analyze each and every preparation and drug on his shelf, and is only guided by results obtained. Also in cases where cod-liver oil or emulsions, infant foods, malt extracts, hypophosphites, whiskey, ales, etc., are prescribed by the physician, all remuneration goes to the manufacturer or druggist, none to the physician who prescribed. Especially is this so with duplicate orders or prescriptions, and should a physician happen to mention in a medical paper read at an association that he prescribed any of these proprietary drugs, the manufacturer loses no time in flooding the country with that paper, particularly marking that part relative to his article, so while the doctors are building up fortunes for the druggists and manufacturers, they are lying awake nights trying to solve the problem of the "survival of the fittest."

The means by which I propose to remedy and completely eradicate this evil are as follows: The physicians form themselves into a stock company, say with $50,000 capital, each share worth $25.00, no one physician to own more than twenty shares, and all shareholders must be active practitioners. A physicians' supply house, opened say in Toronto or London, where the profession could obtain everything necessary in conducting a practice, the chief objects being to supply pure drugs, reliable preparations, the best instruments, and all doctors' sundries known by the profession to be standard, all supplied at wholesale prices, thus enabling the doctors to profit by their brains and labor, which now goes into the retailers pockets. This company would have a manager and practical chemist, with a board of directors similar to that of an insurance company, the details of which I will not detain you with in this paper.

The advantages of this method would be: Each physician would become an agent for his own drugs, ordering only those he can depend upon, all furnished by one supply house, thereby saving the expense of sending out travellers, advertising, and at the same time feeling confident you are getting your money's

worth. It will very soon kill proprietary medicines. Every druggist will be compelled to order a stock of these preparations, drugs and sundries from "the supply house" in order to fill the prescriptions sent by the physicians, because in every village and town there will be physicians who are members or stock-holders in the concern, who will take every opportunity in order to increase the business done. For by so doing he lessens the price of his own drugs and increases the dividends. Besides, the druggists will make just as large a profit out of those as any others, but we get the wholesale profit, which now goes to the jobbers.

Doctors discover, improve, test, and advertise drugs and preparations, and scarcely ever participate in any of the profits. It is the capitalists who make the money out of doctors. These immense fortunes might just as well be divided amongst the profession, for they are the ones to whom it rightly belongs.

It is not possible that every physician will take stock, but every physician can be a member, and procure his drugs cheaper than he can at present, because the wholesaler will not sell direct to the physician. The only objection I can see will be the probability of other supply houses starting up on the same basis—say controlled by doctors who cannot procure stock with this one. That could be remedied by increasing the stock and enlarging the field of the first company.

A synopsis would be about as follows:

1. The formation of a medical supply company, object of which is (*a*) to supply profession with pure drugs and preparations at a reasonable cost, and with slight inconvenience; (*b*) to secure to the doctors a fair share of the profits.

2. Begin with a capital stock of said company, with $50,000, with head office and warerooms in some large city, say Toronto.

3. A manager to be engaged on account of superior business capacity, integrity, and knowledge of the drug business; he to furnish bonds to amount of $20,000.

4. If possible, four or five hundred doctors should start the company, including physicians from every city, town and village.

5. Shares to be $25, and limited to twenty shares to any one medical doctor, who must be in active practice, and only transferable on the same conditions.

6. A board of directors appointed after the manner of insurance companies.

7. Drugs, instruments, books, and all sundries supplied to physicians at wholesale rates, quality being foremost. Stock taken and dividends declared every six months or a year.

8. The testing of new drugs and preparations would form a special feature of the company.

9. The drugs not manufactured at the laboratory would be procured from the most reliable sources, and thoroughly tested.

In conclusion, I would ask the members of this Association in particular, and all the members of the profession generally, to state their views as to the feasibility of the scheme, and if considered practicable, inform the Secretary of this Association of their opinions, and he could call a meeting, when permanent steps could be taken to organize the proposed company. No undue haste should be made, as there are many important details requiring serious thought before the scheme could materialize.

This paper is only intended as a suggestion, and I will be pleased to hear arguments and discussion that will enable us to reform our present drug-supply system.

AN APPRECIATION OF KELLY'S METHOD OF REMOVING THE FIBROID UTERUS BY THE ABDOMEN.*

By A. Lapthorn Smith, B.A., M.D., M.R.C.S. (Eng.), Montreal.
Fellow of the American and British Gynecological Societies; Professor of Clinical Gynecology in Bishop's University; Gynecologist to the Montreal Dispensary; Consulting Gynecologist to the Women's Hospital; Surgeon-in-Chief of the Samaritan Free Hospital for Women; Surgeon to the Western Hospital, Montreal, Canada.

Twenty years ago he was strongly opposed to operative treatment of fibroids on account of the high mortality then prevailing among the best operators. Ten years ago he became a strong advocate of Apostoli's method of electrical treatment, by which he had cured the hemorrhage permanently in sixty-three out of a hundred and two cases in ten years. Eight years ago Price lowered the mortality enough to induce him to operate in certain cases with the serre-nœud. Baer further reduced the mortality and he adopted his method and operated oftener. Three years ago Kelly perfected an ideal method, which has almost no mortality, and which he (Lapthorn Smith) had adopted, and to which he gave the preference over all other treatment in every case of fibroid suffering enough to consult him. He claimed that he had acted consistently throughout, being guided by the one test question, "What is the mortality?" In his last ten successive cases, seven last year and three this year, all had recovered.

*Read before the American Gynecological Society at Washington, May 1st, 1900.

Therefore, the operation was now almost devoid of danger, while it was absolutely effective. Kelly's method is by far the best, and to it the author believed was due the absence of mortality in these ten cases. The great advantage of Kelly's method is that we begin on the easy side, and after securely tieing the ovarian, round ligament, and uterine arteries, and separating the bladder, we cut across the cervix and roll the tumor out, thus obtaining plenty of room to tie the arteries from below upwards. Another great advantage of this method is that there is much less danger of injuring the ureters. This accident is most likely to happen on the most difficult side; that is, the side where the tumor fills all the space between the uterus and the wall of the pelvis. But it is precisely on this side that the tumor is dragged away from the ureter while it is being rolled out, and by the time that it becomes necessary to cut anything on that side the ureter is at least two inches away and quite out of danger. Doyen's method has this advantage on both sides, because he pulls the tumor off the bladder and ureters, and from the first cut he is getting farther and farther away from the bladder and ureters. But Doyen's method has the serious objection of opening the vagina, and thereby increasing the time of anesthesia, the loss of blood and the risk of infection, besides the æsthetic one of shortening the vagina. The author lays even greater stress than Kelly does upon the importance of feeling for each individual artery, and tieing it before cutting it, and then putting a second ligature on it as the first one may loosen after tension of tumor has been removed. He also strongly advises chromicised catgut, prepared by each operator himself, or else Red Cross cumol catgut, prepared by Johnson, of New Brunswick, N.J., which he has found reliable. Besides the six principal arteries, there are two small arteries which require tieing on each side of the cervix. There is no need of disinfecting the stump, beyond wiping away the little plug of mucus; but the cervix should be hollowed out so as to make anterior and posterior flaps, which are securely brought together before sewing up the peritoneum. The omentum, if long enough, should be brought down to meet this line of suture, thereby preventing the intestine from sticking to it, or to the abdominal incision.

The author is opposed to leaving the ovaries and tubes, although he admits that in young women, by so doing, the discomforts of the premature menopause are diminished. But in the majority of cases the appendages are diseased, and we run the risk of the whole success of the operation being marred by leaving in organs which will sooner or later cause more symptoms than

did the fibroid itself. His experience of leaving in ovaries or portions of ovaries, has been most unfortunate, having received no thanks for his conscientious endeavors, but a great deal of blame for having failed to cure the pain, which in the patient's estimation was much more important than the tumor.

He was also much opposed to myomectomy; the operation was quite as dangerous as hysterectomy; there was very seldom any reason for it, most of the women who have fibroids being unmarried, or at an age too advanced to raise children to advantage, or having passed the child-bearing age altogether. After submitting to such a serious operation, the patient had a right to be guaranteed against a second or a third one for the same disease. So many women have been disappointed by these incomplete or so-called conservative operations, that their friends who really could be cured by an operation hesitate to undergo it. He would make an exception, of course, in case of there being apparently only a single polypus, no matter how large, or a single pediculated subperitoneal tumor.

He held the opinion that all fibroid uteri should be removed as soon as discovered, because the woman with a fibroid is liable not only to hemorrhage, which may not be great, but to reflex disturbances of digestion and circulation. Besides, every day it grows its removal is becoming more dangerous, and the chances of its becoming malignant are greater.

He was opposed to a preliminary curetting, because it was unnecessary, and second, because when done it was seldom done effectually; having examined a fibroid uterus immediately after removal, which had been curetted just before, he had found only about a twentieth part of the uterine mucosa removed.

He was strongly opposed to vaginal morcellement, which is not to be compared to Kelly's method. It is much more dangerous, much more difficult, and keeps the patient a much longer time under the anesthetic. The operation is carried on in the dark, and the ureters are frequently wounded while complications such as adhesions of the vermiform appendix and tears of the intestine, which are easily dealt with by the abdomen with the patient in the Trendelenburg posture, are almost impossible to manage when working from the vagina. If clamps are used, the nerves are crushed, and the woman requires two weeks to feel well, instead of two days. Moreover, nearly all women with fibroids are nulliparous, and the vagina is consequently narrow; they are nearly all elderly, and the passage is consequently inextensible. No more unsuitable class of patients could therefore be chosen for this most difficult vaginal

work. The author strongly advises the closure of the abdomen with through-and-through silk-worm gut sutures, left in for three or, better still, four weeks. If not tied too tightly, and if dressed with boracic acid in abundance, the one dressing or, at most, two, will suffice from the beginning to the end of the case. Besides, they can be passed very quickly, thus saving ten minutes in the duration of the anesthesia.

Reports of Societies

TORONTO CLINICAL SOCIETY.

Stated Meeting, May 2nd, 1900.

The President, Dr. George A. Bingham, occupied the chair. *Fellows Present:* Peters, Thistle, Trow, Britton, Small, Orr, Anderson, Silverthorn, Rudolf, Lehman, Boyd, Meyers, Fotheringham, Pepler, Chambers, Hamilton, Badgerow, Wright, Dwyer, Nattress, Fenton, McDonagh, Parsons, and Elliott. *Visitors:* Drs. Theo. Coleman, J. T. Clarke, and A. Y. Scott. *Election of Officers:* President, Dr. W. H. B. Aikins; Vice-President, Dr. Geo. A. Peters; Corresponding Secretary, Dr. A. A. Small; Recording Secretary, Dr. George Elliott; Treasurer, Dr. W. H. Pepler; Executive Committee, Drs. Anderson, Hamilton, Dwyer, Silverthorn, and Parsons.

TUBERCULAR TESTICLE, VAS DEFERENS AND VESICULA SEMINALIS REMOVED BY OPERATION.—GONORRHEA, VESICULA SEMINALIS REMOVED BY OPERATION.

Dr. George A. Peters presented these specimens, described the conditions present, the operations and the results. From the first patient was exhibited a testicle, a vesicula seminalis and corresponding vas deferens; from the other both vesiculæ seminales. The first was undoubtedly tubercular; the second not tubercular. In the second, the man denied the history of gonorrhea, although no other source of the condition could be deduced. The surgeon described the symptoms present, the difficulties of the operation, and the final results, which were good in both cases.

Dr. Bingham, speaking in the discussion, dwelt on the difficulty of operating, and instanced a case of absence of the vagina in a young girl of seventeen years, upon whom he had operated that day, as an illustration thereof.

TRAUMATIC ORIGIN OF CANCER.

DR. WILLIAM BRITTON introduced this subject. Between two and three years ago, a commercial traveller was returning to his home in this city, carrying in either hand a heavy valise. As he was nearing his house, he slipped, but recovered himself before falling to the ground. He entered his house suffering from a certain amount of shock, and declined to partake of any supper. He stayed at home for a few days, and returned to his business, but did not feel himself. Early in January (he was injured about the middle of December) he started for a trip to the Maritime Provinces. He returned about the middle of February, and consulted a physician of this city. An exploratory incision was deemed advisable, and it was then found that the man was suffering from extensive cancer of the liver. The incision was closed, and in a few days thereafter the man died. He carried an accident insurance policy for $5,000, and the Company declining to pay the policy, action was brought to recover same. The case excited considerable interest amongst the medical men retained to give expert evidence. Dr. Britton stated he had come to a decided conclusion that the injury did not cause the cancer, but the others on the other side were just as positive that the injury did cause the cancer. Dr. Britton discussed at considerable length the causes of cancer of the liver, and the bearing this accident had on the disease in this case.

DR. H. B. ANDERSON, who performed the *post-mortem* examination, stated that he found a solitary mass in the head of the pancreas, and innumerable nodules throughout the liver. The only part of the liver free from the disease was that part of the organ most closely in relationship to the surface, where the alleged injury was said to occur. Dr. Anderson stated that instances of primary cancer in the liver were exceedingly rare, but thought he had seen one case; and if it were likely to be due to injury, we would expect cancer of the liver to be more primary and more frequent, as the liver is an organ exposed to injury. He thought the likelihood of cancer of the head of the pancreas being due to injury was extremely limited; and in this case, the fact that the part of the liver in direct relation to the site of the injury was entirely free from any disease, precluded the possibility of the disease being here due to traumatism.

DR. GEORGE A. PETERS discussed the case from the other standpoint, and showed how a lawyer might be able to pin the medical expert down to a traumatism as the cause of the condition present.

DR. NATTRESS, the medical referee of the Insurance Company, gave the precise dates of the injury, medical attendance, operation, and death. He also stated that a provincial physician had diagnosed the man's condition as one of cancer of the liver months before the supposed injury.

DR. THEO. COLEMAN, who had charge of the medical evidence for the prosecuting attorney, here read general observations upon the origin of cancer, and the present-day theories of the cause of the disease.

The result of the case was a non-suit.

Vote of Thanks.—Dr. George A. Peters moved, seconded by Dr. Herbert Bruce, that the retiring President be accorded a hearty vote of thanks for his efficient services during the past year.

DR. W. BRITTON in the chair, presented this to Dr. Bingham, who made a suitable reply in acknowledgment.

One of the most successful years in the history of the Society closed with the usual refreshments.

GEORGE ELLIOTT,
Recording Secretary.

HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of this Association was held in Clinton on April 18th. Members present: Dr. Graham, President, Clinton, in the chair; Dr. Shaw, Clinton, Secretary; Drs. Robertson, Stratford; Machell, Dublin; Taylor and Hunter, Goderich; Gunn, Shaw, Thompson, Graham, Clinton; McAsh, Belgrave; Stanbury, Bayfield; Burrows, Seaforth, Hotham, Constance; Turnbull, Goderich.

The President's Address, entitled, "Something of Advantage to the Physician from a Business Standpoint," elicited a general discussion relative to the the collection of accounts, prescription writing, etc. (See page 215.)

DR. SHAW then read a paper on the organization of a Physicians' Supply Co., the text of which appears in this issue. The opinions of the members present were unanimous as to its practicability.

DR. TAYLOR said he had not given the subject much thought, but he was fully convinced there should be some change, and that along the lines of Dr. Shaw's paper.

DR. HUNTER fully concurred with the scheme, and hoped the new era would dawn soon.

DR. TURNBULL gave a short talk on his recent trip to Vienna, and showed some of the latest instruments used in surgery.

DR. MACHELL exhibited several interesting cases, and gave some notes on (1) An ununited fracture of tibia and fibula; (2) Amenorrhea; (3) Convulsions in pregnancy without albuminuria or casts.

DR. ROBERTSON invited the members to meet in Stratford in July, which was unanimously accepted.

DR. GUNN, in speaking, thanked Dr. Shaw for his paper, and expressed the hope that the scheme would materialize. The method proposed would doubtless secure to the profession more reliable drugs, and provide a better means of testing preparations than we now have. Its general adoption would be a death-blow to proprietary medicines, and the convenience it would afford to physicians would be of no small advantage. He firmly believed that such a company would pay splendid dividends. It rested with doctors to make it a financial success, and he would not be surprised if the dividends amounted to twenty-five or even fifty per cent. To start the Company, all that is required would be a sufficient number of shareholders and an efficient manager. The Company would benefit druggists. They, of course, would be required to keep the preparations of the Physicians' Supply Co., but these they would obtain at the cheapest rates consistent with the purity of the preparations. Physicians, having an interest in their own preparations, would do more prescribing than druggists. We should have our own Emulsion of Cod Liver Oil, Cascara, Infant Foods, Syringes, and all kinds of Rubber goods, bed-pans, trusses, wines, malts and liquors of all kinds, Where a great many doctors are testing and suggesting with the object of producing a perfect article, we could recommend our own preparations conscientiously.

Just think of the amount of Scott's Emulsion or Nestles' Food that one prescription of yours is the means of selling, and why not have our prescriptions working for ourselves as well as for capitalists who know nothing about drugs. When we advertise our own preparations for a few years as faithfully as we have those of other firms the profits and advantage to us must be immense. For my part, he said, I will take all the stock the Company will allow.

DR. ROBERTSON said he would support Dr. Shaw's scheme. He concurred in its advantages to the profession, which were so concisely pointed out in the paper. If a sufficient number of physicians supported it, it could hardly fail to be a financial suc-

cess. He knew of a Company of a somewhat similar character but controlled by a few physicians, where the profits were twenty-five per cent. They wished him to take some stock so that he might help the Company in his district. He would like to see a Company formed that would benefit every physician, and in which they all had an interest. He said he would help Dr. Shaw all he could in forming the Company.

DR. TURNBULL said that "the fault was not in our stars, but in ourselves, that we are underlings." If doctors combined, as suggested by Dr. Shaw in his paper, he saw no reason why they would not save and make a good deal of money every year. Physicians' Supply Houses are becoming so numerous that the quality of drug preparations must suffer by the competition. Purity of drugs, regardless of price, should be the main feature of the Company. If we had our own emulsions of cod liver oil, infant foods and such preparations, the profits should be large in a few years. He would like to have an opportunity to take stock in the Company.

Special Selections

THERAPEUTICS OF ENURESIS.—Amat (*Bull. Gen. de Therap.*, November 8th, 1899), putting aside all cases of nocturnal incontinence of urine due to objective causes, such as phimosis, adherent prepuce, calculus, etc., considers that the true neurotic type has several varieties demanding distinct treatment. He excludes the forms traceable to spinal disease, worms, and morbid urine. In his first variety the vesical muscular fibres are too sensitive to distension; the will masters them to a considerable extent during the day, but they contract just as the patient drops off to sleep. For this condition bromides, chloral, opium, and, better still, belladonna, atropine, and antipyrin are indicated. Broca, twenty years ago, and Martin of Colorado Springs, have both advocated gentle mechanical distension of the bladder, but the result remains doubtful. In the second variety there is actual hyperesthesia of the vesical and urethral mucous membrane, even when the bladder is almost flaccid. The catheter reveals this condition. It is improved or cured with bromides, valerian, asafœtida, and ammonio-sulphate of copper. The latter seems better than iron and nux vomica. In one case, where a single woman, aged twenty-eight, had been subject to enuresis ever since infancy, cure soon followed the administra-

tion of three or four drops of a solution of 20 centigrams of the ammonio-sulphate of copper in 15 grams of water. In a third variety, the ease with which the catheter can be passed through the membranous part of the urethra shows that the vesical sphincter is not irritable, but weak. Guyon lays stress on this variety of neuropathic enuresis. Strychnine, rhus aromaticus, and, above all, electricity are needed for its relief. There is a form of enuresis which seems to be purely mental; the child in such a case must be awakened and made to dress and get up to micturate two or three times a night. Power's practice of applying a drop of collodion to the meatus at bedtime often proves efficacious. Physical exercise is much needed in these cases.—*Brit. Med. Jour.*

TUBERCULOUS KIDNEY DIAGNOSED BY CATHETERISM OF URETER.—Albarran (*Bull. et Mem. de la Soc. de Chir. de Paris,* October 11th, 1899) recently exhibited a scrofulous kidney, which he had removed on the previous day. The patient was a man aged 34, with no history of tubercle in his family. Eight years ago his pleura was tapped for empyema, and about two years earlier he suffered from gonorrhea. Only four months before the operation frequent micturition and dysuria set in, and the urine became turbid. He was treated for cystitis, which really existed. The bladder was tender, and could not hold more than 120 grams of liquid. The bacillus of Koch was found in the urine, which contained pus and shreds of false membrane. The testicles and prostate were healthy, the ureters were not tender to touch, nor were the kidneys tender; those organs did not appear enlarged, the right seemed low down. The systoscope showed inflammation of the bladder, with a villous appearance around the orifice of the left ureter. On catheterising the ureters the urine from the right was found clear and free from microbes or albumen, its specific gravity was only 1003, but it contained a fair amount of urea. The urine from the left ureter was purulent, and contained diplococci, the colon bacillus, and, it was believed, Koch's bacillus. It was albuminous, its specific gravity 1006, and it was very deficient in urea. The left kidney was therefore removed, with 4 3-4 inches of the ureter, which was much inflamed though free from visible tuberculous changes. The renal disease was almost limited to the upper quarter of the kidney, which contained a tuberculous mass as big as a chestnut. Partial nephrectomy was out of the question, as the kidney was the seat of advanced nephritis, nor does Albarran consider it justi-

fiable in tuberculous kidney. Twenty-four hours after the operation the urine, freely secreted, was perfectly clear. Thus catheterism of the ureter revealed what could not be diagnosed by palpation; indeed Albarran never suspected disease of the kidney until the cystoscope demonstrated a suspicious appearance around the ureteral orifice.—*Brit. Med. Jour.*

THE DIAGNOSIS OF TYPHOID.—Within the past year the bacteriologic diagnosis of typhoid has been enriched by several new methods, as noticed in the several departments of the journal. That of Piorkowsky, by cultures from loops of the supported feces, using normal urine specially prepared with peptone and gelatin, has been confirmed by others, though as Wittich has shown, some further tests may be necessary to differentiate the colon bacillus. More recently, however, Cesaris Demel has found that by using liver bouillon we can have an early means of differentiating the typhoid bacillus, and with the addition of litmus, also eleven other micro-organisms, including the colon and icteroid bacilli, and the cholera vibrio, by reactions characteristic of each. With these methods, and especially the latter, we seem to have a valuable additional aid in the diagnosis of typhoid, and this with the possibility of detecting the change as early, according to Cesaris Demel, as the second day of the disease. The fact stated by Neufeld and by Curschmann, who confirmed Neufeld's findings, and the bacteriologic examination of tissues and blood from typhoid spots will reveal the bacillus, is also a point. It would seem probable from the recent observations of two English observers, Wright and Lamb, that the serum from these eruptions, while it affords cultures even earlier and more readily, will react differently from that from the general circulation in other parts of the body to the Widal test. According to their findings, the micro-organisms flourish especially in these typhoid spots, where the agglutinins found in the blood seem less active to impede their propagation and growth. Altogether our resources for the recognition of typhoid appear likely to be materially enlarged.—Editorial in *Jour. Amer. Med. Asso.*

THE TREATMENT OF HICCOUGH.—J. Noir (*Progres Medical*, January 6th, 1900) refers to the frequency of hiccough as a dangerous and even fatal accompaniment of certain diseases. He looks upon it as a series of convulsive seizures due to toxic

causes. Allusion is made to Erb's method of treating it by faradisation applied to the epigastrium; to the method of galvanisation or faradisation of the phrenic nerve; to the method of passing a galvanic stream transversely between the mastoid processes; to Leloir's method of compressing the left phrenic nerve, to Nothnagel's method of forcibly elevating the hyoid bone with the fingers, and particularly to the method of Laborde, of vigorous traction applied to the tongue, an outcome of Lepine's observations on the effect of traction applied to the tongue upon the apparently dead. Noir has had several successes in treating persistent hiccough by Laborde's plan. In one, a very nervous girl, of six and a half, who had had violent hiccough for six hours and was so much exhausted that her relatives had given her up for dead; traction on the tongue for about a minute and a-half calmed the malady as by magic, and it did not recur. In another case, where the patient was diabetic, tuberculous, and cachectic, the hiccough had been severe for several days, and was evidently toxic in origin. It had resisted all forms of medicinal treatment and absolutely prevented sleep. Traction on the tongue, continued for about two minutes, completely arrested the spasm; it, however, reappeared several days later, but again ceased on the patient practising the method on himself. The great advantage of the method is its simplicity, and that it does not require any electrical or other apparatus.—*Brit. Med. Jour.*

URIC ACID AND ITS ELIMINATION.—Editorially (*The Medical Brief*, February, 1900), this vital subject is ably considered. Investigation strengthens the belief that eating too much meat is responsible for the formation of uric acid in disease-producing quantities. To dispose of meat satisfactorily gastric digestion must be active, the constitution well supplied with fluids and the organs more or less actively engaged in growth and development. These conditions cease to exist when adult life is reached and the requirements of the constitution are chiefly for food to supply energy, heat and vital stimulus. At this period in life a small amount of meat or other albuminous food will suffice, especially in torpid systems or persons of sedentary habits. The symptoms caused by an excess of uric acid depend upon the degree of saturation and whether these morbid products are circulating in the blood or are precipitated in the tissues or joints. The susceptibility of the various organs and the constitution of the individual also help to determine the symptoms; one person may have asthma, another an irritable bladder, and another sick headache or rheumatism. In the treatment, diet is highly important.

Meat once a day is often enough. Fresh fruit, especially apples, should be eaten in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are excellent substitutes for meat. Pure honey is always allowable. In uncomplicated cases, lithiated hydrangea will be the only remedy needed in addition to dietetic reform and plenty of water.

QUININ INSTILLATIONS IN SUPPURATIVE AFFECTIONS OF THE ANTERIOR SEGMENT OF THE EYE.—J. de J. Gonzales announces that he has found neutral quinin hydrochlorate in a one per cent. solution—ten drops three times a day—extremely effective in curing corneal ulcers and abscesses with purulent infiltration in the early stages, and hypopion if not very large. He explains its efficacy by its mild bactericidal action combined with its paralyzing effect on leucocytes. Quinin destroys invading germs, and, by paralyzing the leucocytes, prevents their further accumulation, which compromises the transparency and vitality of the tissues. The quinin, therefore, is the beneficent mediator between the invaders and the defenders of the organism, and thus saves—by arbitration as it were—the transparency in the cornea. Of course, when its task has been accomplished it should be replaced by the individual treatment needed. The instillations also relieve the pain promptly and effectively, although they induce a slight transient exacerbation at first.—*Anales de Oftalmologie.*

THE USE OF SALICIN IN TREATMENT OF ACUTE RHEUMATISM.—Cline (*Col. Med. Jour,* Sept., 1899) reports three cases of rheumatism in which large doses of salicin gave prompt relief. His method is to give about thirty grs. every hour until pain lessens, then give it every two hours until relieved. Even in cases where the heart is weak it can be given in conjunction with cardiac stimulants. His conclusions are as follows: (1) That salicin must be given in large and frequent doses if you would get results from its use; (2) that it is a comparatively safe remedy when so used; and (3) that you will find salicin a specific, when properly administered, in the treatment of acute rheumatism.—*Inter. Med. Mag.*

MONTHLY REPORT.

Issued April 24, 1900,
P. H. BRYCE, M.A., M.D., Secretary.

Issued by the Provincial Board of Health of Ontario for February, 1900. Showing the deaths from all causes and from Contagious Diseases in the Province, as reported to the Registrar-General by the Division Registrars throughout the Province.

YEAR.	MONTH.	Total population of province 2,283,182	Total municipalities of province, 777.	Total deaths reported from all causes.	Rate per 1,000 per annum from all causes.	Scarlatina.	Rate per 1,000 per annum.	Diphtheria.	Rate per 1,000 per annum.	Measles.	Rate per 1,000 per annum.	Whooping cough.	Rate per 1,000 per annum.	Typhoid.	Rate per 1,000 per annum.	Tuberculosis (Consumption).	Rate per 1,000 per annum.
1900....	March.....	Total population reporting 2,153,380 96%	Total municipalities reporting 727 93%	2,330	12.4	23	0.1	34	0.2	22	0.1	7	0.04	16	0.09	188	1.0
1900....	February.	2,205,266 97%	720 93%	1,962	10.6	14	0.07	39	0.2	7	0.04	3	0.01	13	0.07	186	1.0
1900....	January..	2,057,455 90%	638 82%	1,771	10.0	13	0.07	51	0.3	2	0.01	4	0.02	16	0.09	83	1.0

YEAR.	MONTH.	Total population reporting.	Total municipalities reporting.	Total deaths reported.	Rate per 1,000 per annum from all causes.	Scarlatina.	Rate per 1,000 per annum.	Diphtheria.	Rate per 1,000 per annum.	Measles.	Rate per 1,000 per annum.	Whooping cough.	Rate per 1,000 per annum.	Typhoid.	Rate per 1,000 per annum.	Tuberculosis.	Rate per 1,000 per annum.
1899....	March....	2,271,750 99%	730 94%	2361	12.1	36	0.2	25	0.1	2	0.01	9	0.05	17	0.09	235	1.2
1899....	February.	2,237,822 98%	725 93%	2568	13.7	32	0.1	35	0.2	2	0.01	3	0.02	16	0.08	215	1.1
1899....	January..	2,232,053 98%	717 92%	2154	11.2	23	0.1	48	0.3	5	0.03	9	0.05	21	0.1	184	1.0

N.B.—Division Registrars will please make their returns on or before the 5th of each month, thus enabling the Department to have the monthly report compiled much earlier than heretofore.

DOMINION
MEDICAL MONTHLY

AND ONTARIO MEDICAL JOURNAL

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THE DOMINION MEDICAL COUNCIL.

In another part of this issue of the DOMINION MEDICAL MONTHLY will be found a draft bill of the proposed legislation in regard to this important question. We commend it to the attention of our readers, although probably before this notice sees the light of day, copies of this bill will be in the hands of all the members of the profession throughout the Dominion. The DOMINION MEDICAL MONTHLY has always been a consistent and earnest advocate of some such legislation, but it is not our purpose to discuss it at the present juncture. We will probably do that later on. There is one point, however, in the composition of the bill, which it will be well to weigh calmly and considerately. We refer to the representation from each province, on the Council. Should any of our readers desire to avail themselves of our columns, in order to bring their views on this legislation before the profession, we will gladly extend them the opportunity. In fact, we conceive it to be the duty of the medical press to open

their columns for this discussion, and some one may have good suggestions to make, which might perchance never see the light but through some such medium as we are offering. Then it should be the desire of all to get as near perfection as it is possible to get, so that every province in the Dominion may have justice and fair play meted out to it, when such legislation becomes law.

ONTARIO MEDICAL ASSOCIATION.

As previously announced in our March number, the meeting of this Association takes place in the auditorium of the Normal School Building, on the 6th and 7th of June, and from all accounts it promises to be an unusually interesting and important assembly. There are one or two points in connection with the holding of this annual gathering which might be deemed important enough to bring to the attention of the Executive and other officers, who are now busily engaged working for its successful issue. We refer particularly to the method of holding the meeting in sections, and the long programmes which necessitate curtailing the discussions, very often the total abolition of the discussions entirely, and the "taking as read" of many valuable papers, which might have evoked profitable discussions had they been listened to by the members of the Association. Why should the meeting of the Ontario Medical Association be divided into sections? The attendance is not so large that all cannot be got into a moderately-sized hall within easy hearing of each and every speaker; and again, where the attendance is limited to say 150, many coming from a distance, the vast majority general practitioners, is it not likely that they would profit more by hearing a suitable number of interesting and instructive papers read and properly discussed, than many read in sections, no discussions in particular, and many probably of the best papers "taken as read." The Association is one for the general practitioner, and we feel, in advocating the abolition of the section method of conducting the real purpose for which the meetings are held, that we are but voicing the almost unanimous views of the great majority of the profession who are members of the Association. The business part of the meeting is always held, as should be, in general session; but that part of the gathering, which is nominally the head of the Association, the reading of scientific papers, is divided into sections, and half of the entire meeting is lost to one-half of the members, either surgically or medically.

We understand that an extra effort is being made by the Committee on Arrangements to have a real first-class Exhibition of Supplies, Drugs, Appliances, etc., which will certainly enhance the value of the meeting. When this Committee is putting forth this extra effort, and working hand in hand with the other officers who have the scientific success of the meeting more in view, it should be the aim of all the members attending the meeting to see that the exhibitors are accorded a proper inspection of their products on exhibition. We feel satisfied that those exhibitors who have already secured space for their goods will be accorded the attention they deserve, in going to the expense and trouble of thus contributing to the success of the whole gathering.

Then, as regards the entertaining, Toronto physicians are alive to their duty in this respect to the out-of-town members; and the Committee having this part of the meeting more particularly in hand will be, we are satisfied, supported by all, in their endeavor to make this special department of the Association a record-breaker.

GYNECOLOGY AMONG THE INSANE.

In the Thirty-second Annual Report of the Inspector of Prisons and Public Charities of the Province of Ontario, those members of the profession who have followed the evolution of surgery amongst the insane, will find that section of the report referring to the work performed at the London (Ont.) Asylum for the Insane interesting if not instructive reading—and even the critics will find food for thought. It is now probably something like twelve years since the inception of gynecologic work amongst the insane on the North American Continent, though in the Canadian part thereof it has only been in prosecution for the past five years. Born in Michigan about 1889, it had been demonstrated there (and in the Maryland Hospital for the Insane) for seven years before its introduction into the London Asylum, from which source has emanated the chief exponent of gynecologic surgery in Canada, Dr. A. T. Hobbs. During the five years ending on the 30th of September, 1899, it is interesting to note what has been found pathologic in these female pelves, the operations which have been performed for their relief both physically and mentally, and the results achieved. There can be no question, that if an operation is going to benefit an insane person physically, that operation should be carried out just the same as

though the patient were in full possession of his or her mental faculties; and certainly if that be the case, general surgery both amongst the male and female insane should be prosecuted, if physical good is going to result to these sad unfortunates. The question remains, then, will it result beneficially from their mental standpoint? And further, if not, should it be abandoned? Let us quote from the report referred to. In the five years, 217 patients have been examined in all, and in 185 of them, organic disease of some one or more of the pelvic organs was found, only 32 cases of the whole number being entirely free from disease of these organs. 171 of these cases have been operated upon, the following pathologic conditions having been found, often several in one case: "In 17 cases there was dysmenorrhea or menorrhagia; in 80 there was disease of the endometrium; in 91 there was sub-involution of the uterus; in 35 hypertrophied cervices; in 44, lacerated cervices; in 27, cystic cervices; in 5, polypi of the cervix; in 14, uterine fibroid; in 1, epithelioma of the uterus; in 1, sarcoma of the uterus; in 55, retroversion of the uterus; in 6, complete procidentia of the uterus; in 31, ovarian tumor, often with disease of the tubes; in 35, there were perineal injuries with their sequential results; in 1, recto-vaginal fistula; in 1, an ischio-rectal fistula. A total of 444 diseased conditions in 171 cases." 309 operations were performed on these 171 patients, and the results are given first as regards their bodily health. Four died as a result of the operation; in the balance of the cases the physical health was either restored or greatly improved. But it is from the standpoint of the benefit mentally that the work is chiefly done, so its results in that direction should be subjected to the closest scrutiny. What does the report say? "In 70 cases the patient recovered her insanity; in 43 other cases there has been improvement, often very marked, in the mental health of the patient; and in 54 cases there had been no improvement in the patients' mental health. So that 113, who survived the operation, either recovered their mental health, or this was improved." From time to time, at the meetings of the Ontario and Canadian Medical Associations, in the medical press, and elsewhere, the results of this work have been given by Dr. Hobbs, but we would like to deal with the last year's results as appearing in the Inspector's report. In the past year, 40 of these gynecologic cases have been operated on, with the result that 14 have recovered their reason; 14 are improved; 1 died; 11 remain unimproved, though some of these may yet improve or recover. In the report we note that 11 out of the cases recovered were the subjects of acute mania or acute melan-

cholia; that 9 have been discharged from the Asylum; that one is still in the Asylum; and one on probation. Three of the 14 cases were subjects of chronic mania, in no case of more than five years' standing. Now, as regards the recoveries in acute mania or acute melancholia, there is information lacking which would have been of much value in determining the amount of good accruing to the patient. We refer to the length of time the patient was the subject of the acute disease. Authorities state that 70 per cent. of acute manias and over 50 per cent. of melancholiacs almost invariably recover from an acute attack. Then it is also stated that in the first six or eight months of an acute attack the chances of recovery are good; whilst in the second six months, the chances are just about half so good; and after the third year, the chances of recovery are not good at all. Here it will be noted that only three of the fourteen last year, who were chronic maniacs, recovered. Even withal there is benefit obtained in an acute case, if these pathologic conditions exist, and recovery is hastened by a proper operation, that should count as no bar to the performance of the operation. We do not know whether it is the practice to follow up these cases after they have been discharged, but it would certainly be serving a scientific end if this were done as far as could be, and data given in future reports as to the length of time the patients remained in possession of their mental faculties. We reiterate our belief in the advisability of operating on the insane if the operation is called for to render the patient more comfortable, and relieve him or her from annoying and distressing conditions; and we think that the prosecutors of this work should receive encouragement if it is found that even a small measure of their work proves successful, and the net gain points either towards physical or mental amelioration.

AMALGAMATION OF TRINITY AND TORONTO.

Our city contemporary, the *Canada Lancet,* in its April number, proposes a sort of *tertium quid* as a balm to the wounds of Trinity and as a solution of the difficulties in which medical education has been involved by the McKay Bill. This submonition, coming as it does from the editor and one of his associate editors, occupies a most peculiar position. The role has probably been assumed from the cue thrown out by Prof. Adam H. Wright, who is on record as favoring closer relationship between these two medical teaching faculties. Whilst admitting that Trinity

has a just and reasonable grievance, a compromise is advocated for the rectification of a righteous wrong. It would seem as though there was a collusion of forces to remember to forget, that the other medical schools of the province were to be shut out in an endeavor to smooth over the jealousies and unfriendliness stated to exist between the adherents of the rival institutions in this city. No brief has been placed in the hands of the DOMINION to plead the cause of fair play and justice on behalf of the outlying institutions, beyond the pale of the lack of harmony in the profession here in Toronto, but we are of the opinion that any such proposal coming from Trinity men simply tends to weaken a good and virtuous cause, and that a compromise of such character would be nothing short of selfish gratification at its completion. No doubt there are other members in Toronto's Faculty of Medicine who would welcome such a fusion of interests; but the scheme will be met by determined, bitter, and strenuous opposition on the part of others—as it is stated that birds in their little nests do not always agree. If a great principle is involved in the McKay Bill—such as the triumph of right, Trinity Medical College, if they believe in their wrongs at all, or if they believe in fighting for a just principle, should fight for that end, or die in the attempt. The pages of history are everywhere illuminated with the triumphs of great reforms, begun, it is true, under almost insurmountable difficulties, but ending ultimately and finally in victory. The cause and the fight of Trinity is for the student first and always, for whom these institutions are authorized and permitted to exist. These students are citizens of this Province. Circumstances decide them to pursue their studies under other auspices than either of the City of Toronto's Schools of Medicine. They should have equal concern for the welfare of the Provincial University; so they should be accorded fair and equal privileges before the examining body of that University. Amalgamate Trinity and Toronto; that would or might settle the question so far as the warring elements here were concerned, but would it place a quietus for all time upon internecine jealousies now known to prevail, or would it prevent or prohibit for all time, the outside colleges seeking of the Legislature redress of their grievances? Amalgamate the two schools here, and the others would then hasten to obtain equal advantages and privileges, and rightly so, from the Government of the Province. Unite them in the closest possible union, and what would prevent another medical college from being inaugurated to rival the amalgamated institutions? Toronto is not the only city with two medical colleges on this continent. It is quite pos-

sible for two of these institutions to continue to do business and live in harmony one with the other, provided no Government influence is exerted in the behalf of one or the other. Post-graduate work can surely be carried on here as well as in other cities where two or more medical colleges thrive. It surely needs not amalgamation to accomplish that end. Eight years ago Trinity men started an institution, the Trinity Medical Alumni Association, which, had it been properly pushed and fostered by that corporation, would have redounded to the infinite advantage of Trinity. Instead of a languishing and desultory propagation of its principles, a vigorous campaign had been carried on, to the extent of inculcating an *esprit de corps*, looking for private benefactions for the advancement of *alma mater*, the extra effort put forth would have bound Trinity men well together, and would have been provocative of untold good to medical science in this Dominion. We have only to invite attention to McGill, and the splendid and magnificent munificence of which she has been the recipient from time to time from wealthy Montrealers. Why could not private sympathy have been engendered here to the same extent? It is an invidious comparison, which should cause the millionaires of Toronto to blush of shame. We do not care to believe that there exists in this city the petty jealousies amongst practitioners that one is given to understand does exist on account of there being in our midst two rival medical faculties. In politics, in religion, in business, in fact in everything, there must always be differences of opinion, and a diversity of interests. The Grit may hob-nob with the Tory over the flowing bowl, without being any the worse friends, whilst others, steeped in partisanship and stupid with contentment in the state they are in, may be jealous of and belittle a man because of his politics; but, please God, we hope that this sort of thing does not find anything but a barren ground upon which to endeavor to sprout in our profession in this fair city of Toronto. We are inclined to think that amalgamation would force good men to the wall who ought to be well to the front; and in a city which is noted for its multitude of good men in the profession of medicine, we opine that there ought to be abundance of room for two medical colleges, both of whose students are sifted and refined by the sieve of the Medical Council—working side by side in peace and harmony, under equal advantages so far as Government aid is concerned, and if need be, a combination could easily be arranged from the two faculties for what appears to be the paramount argument in favor of amalgamation, viz., post-graduate work in Toronto.

[We understand the McKay Bill has been withdrawn.—Ed.]

SUPPLEMENTAL EXAMINATIONS.

In the onward and upward progress made within the last fifteen or twenty years in the standard of medical education, this rag-tag and bob-tail anomaly, the supplemental examination, has managed to hang on to the skirts of *fin-de-siecle* progression. The dawn of the twentieth century should come only to cast a glow and a halo of self-gratification over its sepulture. Doubtless, had the supplemental been relegated to limbo in the dim and distant past, there would be several in the community who would have been forced to the wall as regards entering the Medical profession; but it would have exerted a powerful detergent towards the over-crowding of the profession. To-day, side by side with his confrere, is many a man who has taken supplementals, it may be galore, to the extent of passing six, seven or eight years as a student, whereas his neighbor has only put in the required and requisite time necessary for his diploma and license. Is this equality of education and effort? Has this a tendency to enhance the value of the diploma? Is it right to place practitioners in this position, where one can cast the slur upon the other, that he secured his diploma by degrees, or that he got his degree by fits and starts? Ontarioans are prone to pride themselves on the fact of having the Medical Council license. Would it not infinitely advance the value of that license and the standard of education throughout the province, if these supplemental examinations were done away with entirely. Why should one doctor be granted his diploma, his degree, and his license, without supplementals, and another allowed to take a subject or two or more, six months or a year—and sometimes two years, thereafter? It would certainly be casting no hardship upon the diligent student to enact legislation of this character, doing away entirely with these examinations. We are afraid it is often used by the happy-go-lucky student as a means to an end; that he crams up on most of the subjects with the idea that he can take the balance with greater ease six months later. It would also tend to make that student a better educated physician if he had to take all his subjects at the next examination instead of one or two or more as the case might be. Further, it would weed out material that might find better scope for talents in another direction. Whilst it is not any one's intention to keep out of the profession any one by unfair or foul measures, still those who passed through the ordeals of three consecutive exam-

inations, and those who continue to do likewise at the present day, must feel that they are not on the same footing with those who "get through" piece-meal. When the fact of Dominion Registration is established, let the supplemental examination be seriously considered, and see if it will not tend towards the advancement of medical education still further in the Dominion, and also have the effect of curtailing the continual rush into a very much over-crowded profession. A practice so ancient should not be fostered in this enlightened age.

DRAFT OF PROPOSED ACT TO INCORPORATE THE MEDICAL COUNCIL OF CANADA.

An Act to Incorporate the Medical Council of Canada.

Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

SHORT TITLE.

1. This Act may be cited as "The Medical Act of Canada."

DEFINITIONS.

2. In this Act, unless the context otherwise requires the expression "Province" shall be held to include the North-West Territories; the expression "Provincial" shall be held to mean not only Provincial but also North-West Territorial; the expression "medicine" shall be held to include surgery and obstetrics; the expression "medical" shall be held to include surgical and obstetrical, and the expression "The Council" shall be held to mean the Medical Council of Canada.

INCORPORATION AND PURPOSES.

3. The persons from time to time appointed or elected, or otherwise being under the provisions of this Act members of The Medical Council of Canada are hereby constituted a Corporation, under the name of "The Medical Council of Canada."

4. The purposes of the Council shall be to promote and effect:

(*a*) The assimilation and unification of the various standards of qualification established by the several Provinces of Canada as conditions of admission to the study and practice of Medicine.

(*b*) The establishment of a Register for Canada of Medical practitioners and students, and the compilation, publication and revision from time to time of such register.

(*c*) The determination and fixing of the qualifications and conditions necessary for registration, including the courses of study to be pursued, the examinations to be undergone, and generally the requisites for registration.

(*d*) The establishment and maintenance of a Board of Examiners for the examination of such persons and for the granting of certificates of qualification.

(*e*) The establishment of such a status of the Medical profession in Canada as shall insure recognition thereof in the United Kingdom of Great Britain and Ireland and enable Canadian practitioners to acquire the right to registration under the Acts of the Imperial Parliament known as the "Medical Acts."

(*f*) The enactment by the consent and at the instance of the Medical Councils or Boards of the various Provinces of Canada, of such Provincial legislation as may be necessary to supplement the provisions of this Act and to effect all or any of the foregoing purposes.

(*g*) The encouragement of study and research in Medical literature, the establishment of a uniform standard of Pharmacopœia, the publication of transactions and other documents, including the collection and publication of Vital Statistics, the formation of a Canadian Medical Museum, and generally the advancement of Medical science and practice and all matters tending to promote public health throughout Canada.

5. The Council may acquire and hold such real estate and personal property as may be necessary or expedient for the purposes of the Council or of providing a revenue therefor and may sell, lease or otherwise dispose of the same, but the annual value of the real estate owned by the Council and held for the purposes of revenue only shall not at any time exceed the sum of one hundred thousand dollars.

COMPOSITION OF COUNCIL.

6. The Council shall be composed of three members from each Province now or hereafter being a Province of Canada, who shall be chosen as follows, viz.: One from each such Province shall be appointed by the Governor-General in Council; one from each such Province shall be elected by the Medical Council of such Province, and the President of each Provincial Medical Council shall be *ex officio* a member of the Council.

Provided, however, that no one shall be appointed, elected or *ex officio* a member of the Council or continue in office as such member unless he

(*a*) Reside in the Province for which he is an appointed, elected or *ex officio* member;

(*b*) Be a duly registered member of the Medical Profession according to the law of the Province which he represents;

(*c*) Be duly registered as a Medical practitioner in the Register to be established under the provisions of this Act, but this latter qualification shall not be required of any of the members originally composing the Council.

(*d*) Provided, however, that no Province shall be represented upon the Council either by appointed, elected, or *ex officio* members until the Legislature of that Province shall have enacted in effect that students and medical practitioners duly registered as such by the Council, may, without further study, be registered as students or duly qualified medical practitioners within and under the laws of such Province.

7. The term of office for appointed members shall be four years.

(1) Elected members shall remain in office until the expiration of the term of office of the members of the Provincial Medical Council by whom they are elected.

(2) *Ex officio* members shall be members of the Council so long as they continue to hold the office in virtue of which they become such members.

(3) Any member may at any time tender resignation of his membership by written notice thereof to the President or to the Secretary of the Council. Upon acceptance of such resignation by the Council the Council shall forthwith give notice in writing thereof, in case of an appointed member to the Secretary of State for Canada, and in case of an elected or *ex officio* member to the Secretary of the Medical Council for the Province which such member represents.

(4) Any person who is or has been a member of whatever class may, if properly qualified, become an *ex officio* member or be re-appointed or re-elected, but no person shall at one time serve as a member in more than one capacity.

(5) In the case of members of the Council who have been appointed or elected and whose term of office is about to expire, successors may be appointed or elected at any time within three months before the expiration of such term, provided that where any vacancy exists in the membership of the Council by reason of any term of office having expired or otherwise such vacancy may be filled at any time.

(6) If the proper Provincial authority to elect a member of the Council fail to do so, or fail to elect a properly qualified member, or fail to cause the name of the member elected to be certified to the Secretary of the Council within a reasonable time after such election might have been made, then, after due notice from the Council requiring such Provincial authority to make and certify such election, the Council may thereupon, in case the default continue, itself elect such member in lieu of the proper Provincial authority.

(7) A member appointed or elected to fill a vacancy caused by death or resignation shall hold office in all respects as the person in whose place he is appointed or elected would have held office and for the remainder of the term for which that person was appointed or elected.

(8) In case of any doubt or dispute as to the qualification or the validity of the election of any member, the Council may inquire into and decide such doubt or dispute and the decision of the Council shall be final.

OFFICERS.

8. The Council may from time to time

(*a*) Elect among its members a President, a Vice-President and an Executive Committee.

(*b*) Appoint a Registrar who may also if deemed expedient act as Secretary and Treasurer.

(*c*) Appoint or engage such other officers and employees as the Council deems necessary to carry out the objects and provisions of this Act.

(*d*) Require and take from the Registrar, or from any other officer, or employee, such security for the due performance of his duty as the Council deems necessary.

(*e*) Fix the allowances, remuneration or salaries to be paid to the President, Vice-President, members, officers and employees of the Council.

MEETINGS.

9. The Council shall hold its first meeting at the City of Ottawa at such time and place as may be appointed by the Minister of Agriculture; and thereafter an annual meeting of the Council shall be held at such time and place as may from time to time be appointed by the Council.

(1) Until otherwise provided by order or regulation of the Council, seven members of the Council shall form a quorum, and

all acts of the Council shall be decided by a majority of the members present.

(2) The President, or Vice-President, when in the chair, and the Chairman of any meeting of the Council or of any Committee of the Council shall have a casting vote in addition to his vote as a member of the Council or of the Committee.

RULES, ORDERS AND REGULATIONS.

10. The Council may from time to time, make, repeal, alter and amend rules, orders and regulations, not contrary to law or to the provisions of this Act for or with reference to the following purposes, or any of them:

(*a*) The purposes mentioned in Section 8 of this Act.

(*b*) The direction, conduct and management of the Council, and of its property, real and personal.

(c) The summoning and holding of meetings of the Council, the times and places where such meetings are to be held, the conduct of business thereat, and the number of members necessary to constitute a quorum.

(*d*) The powers and duties of the President and Vice-President and the selection of substitutes for them if unable to act for any cause at any time.

(*e*) The tenure of office, powers and duties of the Registrar and of all other officers and employees.

(*f*) The election and appointment of the Executive Committee and other committees for general or special purposes, the definition of their powers and duties, the summoning and holding of their meetings and the conduct of business by such committees.

(*g*) Generally all fees to be required, paid or taken under this Act.

(*h*) The admission, enrolment and registration of practitioners and students of the medical profession.

(*i*) The qualifications to be required from all persons desirous of being registered either as practitioners or students under the authority of this Act, including the establishment, maintenance and effective conduct of examinations for ascertaining whether such persons possess the qualifications required; the number, nature, times and modes of such examinations; the appointment of examiners; the terms upon which matriculation and other certificates from universities, colleges, and other educational institutions, or from the governing bodies of other professions, shall be received as evidence of qualification; the recognition of degrees or diplomas granted by any British, Canadian, colonial or foreign school, college or university; the arranging

and bringing into effect of any scheme or schemes of reciprocity as to registration with any British, Colonial or foreign medical licensing body or authority; the dispensation of candidates from undergoing examinations either wholly or partially and generally all matters incident to such examinations or necessary or expedient to effect the objects thereof; provided, however, that the requirements of the curriculum shall not at any time be lower than the requirements of the most comprehensive curriculum established at the same time for the like purpose in any Province, nor shall the standards of examinations either preliminary or professional be lower than the highest standard for the like purpose established at the same time for the purpose of ascertaining qualification for registration within any Province.

(*j*) The terms, conditions and circumstances under which medical practitioners shall be entitled to registration under this Act in cases where such medical practitioners are duly registered or licensed under the Medical Acts of the United Kingdom or under the laws of any British possession other than Canada or under the laws of any foreign country which British possession or foreign country extends reciprocal advantages to Canada.

(*k*) Generally all matters which it may be necessary or expedient to provide for or regulate in pursuance of the purpose of this Act and in furtherance of its general intention.

11. A copy of any such rule, regulation or order certified by the Registrar or Secretary under his hand and the seal of the Corporation may be received in evidence in any court of justice without proof other than the production of a copy purporting to be so certified.

BOARD OF EXAMINERS.

12. At each annual meeting of the Council, the Council shall appoint a Board of Examiners, to be known as "The Medical Council of Canada Examination Board," whose duty it shall be to hold the examinations prescribed by the Council.

(1) The members of the Board of Examiners shall be eligible for re-appointment.

EXAMINATIONS.

13. There shall be two classes of examinations to be held under this Act, namely, the preliminary or matriculation examination, and the professional examinations.

(1) The subjects of these examinations shall be decided by the Council, and candidates for examination may elect to be examined in the English or French language.

(2) All practical and clinical examinations shall until otherwise decided by the Council be held in the cities of Montreal and Toronto alternately.

REGISTRATION.

14. The Council shall cause to be kept by the Registrar under the direction of the Council a book or register to be known as "The Canadian Medical Register," in which shall be entered in such manner and with such particulars as the Council may direct the names of all persons who have complied with the requirements of this Act and with the rules, orders and regulations made by the Council respecting registration under this Act, and who apply to the Registrar to have their names so entered.

15. Except as otherwise provided by this Act every one shall, upon payment of the fees prescribed by the Council in that behalf, be entitled to be registered either as a medical practitioner or student as the case may be who passes the examinations duly prescribed by the Council and otherwise complies with all the conditions and regulations requisite for such registration as prescribed by this Act and by the Council under the authority of this Act.

(1) Any person who has been registered as a medical practitioner in any Province in Canada for the full term of ten years next preceding the date of his application for registration under this Act shall be entitled to be registered under this Act as a medical practitioner without examination upon payment of the fees and upon compliance with the other conditions and regulations for such cases prescribed by the Council.

(2) Any person coming within any of the classes of registered or licensed practitioners to which paragraph (*j*) of section 10 of this Act applies shall be entitled to be registered upon complying with the orders and regulations established by the Council in that behalf.

16. Any entry in the register may be cancelled or corrected upon the ground of fraud, accident or mistake.

17. In any case of an application for registration or for correcting or amending any entry upon the register the applicant, if aggrieved by the decision of the Registrar, may appeal to the Council and the Council shall hear and determine the matter; but all applications to cancel or strike off entries from the register made adversely to the person whose registration it is desired to affect shall be by the Registrar referred to the Council and the Council shall after due notice hear and determine all such applications.

(1) The decision of the Council in all matters affecting the register, the entries made or to be made therein, and the right to registration, whether upon appeal or otherwise, shall be final and conclusive.

18. If it is made to appear to the Council that any person registered under this Act has been convicted either in any part of her majesty's possessions or elsewhere of an offence which is committed in Canada would be an indictable offence under "The Criminal Code, 1892," or that he has been guilty of any infamous or disgraceful conduct in a professional respect, then, whether such offence shall have been committed or such conviction shall have taken place or whether such infamous or disgraceful conduct shall have occurred either before or after the passing of this Act or either before or after the registration of such person, the Council shall direct the Registrar to erase the name of such person from the register. Provided, however, that if a person registered under this Act shall likewise have been registered under the laws of any Province and such provincial registration shall have been cancelled for any of the causes aforesaid by the authority of the Medical Council for the Province where he shall have been so registered, it shall then be competent to the Council without further inquiry to direct the registration of such person under this Act to be likewise cancelled.

(1) The name of a person shall not be erased under this section

(*a*) Because of his adopting or refraining to adopt the practice of any particular theory of medicine or surgery; or

(*b*) Because of his conviction out of Her Majesty's possessions of a political offence against the laws of any foreign country; or

(*c*) Because of his conviction for any offence, which, though coming within the provisions of this section, is, in the opinion of the Council, either from the trivial nature of the offence or from the circumstances in which it was committed, insufficient to disqualify a person from being registered under this Act.

News Items.

SCARLET fever continues prevalent in Montreal.

TWO cases of smallpox are reported in Montreal.

DR. SHEARD has returned from his New York holiday.

DR. ADAM H. WRIGHT has returned from a trip to Atlantic City.

ACTINOMYCOSIS has been discovered amongst cattle at Montreal.

DR. FRED. PARKER, Bruce Mines, paid the city a visit last week.

DR. G. R. MCDONAGH has returned to the city after an extended trip abroad.

DR. N. A. POWELL is at present (May 1st) enjoying an outing at Atlantic City.

WITH smallpox of a malignant character in Winnipeg, vaccine points are said to be scarce.

EXCEPTING the smallpox now prevalent, Winnipeg is freer from contagious diseases than it has been for some years.

THE Toronto Association for the Prevention and Treatment of Consumption are commencing a progressive campaign against tuberculosis.

DR. B. E. MCKENZIE attended the meeting of the American Orthopœdic Association, May 1st to 3rd, and contributed a paper before that body.

EIGHTEEN McGill students, including several medicos, are working their way as cattle punchers on the Lake Huron, to the Paris Exposition.

THE Examinations of the College of Physicians and Surgeons of British Columbia began on the 1st inst. Dr. C. J. Fagan, Victoria, is the Registrar.

DR. JAMES BARCLAY, who has been lately appointed lecturer and demonstrator in Obstetrics at McGill University, gave his first lecture the last week in April.

DR. JOHN H. BROWN, who was the first instructor of silent speech at the Institute for the Deaf and Dumb, Belleville, died recently at Bowmanville, at the age of 47 years.

DR. A. LAPTHORN SMITH has retired from the Montreal Dispensary. His service has extended over a period of twenty years. He will continue in his other appointments.

BY the death of Dr. C. R. Church, on the 20th of April, at the age of fifty-nine years, Ottawa loses a leading practitioner, one whose reputation was by no means confined to the capital.

FOR having seized a house belonging to a Toronto Insurance Company during the recent smallpox outbreak, the Town of West Toronto Junction is now being sued for $5,000 damages.

DR. E. E. KING has been in Washington, reading a paper before The American Association of Genito-Urinary Surgeons, of which Dr. Jas. Bell, Montreal, was the presiding officer.

DR. J. M. CLEMINSON, Warkworth, Ont., died on the 28th inst. He was a very successful practitioner and a popular citizen. He had reached the age of 35 years, and was only three days sick.

THE report of the resident physician at Victoria, B.C., Jubilee Hospital, shows that on March 31st, there were 37 patients in residence. Admitted during the month, 53; discharged, 45; deaths, 5.

LEOPOLD DANDURAND, a third-year medical student at Laval, fell from the third story window of his lodging-room, and was found about four o'clock in the morning by a policeman dead upon the pavement.

DR. W. B. GEIKIE is down to read a paper at the coming meeting of the American Medical Association, to be held at Atlantic City on the 5th, 6th, 7th and 8th of June. The paper will be on Grave's Disease.

ON the 17th of last month, the graduates of Toronto University, to the number of four hundred, assembled in the Chemical

Building for the purpose of forming an Alumni Association. Dr. Reeve, the Dean of the Faculty of Medicine, was elected the first President.

THE formation of a Trained Nurse's Association for the Dominion of Canada is on the tapis. It will embrace the hospital training schools of all the principal cities in the Dominion.

DR. LEVERETT PRICE, Moncton, N.B., who went to South Africa with the second contingent, has been given a position by the Imperial Government at St. Helena, to help look after the health of the Boer prisoners.

IMMIGRANTS landing at St. John, N.B., are being strictly examined, as there is reason to believe that some of the foreigners with favus, to whom the U. S. authorities refused passports, have found shelter in St. John, and also in Sydney, C.B.

DR. FARRELL, Halifax, has issued a note of warning to residents of the city who are moving into vacant houses at this time of the year. All such houses should be thoroughly disinfected before occupation, so as to prevent the danger of tuberculosis.

DR. P. A. MCLENNAN, Nelson, B.C., has been appointed to take charge of the Kootenay Districts to enforce the regulations as to compulsory vaccination. He will cover that section from end to end, and will perform the work himself unless otherwise provided for.

THE Toronto Clinical Society had a very enjoyable banquet at the Albany Club on the evening of the 18th of April. Dr. Geo. A. Bingham presided, and between 35 and 40 members of the society were present. The replies to the Toast to the Military were particularly interesting, all seeming to think it an unfortunate occurrence for the Army Medical Service that General Hutton had been recalled.

THE MEDICAL ALLIANCE OF AMERICA.—This association has been incorporated by the Dominion Government under the above title. It purposes to have its headquarters at Montreal, and a capital of $100,000, in $10 shares. Amongst other powers granted appears the following: "To negotiate and arrange agreements and contracts between physicians, surgeons, pharmacists, nurses and the like, whose profession or calling is to care for or attend the sick, injured or infirm on the one hand, and

such persons as desire these services on the other hand, whereby the latter shall be attended, treated and cared for by the former in return for a fixed fee or subscription, payable weekly or otherwise, to be collected and paid by said proposed corporation."

MR. JAMES COOK is the janitor at McGill who looks after the wants of the medical students. At the closing period of every session, "Cookie," as he is affectionately called by his friends, receives a handsome donation of silver from the boys. This year, he was the happy recipient of $30, all in five cent pieces, snugly stowed away in a huge box of ashes, as the boys believe in working for everything that is got. A handsome illuminated address was also presented, headed as follows: To Sir James Rip Van Winkle Cook, Knight Commander of the Vats, Lord of the Treasury (Loan Bureau), President of the Ancient and Illustrious Order of Prevaricators, Lord Warden of the Vault, and Premier of the Dominion of Aesculapius. "Cookie" made a suitable reply in poetry, prose not being good enough for the occasion. Afterwards he was shouldered around and around the streets and campus, to the infinite amusement of passers-by and the hero himself.

CANADIAN ADDENDUM TO THE B. P.—Dr. Attfield, Chairman of the Pharmacopœia Committee of the General Medical Council, of Great Britain has written stating that the Committee has considered the suggestions submitted from Canada, and have classified the drugs and preparations as follows: Class 1—For probable inclusion in the Canadian Addendum to the B. P. Arnica Flores, Ext. Grind. Liq., Ext. Trit., Liq. Ext. Viburn. Prun. Liq., Grindelia, Oleum, Gaultheria, Sy. Ferri Iodid., Tr. Arnica Flor., Tr. Jalapæ Co., Tritucum, Turpethum, and Viburnum. Class 2—For probable or possible inclusion in the next edition of the Phar. itself (these preparations not being local in Canada, but of service to the entire empire). Elix. Aunantii Cort., Emuls. Ol. Morrhuæ, Ext. Buchu Liq., Ext. Hyoscam. Liq., Ext. Pruni. Virg. Liq., Ext. Senega Liq., Ferri Hypophosphates, Ferri Phosphas Solubil, Hydrarg. Iodid Flor., Syr. Antiseptica Arom., Liq. Formic. Aldehyde, Liq. Acidi Hydriodici. Syr. Ferri Phosphatis Co., Syr. Ipecac, Syr. Hypophosphitem, Syr. Hypophosphit. Co., Quin. et Strych., Syr. Senegæ, and Tr. Opii Deod.

Physicians' Library

The Anatomy of the Brain. A Text-book for Medical Students. By RICHARD H. WHITEHEAD, M.D., Professor or Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. 6 1-4 x 9 1-2 inches. Pages, v-96. Extra Vellum Cloth, $1.00, net. Philadelphia, Pa.: The F. A. Davis Co., Publishers, 1914-16 Cherry St.

There are many medical students, as well as practitioners, who will welcome this little work on the Anatomy of the Brain. It is divided into four chapters, the first dealing with the Divisions of the Encephalon; the second with the surface anatomy thereof; the third with the internal anatomy; the fourth with the conducting paths. The illustrations are well executed, and will serve as valuable aids in the reading and mastery of the text. We bespeak for it a most cordial reception.

Diseases of the Nose and Throat. By J. PRICE-BROWN, M.B., L.R.C.P.E. Member of the College of Physicians and Surgeons, Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home, etc., etc. Illustrated with 159 engravings, including six full-page Colored Plates and nine Color-cuts in the text, many of them original. Philadelphia, New York and Chicago: The F. A. Davis Company, Publishers.

It must be very gratifying to our confrere in this city to observe the unanimity of approval with which his effort has been received throughout the United States and Canada. Barring a few minor objections, it has been well spoken of by nearly all of the journals, which certainly speaks well for the thoroughness and skill with which the author has given us this valuable work. To Canadians who know intimately the work of Dr. Price-Brown the book will specially appeal, as it combines a long and varied experience in general practice, with upwards of ten years in the special line. In order to make the work a compact and at the same time a useful one to the general practitioner, who probably

too often hurries over this branch of medicine and surgery, the author has left out entirely all unnecessary matter, which did not tend to make the book thoroughly practical. We are not so sure, however, that we are in accord with the introduction of the metric system therein. We know perfectly well the high favor in which this system stands, but there are few of us who have any great love for it, and we still, at the risk of being thought antiquated, prefer the old-fashioned feet and inches, pounds and ounces. The cuts are all aptly executed, will prove helpful, and add greatly to the beauty of the entire work. There are many books on this specialty, but we are quite prepared to state that this one will be accorded something more than the usual patronage.

Injuries to the Eye in their Medico-Legal Aspect. By S. BAUDRY, M.D., Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by ALFRED JAMES OSTHEIMER, JR., M.D., of Philadelphia, Pa. Revised and edited by CHARLES A. OLIVER, A.M., M.D., Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by CHARLES SINKLER, ESQ., Member of the Philadelphia Bar. 5 5-8 x 7 7-8 inches. Pages, x-161. Extra cloth, $1.00, net. Philadelphia, Pa.: The F. A. Davis Co., Publishers, 1914-16 Cherry Street.

Injuries of the eye are of such common occurrence, more especially in the industrial centres, often, too, followed by disastrous results to the patient and even sometimes in a different sense to the practitioner, that Prof. Baudry has conferred a distinct obligation upon the profession in his own country; and the editor here, and the translator as well, in giving us this English edition, adapted to the differences of American jurisprudence, has endoubtedly enhanced that obligation to the profession on this side of the Atlantic. What will prove especially acceptable is the attempt which has been well made by the author in this

monogram, to deal with these traumatic lesions from a prognostic standpoint. The book is fully elaborated with personal experiences. The price of the work is no indication whatsoever of its undoubted worth.

THOSE who have read the "Tiverton Tales" of Miss Alice Brown will not need to be urged to secure the May *New Lippincott,* in which appears her first novel, "April Showers," complete. All the rustic beauty and humor which made up the "Tiverton Tales" are here lavished on a novel whose plot is fresh and new and whose characters are racy of New England life. The tale turns on the theft of a baby by its own reprobate father, the runaway mother having died. There is a counterplot of love, deceit, and manly constancy. For the price of a single magazine one may thus obtain a book more powerful and no less charming than the author's earlier success.

THE death of Osman Pacha, the hero of Plevna, gives point to the brilliant paper on "The Siege of Plevna," by Stephen Crane, in the May *New Lippincott.* This is the third in a series of "Great Battles of the World," forming the ablest work yet done by the author of "The Red Badge of Courage." Mr. Crane's aim seems to be to picture in his vivid way not the most famous, but the epoch-making battles of history, and his work thus far proves effective also as a side-light on South Africa.

Reprints Received

CONTRIBUTIONS to the Physiology of the *California Hagfish Polistrotrema Stouti:* (1) "The Anatomy and Physiology of the Caudal Heart." By CHARLES WILSON GREENE.

Correspondence

To the Editor of DOMINION MEDICAL MONTHLY:

DEAR SIR,—In the previous issue of your journal appeared a communication signed by the Secretary of the Victoria Medical Society, which contained a wrong statement with reference to myself. The facts are: I did originally concur with other members of the Society with reference to the withdrawal from lodge practice, but upon further consideration saw fit to change my opinion, and repeatedly in the Society urged the members to reconsider their action. I then sent in my resignation, a special meeting was called, and upon a compromise with the lodges being offered, I withdrew my resignation, reserving the right to independent action, and before taking further steps, requested the Society, if my actions were not satisfactory, to drop my name from their list.

Yours truly,

ERNEST HALL.