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Selections: Medicine.

THE NEW YORK THERAPEUTICAL SOCIETY.

OXALATE OF CERIUM AS A COUGH REMEDY.

Dr. Andrew H. Smith, Chairman of the Committee on Restoratives, reported cases illustrating the different degrees of success obtained in the use of oxalate of cerium in the treatment of cough. The report was based upon 84 cases furnished by the following observers: Drs. Hobart Cheesman, G. Bayles, H. W. Little for Dr. A. Hadden, F. A. Castle, C. E. Billington, Cameron, Purdy, and the Chairman. The sub-report made by Dr. Cheesman, of St. Luke's Hospital, contains a résumé of the literature of the subject, which the Chairman adopted as the introduction to the report, and it embraced references to Drs. Allport, La Roe, Morje, whose writings have already appeared in the **MEDICAL RECORD**, to Simpson, of Edinburgh, who regards the agent as a sedative and conservator of nerve-force, and to others.

Dr. Cheesman had used the remedy in hospital practice from July 1 to November 1, 1879, allowing it to take the place of all sedatives, including opium, and in the daily average of *phthisis* patients. It was uniformly administered in the form of a dry powder, and notes were taken in 69 trials. In 39, marked relief followed; in 19, the cough was moderately relieved; and in 11 no relief whatever was afforded. Of the 11 in which the remedy was entirely inefficient, 9 were in the third stage of the disease, and in 8 the Philadelphia preparation was used. In all the cases in which the cough was relieved, Merck's oxalate of cerium

was used. The drug was given, as a rule, two or three weeks, and often intermitted, for a time, to test its efficacy. Five grains were given on waking in the morning and at bedtime, as average doses. In some cases the dose was increased in size progressively, perhaps to 10 grains twice a day, with occasionally a dose of 5 grains in the middle of the day, and with benefit. Dr. George Bayles had furnished reports of three cases of *phthisis*, in which doses of 5 to 10 grains were given with marked benefit. He also furnished reports of two cases of chronic bronchitis, which were markedly benefited by taking *three* and five grains in the morning, and 6 and 10 grains in the evening respectively. Of cases of acute bronchitis, one was greatly benefited by the use of 3 grains in the morning and 6 in the evening. Several cases of acute bronchitis were not benefited at all by the use of the drug. He also furnished reports of cases of the cough of dentition treated by the use of oxalate of cerium, in which doses of 1 or two grains in the morning and 2 or 3 in the evening were given with marked benefit. In two cases of pertussis, in which the patient received respectively 5 and 3 grains in the morning and 10 and 6 in the evening, the effect was markedly beneficial. In several other cases no good effects were noticeable. He had also used the remedy in cases of spasmodic asthma in doses of 5 grains in the morning and 10 in the evening, with good results. He also furnished cases of other diseases in which the remedy was used with more or less of benefit. Dr. James R. Leaming had furnished the notes of 3 cases of *phthisis* in which he had used the remedy, and reported that it was, perhaps, the most valuable he had used, inasmuch as no unpleasant

consequences followed, and it had a good effect upon the appetite. Dr. H. W. Little, of the Presbyterian Hospital, had furnished notes of 3 cases of phthisis for Dr. A. Hadden, and in none was any benefit derived from the use of the remedy.

At the close of the reading of the report, Dr. Hadden remarked that the cases reported as belonging to his service were hardly fair ones, because they were not thoroughly reported. In the first case, the patient had great irritability of the stomach, and had delirium, which he thought was partly due, at least, to discontinuance of opium that had been taken for a long time. The second was a case of fibrous phthisis, which was markedly relieved. In the third case the cough was relieved for a few days, and after that the remedy had no effect whatsoever. He had not used it in private practice, but now saw a reasonable basis for its trial. One reason for the incomplete report of the hospital cases, doubtless, was the fact that while using the drug his term of service expired, and the visiting Physician who followed him did not continue the use of the remedy. Dr. F. A. Castle had furnished full notes of two cases of phthisis in which 6 grains administered twice daily gave marked relief from the cough. The second case illustrated, in a striking manner, the difference in the value of different preparations, Wyeth's being useless, and Merck's efficient. Drs. Billington, Cameron, and Purdy had furnished notes of cases in which temporary relief was obtained by the use of the drug.

The Chairman reported *five* cases of phthisis, in four of which temporary benefit was obtained by the use of the oxalate of cerium, in doses of 10 grains twice a day.

From the well-known sedative effect of the drug upon the stomach, it might reasonably be expected that it would benefit cough by allaying reflex gastric irritation. In addition to that, it was believed that it had a direct sedative effect. The conclusions reached by the Committee were the following:

1. Oxalate of cerium could be safely administered in doses of 10 grains, three times a day, for many days in succession.

2. The only unpleasant symptom, when so

used, was slight dryness of the mouth that appeared after several days.

3. It was probably most efficient when administered dry upon the tongue.

4. Its effects were not produced until two or three days after its use was begun, and lasted for two or three days after the remedy was discontinued.

5. It was most efficacious in the treatment of chronic cough, and the initial dose should be 5 grains.

6. In the majority of cases it had not proved an efficient cough medicine for any considerable length of time, but could be regarded as a valuable agent to be employed in alternation with other remedies.

7. It did not disturb the stomach; on the contrary, it relieved nausea and improved digestion.

8. Different preparations upon the market were not equal in value; and when success was not obtained by one, another should be substituted.

The President spoke of the uncertain action of the remedy in the treatment of the vomiting of pregnancy, and possibly it was due to the fact that he used the Philadelphia preparations, and at the same time used small doses; whereas large doses of a more reliable preparation should have been employed.—*Medical Record*.

COCA IN THE OPIUM HABIT.—Since the publication in these columns of Professor Palmer's article on coca as an antidote to opium-eating, the demand all over the country for the coca has been so great as to put the drug-houses to their best efforts to fill orders. Professor Palmer is daily in receipt of letters asking how the remedy is to be used. He asks us to publish the following: "Coca is to be used as a *substitute* for the opium. It is therefore to be taken as freely as the cravings of the system for opium may demand—tablespoonful doses of the fluid extract several times a day, more or less, as needed. The 'break-off' is to be made at once and for all, and coca is the staff upon which the sufferer is to throw his whole weight." He also asks that patients and physicians will send reports of results to him or to the editors. He suggests that it is best that the drug should be given under the supervision of the family physician, so that any collateral contingencies may be met and counteracted.—*Louisville Med. Jour.*

AMBULANT TYPHOID; REMARKS ON THE SPECIFIC TREATMENT OF TYPHOID FEVER.

CLINIC OF PROF. ROBERTS BARTHOLOW.

Gentlemen, I have to-day an extremely interesting series of cases. I begin by exhibiting an ambulant case of typhoid fever—walking typhoid, as it is called. It is extremely rare that you will meet a case of walking typhoid; although, as they are sometimes seen, it is very important that they should be recognized early. This patient, although in his second week, and presenting all the typical phenomena of typhoid fever at this stage of the disease, was up to yesterday morning still on his feet, and he walked to the Hospital. Finding him so ill, he was at once admitted into the ward and placed in bed.

I have said that he was in his second week. What are the phenomena of this stage of the disease, which confirm the history he has given? In the first place, there is a peculiar hebetude of mind, with some confusion and mental wandering. He has not had any delirium, but simply stupor. It is not every case of typhoid that is characterized by the ordinary low, muttering delirium; many only have stupor; and indeed the name typhoid was derived from this low condition. Besides some fulness of the abdomen (tyimpanites) and diarrhœa, we have, in the second week particularly, the peculiar well-marked eruption of typhoid fever. It is present here, though not so well marked as yesterday; here and there on the surface of the abdomen and lower part of the chest are minute red points, lenticular spots, quickly disappearing on pressure, and as quickly returning when the pressure is removed. There is gurgling upon deep pressure in the right iliac region, due to ulceration and the accumulation of gas or wind at this point; and there is more or less tenderness at this place. There is also an increase in the size of the spleen, *i. e.* increased dulness in the splenic region; and there are some pulmonary symptoms. Upon examination of the chest we find diminished sonority over the upper part of the left lung, due to catarrhal swelling of mucous membrane. There is always some bronchial catarrh in typhoid. Very

often, as in this case, it occurs that hypostatic congestion is found at the lower part of the lungs. The temperature and pulse correspond with those of a simple case of fever at this stage. He tells us that he had bleeding at the nose, and that he had five or six stools a day; they have been examined, and are the ordinary characteristic stool. One of his complaints was, that as soon as he took his meals he had a movement of the bowels.

Such are the simple and striking phenomena of the case of ambulant typhoid, differing in nothing from the usual form of the disease, except that the patient continues walking about, dejected, miserable, and consumed by fever, instead of taking to his bed. He has been put upon what is called the specific treatment of typhoid—five drops of compound tincture of iodine, to be given well diluted with water. By this specific treatment I mean a kind of treatment adopted in Germany for this malady with special reference to the destruction of the poison which caused the disease. The other form of specific treatment includes three or four doses of calomel, five or ten grains at a time, given during the first week. I prefer the systematic administration of iodine during the three weeks. Under this treatment, with proper diet and nursing, the mortality is very much diminished.

When the temperature gets too high, we will have to modify the treatment. If the thermometer placed in the axilla reaches 105° we will have to institute measures to depress the temperature, because a long-continued high temperature brings about changes in the muscular structure of the heart and in the brain, and thus becomes a source of depression. A fatal result may be due simply to a high temperature. By the use of baths a certain amount of heat can be carried away from the body; and by the administration of antipyretics, such as quinine and salicylic acid, its production is lessened. Of all the remedies that reduce temperature, upon the whole I prefer quinine. Liebermeister, a high German authority on this subject, has stated that if he had to make a choice of all the leading antipyretics he would choose quinine. The temperature now, in this case, is only 102°, and therefore not sufficient

to demand active antipyretic treatment. We will continue the use of the iodine and attend to the proper dietetic management; and if the temperature goes above 104° at any time he shall have the antipyretic regimen, giving him from twenty to thirty grains of quinia in the evening, and graduated baths to keep the temperature down below this point, repeated as often in the twenty-four hours as may be found necessary. If the diarrhoea should prove troublesome it will require attention. As long as its discharges are not more than two or three a day it is not necessary to interfere; but if they go beyond this he shall have—

R. Liq. potassi arsenitis, gtt. ij.
Tincturæ opii, gtt. iv. M.

To be repeated as often as may be needed.

This is one of the best means of treating the diarrhoea of typhoid fever that we have at our command.—*Medical and Surgical Reporter.*

A. PSEUDO TUMOUR OF THE ABDOMEN.

BY LUNSFORD P. YANDELL, M.D.,

Professor of Clinical Medicine and Diseases of Children, University of Louisville.

Mr. H., a powerfully-built, fleshy man, aged seventy, in comfortable circumstances, came to me early in June, in 1878, seeking relief from a dropsy of the legs, and general debility. His temperature was normal; his complexion pale and pasty; his face puffy; and he was short of breath. His pulse was rapid and feeble; his appetite variable; his digestion deranged, vomiting being frequent. Diurnal micturition occurred often, and his sleep was broken by repeated calls to the urinal. The amount of water passed was stated to be normal, or but little augmented. Headache was of almost daily occurrence, and was frontal in its location. He had a slight but noticeable bronchitis. Hearing was defective, but this antedated the urinary symptoms. The vision was much impaired, and sometimes it was insufficient to enable him to read; sometimes the letters seemed doubled, sometimes blurred. The bowels were in the main constipated, and attended with pain in evacuation, but not infrequently diarrhoea or dysentery supervened. Mr. H. had

always led a temperate, indeed, an abstemious life, and his liver evinced no signs of derangement. The spleen was normal. The heart was somewhat irregular in its action, losing a stroke every six or eight, or twenty or thirty beats, without uniformity, and there were present evidence and history of valvular insufficiency of long standing. There was, however, no ground for charging the dropsy to the disability of the heart. The patient had been "complaining" for six or eight years. He had hemorrhoids forty years. More or less dysuria had existed three years. Three months before consulting me, coincident with a severe cold, swelling of the legs was observed. This steadily increased, giving much inconvenience by weight, pressure on the skin, and stiffness of the knees.

Suspecting albuminuria and discovering no special cause for the disease, the patient was put on bromide of potash, ergot, iron, and milk diet, and elaterium was given to remove the serous effusion. Large watery discharges followed the elaterium, and the leg symptoms diminished satisfactorily; but in a few days decided mental aberration came on, in consequence, possibly, of the elaterium or the ergot. I have known it brought on by each of these medicines, and both were discontinued.

A careful analysis of the urine, to my surprise, failed to discover any albumen, sugar, or other abnormal constituent. The water was found limpid, and excessive in quantity.

The patient was now stripped and submitted to a minute search for abnormalities which might account for his troubles.

In the lower portion of the abdomen a round tumour as large as a three-year-old child's head was discovered. It was immovable, solid, fibroid in feeling, and painless. The thick abdominal walls interfered greatly with the sense of touch. Mr. H. and his wife both declared the tumour had never before been suspected. It was the wife's custom to assist her husband in his bathing, and he had often complained of discomfort on pressure and rubbing of the abdomen during the process of ablution, but no swelling was perceived. At my request Dr. Coleman Rogers was called in consultation. On hearing the history of the case, he, like myself, suspected albuminuria until the analysis of

the urine was mentioned and the abdominal tumour was pointed out. The oedema of the limbs was of course due to the pressure of the tumour, and the question to solve was the nature of this. The sex of the patient excluded uterine or ovarian origin, and the testicles were in their right place. Its physical characters precluded its being a fecal accumulation, a floating kidney, or an aneurism. There was no perceptible sign of fluid or gas.

A fibroid tumour attached to the bladder was now what we guessed. An examination of the bladder by means of a sound was determined on, but the excessive tenderness of the urethra and the patient's nervousness rendered the introduction of the sound impossible. A small Nelaton's catheter was with difficulty passed in, and resulted in the withdrawal of a few drops of blood and pus and about two gallons of clear urine. Subsequent digital examination detected considerable enlargement of the prostate gland and neck of the bladder.

The patient expressed himself as much relieved. He was put upon tonics and constructives; a fruit, meat, and milk diet was ordered, and for several weeks the urine was drawn off morning and evening, each time a gallon, more or less, coming away. During the third week a painful orchitis supervened, which ended in abscess. This being opened, a considerable quantity of healthy pus was evacuated, and the wound gradually healed. A small amount of matter after each catheterization came away, and this has continued. The instrument was entrusted to the patient after he was taught its use, and he has used it since three or four times in the twenty-four hours. The orchitis was probably consequent on the irritation of the catheter and his depraved health. The urine at present is less abundant than formerly, but is still abnormal in quantity. The patient's health was rapidly restored, and he is now as comfortable and vigorous as most men of his age. His only annoyance is in the use of the catheter.

The symptoms connected with the digestive apparatus, nervous system, etc., were due in all likelihood to the retention of the urine, its damming up, and resorption.

A case in most respects similar to this occurred in my practice nine years ago. At my suggestion, Prof Austin Flint was consulted. Death occurred within a week after Prof. Flint saw the patient. A post-mortem examination disclosed a sacculated condition of the bladder. A stricture just inside the viscus had led to enormous distension and thickening of its walls. Its walls were nearly two inches in thickness, and it possessed a capacity of more than two gallons.—*Louisville Medical News.*

Surgery.

IRREGULARITIES OF THE TEETH, AND THEIR SURGICAL TREATMENT.

BY FRANCIS FOX.

Early decay of teeth which marks the present generation is due, the author thought, to malnutrition occurring in the earlier periods of life. At about seven months after birth a process of absorption is set up in the walls of the crypt and parts superimposed, and by this process the crowns of the temporary teeth become visible above the surface of the gums. When the crowns of the teeth have erupted this absorptive action for a time ceases, and a renewal of the developmental process ensues, by which the alveoli are built up around the fangs of the teeth. At about four years of age the temporary dentition is perfected, and soon after this perfection is reached absorption again sets in, commencing now in the fangs of the teeth, and these, together with their alveolar processes, are gradually removed, their permanent successors replacing them by a similar process of absorption of crypt and development of alveolar structures. The important point to bear in mind is the fact that the alveolar portion of the jaws is developed with each dentition, so that a previous alveolar structure can have little to do with the position of the succeeding teeth, except as it may present an obstacle to their onward progress in consequence of its non-absorption. As to the development of the jaw bones, Mr. Fox remarked that these bones consist of two portions, (1) an alveolar structure, developed with the temporary teeth, absorbed with them, and again redeveloped with the permanent teeth; and (2) a basal portion. This base is more prominently marked in the lower jaw, in which the inferior dental canal very emphatically indicates the junction between the two portions of the bone. The base of the jaw when once formed remains in pretty much the same condition throughout life, except in advanced old age, when the muscles of mastication are no longer in full use, and then in a slight degree it becomes wasted. In the superior maxillæ at birth the alveolar processes descend but little

below the level of the palatal plates, and the anterior and posterior parts are but little developed. As age advances the alveoli lengthen, the tuberosities increase in size, and an active development of bone takes place in these situations. The tuberosities are to the upper maxillæ what the coronoid processes are to the lower jaw. From these points the alveolar line is lengthened. In the lower jaw an alteration in the position of its articular surfaces and ascending rami, together with an absorption of the coronoid processes, accompanies the development of the posterior permanent teeth. The jaw elongates by additions to its posterior cornua. The capacity of the jaws in childhood is nearly equal to the anterior portions of the adult bones; for the ten anterior teeth of the permanent set in each jaw replace the temporary, and occupy the same position as these, so that this part of the jaw in adult life is pretty much the same as in childhood. If contracted then it will remain so throughout life, and no subsequent development in the posterior regions will tend to expand it. The replacement of the temporary teeth by their successors is effected by a purely physiological process, and is absolutely independent of pressure. There seems to be a physiological law by which the cells composing the absorbent papilla in the neighbourhood of a developing tissue have the power of absorbing a mature structure. That pressure has nothing to do with the process may be proved by the fact, that in cases where the shedding of the first teeth has taken place prematurely, a layer of bone has been observed to intervene between the crown of the advancing tooth and the base of the socket of its predecessor. At the time when the temporary teeth are about to be shed, in the well-developed jaw a decided separation between contiguous teeth is noticeable: and this circumstance is a fair indication of a future regularity in the succeeding dentition, and a proof that this portion of the jaw has already been prepared to receive the larger permanent teeth. If the process of absorption continues uninterruptedly, the fangs of the temporary teeth will be gradually removed, leaving little more than the shells of the crowns, which readily drop from the gum as

their successors are in turn ready to occupy their places. But should any arrest in this process occur (and such is far from an uncommon circumstance), these temporary organs are liable to offer considerable obstacles to the regular advance of their permanent successors. The causes of irregularity in the position of the teeth may arise during the developmental periods of life, and are then due to a want of proportion in the size of the teeth and jaws, or to a faulty development of the jaw bones; or the displacement may depend on some accidental circumstances arising subsequently, such as the prolonged retention of the temporary teeth, the presence of supernumerary teeth, the habit of "thumb-sucking," or the undue pressure from an hypertrophied tongue. There is abundant evidence to prove how frequently such deformity depends upon hereditary influences. The conditions of life to which our race has for so many generations been subjected seems to have lessened the necessity for the broad and well-formed jaws which were so characteristic of our ancestors, and for many years the advances in civilization have been marked by a deterioration in the capacity of our jaw-bones. Mr. Coleman, in some interesting investigations made several years ago, found that the percentage of contracted jaws was immeasurably greater in the children of the well-bred population than in those of less refined cultivation. The prolonged retention of temporary teeth is frequently associated with irregularity in their successors, and is probably often the cause of such irregularity. The presence of supernumerary teeth in the dental arch may prevent the normal members from assuming their proper places; but doubtless a disproportion of size between the teeth and jaws is of all causes of irregularity the most common. This disparity leads to a crowding of the teeth, sometimes to such an extent as to altogether prevent the eruption of some one or more of the dental series, such remaining impacted in the substance of the jaws. Certain injuries in early life may occasion displacement of the teeth, especially in the lower maxilla, such as the contraction of cicatrices about the face and neck. Mr. Salter, in his work on Dental Pathology and Surgery, treats the subject of

irregularity of the teeth under two heads—
 (a) simple irregularity, in which the misplacement is confined to one jaw, and is independent of the position of the teeth in the opposite jaw; (b) compound irregularity, which depends upon the position of the teeth in the opposing jaw. In “simple irregularity”—that is, where the misplacement is confined to one jaw—the crown only of the tooth may be irregularly placed, the apex of the root retaining its normal position; or the entire tooth may be displaced, or faulty in its development. Such irregular teeth are often entirely removed from the dental arch, and may be impacted in the substance of the jaw-bones. In the former condition, when the apex of the root retains its normal position, much good may be effected by judicious treatment, but in the latter case little can be done to remedy the evil, except by the removal of the displaced tooth. As examples of “simple irregularity,” we may mention the appearance of the upper canines above the alveolar ridge, or in the palate, owing to insufficient room for them in the dental arch. An early loss of their temporary predecessors, by permitting the first bicuspid and the lateral incisor to approach each other, is not unfrequently the immediate cause of this displacement. Sometimes, however, the retention of the temporary canine, or the presence of a supernumerary tooth, will occasion its deformity. An overlapping of the incisors is another form of “simple irregularity,” and frequently requires for its treatment a resort to some mechanical appliance in order to obtain regularity in the position of these teeth. Another not uncommon form of irregularity is where an incisor tooth is more or less twisted, sometimes to such a degree that the side of the crown will occupy the position of its anterior surface. A forcible twisting of the tooth into its right position is very generally adopted. Some, however, are averse to this prompt treatment, and suggest the employment of a plate carefully adjusted to the palate, and having certain properly-constructed points of resistance. An unsightly separation of the central incisors in the upper jaw sometimes occurs, and the teeth may be readily drawn together, but have a great tendency to return to their former

position. In treating these cases, great care should be taken to prevent the ligature from slipping below the edge of the gum—between the necks of the teeth and the gum,—for the irritation set up by such a mishap has been known to cause the death of the tooth. In order to prevent this displacement of the ligature, a small vulcanite plate may be constructed, to which the ligature can be attached, and thus prevented from shifting its position. The second form of irregularity of the teeth—that depending upon the position of the teeth in the opposing jaw—is much more complicated. As an example might be cited the “underhung jaw,” in which the “bite” is intersecting; some or all of the six front upper teeth being shut behind the corresponding teeth in the lower jaw. This condition, in its extreme extent, arises from an undue development of the lower over the upper jaw, or from a want of development in the superior maxillary bones. It may also arise from a retardation in the eruption of the superior incisors, or by these teeth being pushed inwards by the prolonged occupation of the dental arch by their temporary predecessors. An early treatment of this irregularity is all-important, and should consist in preventing the contact of the opposing teeth. An opposite condition of the lower jaw sometimes occurs, in which the lower incisor teeth bite close up to the palate, so that they press against the necks of the upper teeth, and push them forward. A separation of the teeth in the anterior portions of the jaws has been described, and is occasioned by a congenital malformation of the lower jaw. The early obliquity in the position of the ascending rami is unduly maintained, and there is a want of development in the alveolar portions of the jaws, especially in the regions of the molar teeth. This irregularity may be caused by the contraction of a cicatrix in the throat or neck. The bicuspid teeth are not infrequently misplaced, and, when so, they usually occupy a too inward position. This may arise solely from their having been prevented from assuming their proper position in the dental arch by the prolonged retention of the temporary molars. But usually it is dependent upon a diminished capacity of the jaw,

and in the upper jaw is generally associated with a projection of the incisors, and a more or less elevation of the palate constituting the V-shaped jaw, or "rabbit-mouth." This malformation is congenital, but, except in very exaggerated cases, is not very manifest until the posterior permanent teeth are about to be erupted, when the additions to the superior maxilla have been made in the posterior regions. The newly-formed bone, which has been gradually developing, is now found to be placed at an angle with the pre-existing alveolar line. This abnormal development has arisen in order to effect an harmonious arrangement with the other bones of the cranium. The maxillary bones having been imperfectly developed during early childhood, their posterior borders not being sufficiently divergent, the subsequent additions for adult conformation are placed in a wider circle; hence the point of junction between the two parts (the old and the new, so to speak) is marked by an angle of more or less extent. It is usually associated with great delicacy of constitution, and may occur in those of weak mental powers, but is often observed in persons of great intellectual capacity. The treatment of these cases consists in endeavouring to gain increased space in the dental arch, and to diminish the projection of the upper front teeth; but is, as a rule, more or less unsatisfactory. Irregularity in the wisdom teeth is sometimes met with, and may occasion most serious mischief, when extraction is the remedy. Transposition of the teeth is rare, and is usually met with anteriorly; and also inversion, which is still rarer.—*London Lancet.*

FOLLICULAR ABSCESS OF THE URETHRA.

BY PROF. FESSENDEN N. OTIS, OF NEW YORK.

The patient presented to the class was suffering from gonorrhœa, and besides, called attention to a small hard "lump" situated on the under side of the penis, in the median line, and about one inch and a half from the meatus urinarius. In reference to his gonorrhœa, the man stoutly denied recent venereal contact, although he acknowledged that a previous clap which he had three or four years ago was of

venereal origin. In this connection, Prof. Otis said, "It really makes no difference in your treatment of a gonorrhœa whether your patient says he got it from the seat of a water-closet or not, nor are you, as far as treatment is concerned, to always credit the various stories these patients tell about the origin of their trouble. You have the diseased state before you, and you are to treat it as it presents itself. And yet there may be a gonorrhœa without a venereal contact, which behaves exactly like a true gonorrhœa, and may have all the complications. In this particular instance, I do not see any special reason for doubting this man's word when he denies venereal contact. I once knew a case of this false gonorrhœa, which happened in a family of a gentleman who had several children. One of his children had a purulent ophthalmia, and it was customary for the gentleman to attend to the necessary manipulations about the eyes himself. Another of his children had some trouble with the penis, and this also the gentleman cared for. It was his custom to attend to the eyes first. After a day or two, however, a purulent discharge appeared from the other child's penis, and this was followed by swelled testicle. It was a case of gonorrhœa produced by infection from the ophthalmia. In fact, it is a common thing to have a gonorrhœa develop itself in a man who has had a stricture for ten or fifteen years, without venereal contact. I have seen men marry who had a slight gleet, and who were permitted to marry by their physicians, who communicated a gonorrhœa to the wife eight or ten days after marriage. I knew of one very fatal case of this kind, where a gentleman, in the first week after marriage, infected his wife's eye with gonorrhœa, which eye she lost, and shortly before the end of the honeymoon, the other also. This man may have a gonorrhœa without venereal contact. It is then a gonorrhœa by mediate and not direct contagion. In the mediate, there is a shorter course. It does not take a long time for the poison of a gonorrhœa, when exposed to the air, to be destroyed, which perhaps explains why so few of us become infected by this mediate contagion, and also why these mediate gonorrhœas run a shorter course.

The man has told us of this tumour on

the under side of his penis. It is situated an inch and a quarter from the meatus. I hold it under my finger. It is hard, presents no sign of fluctuation, and gives the man no pain. He tells us that it has been aspirated by his physician, but that no pus was found, so that, whatever it is, it is a neoplasm, but has not a purulent centre. It is too far forward for Cowper's glands. He says that at first it was about the size of the head of a small pin, and gradually grew larger. There are several things that must not be overlooked, which may have produced this tumour. "Have you ever had any sores on your penis?" "Yes." "Or lump in your groin?" "Yes." "Or eruption on your body?" "No." "Ever had sores in your mouth, or ulcerated throat?" "No, sir." "Hair come out a good deal?" "Yes, sir." The patient does not seem to have had any eye trouble or headache, or signs of nodes. I am trying to connect this tumour with syphilis—an attack which happened a long time ago, not a recent attack. If this growth is of syphilitic character, it is a gummous tumour. Last winter, you will remember, we had such a case, where the tumour ulcerated and was supposed to be an infecting sore. This growth, however, is not a gummy tumour. There is not the characteristic enlargement of the glands nor other corroborative evidence. What comes next, then? The most likely thing that I know about is a follicular inflammation. The urethra, as you know, is studded with follicles. They are very minute—not much larger than a cambric needle. They may become involved in the inflammation of the urethra, and a minute supuration occur in the mouth of the follicle, which then may be closed—plugged up. This little molecule of matter burrows along and forms a sinus, making an independent opening, the pus being pushed back into the urethra from the outside. This is more likely to occur within an inch or half an inch from the meatus. The urethral end of the follicle becomes sealed up, and you have a follicular sinus left. A case of this kind was reported by me as far back, I think, as 1870. I remember a case of a gentleman with gleet, who had been treated a long time, but without success. On examining him, I found a little white point, the size

of a needle point, an inch behind the meatus. It had been there, he said, for a long time. Occasionally matter came out. I introduced a fine probe, and after injecting it with indigo, found the stain of indigo on cotton which I had placed in the urethra previously. I then sharpened a hypodermic needle down to a fine point, and introducing it into this little sinus, injected a forty grain solution of the nitrate of silver, and the gentleman had no more trouble. The sinus healed up, and his gleet got well. This little canal had been the seat of a gonorrhœa all the time, and the ordinary injections never reached the inflammation. I have found in cases where the same thing occurred, abscesses formed, which in some instances were absorbed, but in fifteen or twenty cases the matter came to the surface.

Dittel has shown the gravity of these cases where they occur in the deeper portions of the urethra, where, as a result of perforation, independently of stricture, extravasation of urine has occurred, which has proved fatal. This has been traced back to a follicle in the neighbourhood of the membranous urethra, the urine being let through in very small quantity at first, and then in larger quantities.

These bunches, then, come from the urethra following a gonorrhœa. They are not independent, but are the result of a supuration. Why does this occur? I believe, and have found in every case, that they always occur in a follicle situated *behind a stricture*; that the condition of things which exists behind a stricture is the condition which invites this inflammation. Where there has existed a long standing irritation, it is not wonderful that there should be inflammatory action excited.

Dittel noticed that in all these cases there were *rings* of mucus in the urine. You have rings of mucus because they come from a circular point of irritation, which holds the mucus in the form of a ring. These rings of mucus are one of the signs of stricture, and these rings come from behind a stricture. So whenever you find a sudden swelling in the vicinity of the urethra, examine for stricture. I never fail to find it, and shall find it in this case before you. My own impression that here we have a stricture which has occurred after an

old gonorrhœa, and after a new irritation it has resulted in a neoplasm, an inflammation set up by the continuous irritation, and this is the result of stricture. Some years ago I called the attention of the profession to the case of a gentleman from a neighbouring State who was suffering from an obscure disease of the genito-urinary apparatus. It was supposed to be malignant, because of the ulceration of penis and scrotum. He had had a swelling in the scrotum, which kept increasing very slowly for five years, until it got to be the size of a child's head at term, very red and insensitive. He did not seem to be troubled at all by it. However, it became healthy-looking, and finally healed up, and then another abscess formed an inch above, and in ten days opened just as the first, and followed the same course; then another and another, each one higher up, until finally another abscess formed on the penis, which was followed by such inflammation that the foreskin became restricted and gangrenous; three or four openings into the urethra resulted, out of which he made his water. His scrotum had by this time regained its normal size. At last abscess occurred at the root of the penis, and was followed by urinary abscess. Then there was talk of removing the penis, and he came to this city. Here there were a number of opinions, but the feeling was that the trouble was lupous.

Then he came under my care. I thought he had a follicular sinus which came from behind a stricture, and on passing a bulbous sound, I found a stricture which warranted me in the conclusion that the urinary infiltration had got into the tissues, and had resulted in the formation of a neoplasm in the scrotum. This slowly increased by almost imperceptible degrees, because of the gradual addition of urinary material until when the health became depressed, the tissues could resist no longer, but gave way at the most dependent point. The resulting inflammation closed up the sinus for an inch or two; then the urine settling at that point, gave rise to another abscess, each abscess closing up the line of tract, until the penis was reached. When he came to me, he had been suffering from a terrific amount of reflex irritation, keeping him from sleep, an amount of irritation

which I have never seen except in connection with stricture. His urethra had never received the slightest attention, and on passing a sound, during which I thought he would have had an active epileptic convulsion, so sensitive was the urethra, I discovered three strictures, which I divided. The result was that he was relieved from the irritation which had been so disgusting. The relief was *immediate*. The next morning he said to me, "Doctor, for such a night of rest as I passed last night, I would be willing to undergo that operation every day." The abscess healed in ten days, and he became perfectly well.

I have told you this long story to show you how important it is to recognise and properly treat these hard, insensitive bunches. They may give the patient no trouble for the time being, but they will at some time or other. Whenever you find these bunches on the under side of the urethra, get into them as soon as you can. They are usually hard, insensitive, sometimes there are four or five little hard bunches. Sometimes these come from behind a stricture where you could pass a twenty-six or twenty-eight sound. Such a case I saw in consultation once. A young gentleman had one of these swellings in the urethra, and the attending surgeon cut down to the urethra, but not into it. Suddenly the swelling returned, and this time there was no mistake about it; a section was made into the urethra, a stricture divided and the gentleman made a good recovery. Here the follicular departure occurred where you could pass a twenty-six or twenty-seven sound.

Early operation is the rule in these cases. Remember that you are having urine leak into the tissues all the time through these little sinuses; it need not be large in quantity; it may be only enough to produce neoplastic material, but it goes on all the time; and if the thing is not looked to and remedied by early operation, it will prove a source of trouble at some time or other, which trouble was clearly *preventable* by seasonable interference.—*Virg. Medical Monthly*.

Dr. Eckhardt, of Unionville, died suddenly last month.

OBLIQUE SECTION OF THE SKIN IN SURGICAL OPERATIONS.

BY JOHN H. PACKARD, M.D.

In the great majority of the cutting operations of surgery, it is an object to attain as early and as effectual closure of the wounds made as possible. The exceptions are those which are undertaken for the purpose of establishing artificial openings, as for example tracheotomy, colotomy, gastrotomy, etc. And in ligation of arteries in their continuity, the presence of the ligature must of course prevent the closure of the track in which it lies. Yet in almost all even of these cases, the wound in the skin must be of such extent that a large portion of it may be healed without interfering with the result aimed at; while not only the comfort but the well-being of the patient is promoted by the early exclusion of the atmosphere from the deeper tissues.

Another advantage is gained by the avoidance of unnecessary scarring. There are many cases of excision of tumours about the face, neck, or hands, in which the persistence of unsightly marks would give rise to a degree of mortification to the bearers of them, which it is not beneath the dignity of surgical science to endeavour to prevent. And I think that it may be asserted that whatever adds to the precision of our procedures, or to the elegance or neatness of our results, is worthy of a place among the resources of our art.

Unless exception is taken to the correctness of these premises, an apology will hardly be needed for the suggestions to which your attention is now asked.

About six years ago, my attention was accidentally called to the fact that after oblique division of the skin, healing took place readily, and the resulting scar was small as compared with that usually left by vertical section. I was summoned to a woman who, while carrying a glass dish, had fallen and sustained a severe wound on the hand, which extended from the wrist to the knuckle-bone of the ring-finger. By the peculiar position of the edge of the fragment, the skin had been cleanly divided in an extremely oblique direction. Healing took place promptly, and to my surprise and

the patient's gratification, the cicatrix was very much smaller than might have been expected from an injury so formidable in appearance as this had been.

It occurred to me to imitate this accident in surgical procedures, with the view simply of lessening the ensuing disfigurement—nor was I disappointed. On one occasion having removed an old bursal tumour from over the patella, I was unable to find the line of junction between the edges of the section of the skin.

Now, the mere lessening of scars has more than a cosmetic value. Every one knows how apt they are to be for a long time the seat of tenderness, sometimes exquisite, and how sensitive they often are to cold, as well as to barometric changes. By reducing the exposed portion of cicatrix, we do much to obviate these inconveniences, which are especially annoying to the working classes, among whom the accidents requiring operation are by far the most frequently met with.

Another danger to which scars are very liable is that of the development of keloid tumours; and the closer the union, the less of what a few years ago was called by microscopists *inodular tissue*, the less will be the probability of this very troublesome and intractable disease.

Quite recently it has occurred to me to develop another and much greater advantage of the oblique section of the skin, namely, the avoidance of suppuration, and the obtaining of very prompt and firm union between the cut surfaces. The *rationale* of this advantage can be easily seen. We have a close apposition of very wide surfaces, with exclusion of the air from the cavity of the wound, by means of a strictly valvular arrangement—the apposition of the edges being moreover favoured by atmospheric pressure.

An application of the same principle in the arts affords an excellent illustration of the idea I am trying to urge.

It is often necessary to make belting, for the use of machinists, of a length much greater than could possibly be got from a single strip of hide. Hence several pieces have to be put together, and this joining or splicing must be done so as to be as strong as possible. For this purpose the ends of the pieces are bevelled

off, or, as the technical phrase is, are *scarfed*. Sometimes they are said to be chamfered, a term borrowed from architecture, and usually corrupted into *chamfered*.

These scarfed edges being then applied to one another, and fastened either by gluing or by rivets, afford at the same time a very strong connection, and one which involves no thickening of the belt, which would interfere with its running. It is indeed often difficult to detect the exact line of junction.

The scarfing is done by means of a machine, with very great accuracy. I exhibit samples of it, and they will show the principle better than any description could.

Sometimes the scarf or bevel is made very long, and then of course it approaches much more nearly to parallelism with the surfaces of the leather. I measured the junction between two pieces of a belt in use, a few days since, and found it twenty-two inches.

Let me now briefly state a few typical cases in which I think I may claim that this procedure has been the direct means of effecting the best possible results.

A woman, *æt.* 52, came under my care with a mammary tumor requiring excision. The skin was very slightly involved. By means of two bevelled incisions I removed a mass equal in bulk to that of my two fists—going well into the healthy areolar and adipose tissue around the gland and tumor. A number of vessels which required ligation were secured with carbolized catgut, the ends of which were cut off short. The oozing of blood was thoroughly controlled by constant sponging with hot water, and the surface of the cavity, at the conclusion of the operation, was perfectly dry and clean. The wound was closed with three points of the hare-lip suture, and adhesive strips. Carbolized cerate was applied as a dressing, and gentle, equable pressure made with a pad of raw cotton.

On the third day the pins were removed. On the fifth the wound was found to be solidly united from one end to the other, there not having been a fluid drachm of pus formed.

Another case was that of amputation of the forefinger at the metacarpo-phalangeal joint, for injury by the thrust of a needle, causing cellu-

litis and wasting, with painful atrophy of the soft parts. The incisions were so made as to bring the cicatrix on the upper part of the stump, the outer flap being bevelled from within outward, the inner from without inward. Here there was some subsequent pain, and a dressing of hot laudanum was applied for about twenty-four hours. A perfectly dry healing ensued, with an absolutely linear cicatrix. No dressing whatever was used after the third day, a strip of dry lint only being put on as a protection.

Another case was one of strangulated inguinal hernia of the right side, operated on April 19th. The incision was made by carrying the knife in very obliquely, and dividing the skin in that manner for the requisite distance. The hernia was reduced without opening the sac. One vessel required ligation, which was done with carbolized catgut. Four or five hare-lip pins were employed for the closure of the wound, and one silver-wire suture, fastened with lead plates at either end, through the deeper tissues. A superficial silver-wire suture was also used at the lower end of the wound. All these sutures were removed on the third day. No dressing was used but carbolized cerate, with a thin sheet of raw cotton over the whole of the region involved. The healing, although not absolutely dry, was very nearly so; there was never more than fl. ʒ i. of pus on the lint taken off. The cicatrix is a mere hair-line in appearance, and there is no tenderness, even on firm pressure.

No argument is necessary to show the advantage, in such a case as this, of a firm and deep union of the edges of the wound, with as small an amount as possible of cicatricial tissue to be pressed upon by a truss, which prudence will oblige this patient to wear for a time.

These cases have been selected as typical of the various classes of operations, and will answer as well as a much longer series in illustration of what I think is the value of this method.

Beveling the edges of wounds made in rhinoplastic operations has been practised by many surgeons, notably by the elder Pancoast, of Philadelphia, whose "tongue and groove"

suture was a marked element of the brilliant success of some of his procedures of this kind. It has not, however, been generalized in the practice of surgery, as in my humble opinion it may be to great advantage.

There are cases in which it is desirable to employ drainage, either by means of a tube of silver, rubber, or decalcified bone, by carbolized silk or by horsehair. I am well aware that the need and advisability of this is doubted by many surgeons, and am ready to admit that drainage has been applied by some in a wholesale and routine manner, in every case, with perhaps injury to the patients, or at least to some of them. But when it is thought proper to establish an outlet, this may be done perfectly well with oblique section of the skin. Indeed, if desired, a sufficient portion of the incision may be made in the ordinary vertical method, at a suitable point, and the remainder may be made obliquely, so as to promote its healing.

I have not yet employed this oblique method of incision in any large amputation, as I have been experimenting with it in order to make sure of my ground; but should confidently look for like advantages in such operations as in those above mentioned.

It is a matter of much importance that the scalpel or bistoury used should be very sharp, in order to make the cuts with the utmost accuracy. The plane of incision should be as much inclined as possible. Of course, the apposition of the cut surfaces should be most carefully and exactly effected, and where a cavity is left, as by the removal of a tumor, gentle and equable pressure should be so made as to close the tissues in and fill it up. Carbolized cerate forms an excellent immediate dressing, with or without laudanum, alcohol, dilute tincture of iodine, or other customary applications. My own preference is for the laudanum, with a wrapping of raw cotton, generally covered with waxed or oiled paper.

May I, with much diffidence, venture to hope that the modification which I have had the honour to urge upon your attention may be found really to be a contribution to that anti-septic surgery at which we must all aim?—
N. Y. Medical Record.

DIAGNOSIS OF STRICTURES OF THE URETHRA.

BY M. GUYON.

The diagnosis of stricture of the urethra is often made in a common-place manner. Every bearer of a chronic discharge, of a gonorrhœa which has only an exceptional duration, is accused of stricture. Doubtless it is sometimes exact to say that chronic discharge means stricture, but great care must be taken not to expand this idea too much. There is a very great number of patients who have a chronic discharge due to other lesions than a stricture. It is still less necessary to admit that stricture exists with a gonorrhœa dating from only three or four months. It is not after this delay, but after two or three years, and often more, that the stricture is produced. With how much more reason still are we mistaken when we attribute a stricture to those who have difficulty in micturition: in half of the cases we commit an error; likewise when the jet is deformed, which is due to a crowd of other causes, and notably to the greater or less repletion of the bladder.

Here is then a series of diagnoses of probability often made by the patient, but also too often accepted by the physician. At the very time even that we make a direct examination we often err, because having tried to introduce an instrument, and finding that it has not penetrated, we conclude in the existence of a very narrow stricture.

First of all, it must be known where the instrument has been stopped, and in what region. I here raise my voice against a habit adopted, however, by the most experienced surgeons: in order to determine the seat of an obstacle, the distance traversed by the sound is measured, and it is said that there is a stricture at so many centimetres. It does not follow because we have said, There is a stricture at eleven centimetres, that we have determined its precise seat. You will determine the seat of a stricture only by taking the anatomical landmarks of the region on which the stricture bears.

This is a point which is too often neglected; one indicates neither the extent nor the peculiar physical qualities of the stricture. One

thus allows to escape at the examination a portion of the anterior canal, from the perineum to the meatus—a portion in which, however, we often find contracted points.

Such are the numerous errors to which in general we are exposed; they are so numerous that I believe there is no point in pathology where we accumulate so many errors.

We are mistaken because we neglect to interrogate the patient, to seek the etiology, which, however, has a value so absolute that, beyond certain conditions, certain patients can have no strictures, and have absolutely no right to them, notably those who have had no gonorrhœa nor urethral traumatism.

We have seen, in No. 22, a patient who on two occasions has demonstrated to us the absolute value of the etiology. He is a boy of seventeen or eighteen years; he presented all the symptoms of stricture. In making a very methodic examination, we found that the canal was contracted; we had the sensation of a stricture at the level of the membranous sphincter. Now, he had had neither gonorrhœa nor traumatism. In spite of the symptoms, it was then necessary to affirm that he had no stricture. I introduced at the outset a sound No. 48, which demonstrated the absence of stricture in spite of the rational and objective symptoms.

A second cause of error is the defective fashion in which the direct examination of the canal is made. Many surgeons make use of bougies; they are not to be absolutely rejected, I say it very openly, but I affirm that the bougie is not the exploratory instrument of the urethra. You ought to examine the urethra with the olive bulbed explorer, with large extremity and small stem. One feels only with the swollen extremity, and one explores successively all the portions as the bulb advances. A bougie, on the contrary, touches the canal equally in all its parts, and can give no precise notions of its conditions.

The olivary bulb must be used methodically; you ought to touch successively all the parts, but always to know well to what point you have come. It is not by counting five, six, ten centimetres that you will know it; it is in examining the urethra by regions. I divide it

into four regions: 1. The region of the navel-fossa; 2. The *penile* region; 3. Scrotal region; 4. Perineo-bulbar region. You ought always to refer the point of arrest to one of these regions at its entrance or at its termination. How may we determine this region? The bulb is very easily felt in the course of the soft parts; it suffices then to seek for it with the finger.

In order to draw from it all results, it must be remembered that strictures are multiple; the anterior strictures are relatively large, and if you employ too small a bulb, you will not find the strictures which are situated in the anterior portion so often mistaken.

For the exploration, it is necessary to take the calibre eighteen or twenty. When the patient will see you armed with a bulb of this size, he will not fail to cry out that this will not enter. Be not afraid, and answer quietly that you wish only to try the front of the canal, and that you do not wish to pass the stricture. This introduction otherwise does no harm. Just as in catheterism, to empty the bladder we think only of passing, without being preoccupied with the state of the canal: this is wrong. Here it is far better to take a voluminous instrument, and to stop at the first obstacle; take then No. 15, then 12, 8, 6, always diminishing. In this manner you will have examined all the urethra, and made the scale of the stricture.

This methodic examination is the only one capable of preventing you from making an error as to the situation.

When the bulb is arrested in the urethra, seek at what point with the finger: if you do not feel it in the perineum, you will reach it by touching through the rectum; you will feel it then in the deep urethra in the membranous region, in which there are no strictures, save those which are consequent upon wounds or fractures of the pelvis, which your patient would certainly not have failed to speak to you about. Know then that once the bulb is in the prostatic region, you have no longer to do with a stricture. We have here in our museum an anatomical specimen of adhesion of the two lobes of the prostate which passed for a stricture.

It is necessary to determine the extent of the strictures. With the olivary bulbs you will judge perfectly of the extent of the stricture. So long as there is no uniform attrition; so long as the stem gives you multiple sensations of checks, or rather jerks, you are in a contracted and irregular canal. It is here that you will measure, on the stem of the explorer, the distance pursued from the entrance of the bulb into the stricture, until its exit from this stricture.

The configuration of the stricture is also important to know, but it is less easy to determine. Pathological anatomy teaches us that it is especially the inferior wall of the canal which is implicated, the superior wall being relatively healthy; you will not feel it exactly by the exploration which does not render you a good account of the wall touched.

As to the consistence and the resistance of the strictures, they are still two points important to state precisely. However, the best made methodic examination will still leave you some lacunæ in this respect. Error is even not impossible, for one may be clearly stopped and infer a stricture, when there exists no trace of one. You see then that it will not be superfluous to accumulate all the precautions that I have exposed to you, and to put them all in practice, if you wish to arrive at a reliable diagnosis of strictures.—*Gaz. des Hôp.*

A CASE OF GONORRHOEAL OPHTHALMIA, WITH SOME NOVEL SUGGESTIONS AS TO TREATMENT.

BY GEORGE CRITCHETT, F.R.C.S.

As a general rule, I have been unwilling to encumber medical literature with isolated cases, but I am disposed to think that exceptions may occasionally occur in which, either from extreme rarity or the initiation of some new method of treatment, or, at any rate, a method very rarely employed and but little known, some fresh starting point may be established. Acting on this principle, and influenced by these motives, I am induced to bring the following case before the notice of the profession:—

Louisa C.—, aged two and a half years, was brought to me at Middlesex Hospital on the 15th of May, 1878. Her left eye presented

all the appearance of acute gonorrhœal ophthalmia, and the collateral circumstances confirmed this diagnosis, as the child had a profuse yellow discharge from the vagina, with considerable swelling and irritation of the mucous canal. The lids were of a bright red colour and much swollen, and so densely infiltrated that even when the child was placed under the influence of an anæsthetic it was found impossible to separate them so as to ascertain the condition of the cornea. Yellow and rather thick matter was exuding from between the lids.

Judging from past experience, seeing the extreme acuteness and severity of the symptoms, the difficulty in separating the lids or exposing the cornea, and the impossibility of getting any solution into contact with the conjunctival surface, I relinquished all hope of saving the sight. I have never in the course of my experience known such a condition eventuate otherwise than in the total destruction of the eye. Under these circumstances I determined to adopt a somewhat heroic and novel proceeding, and one that has not, I believe, been published. I passed a small silver director under the upper lid as far as the edge of the orbit, against which I kept it pressed; and then, with a small, sharp-pointed bistoury, I completely divided the lid perpendicularly as far as the margin of the eyebrow. In order to more completely uncover the cornea, I separated the two angles of the divided tarsus, and fixed them with fine sutures to the skin of the eyebrow. The cornea looked steamy, but not ulcerated, and was buried in chemosed conjunctiva. The immediate effect of this proceeding was to diminish the redness and swelling of the lids and conjunctival membrane, and completely to expose the surface.

In the subsequent treatment of the case I was materially assisted by the house-surgeon, Mr. Dixon, who carried out my directions with great care, skill, and assiduity. A solution of nitrate of silver—thirty grains to one ounce—was painted over the entire surface of the conjunctiva three times daily, the eye was frequently cleansed and syringed with a solution of alum—ten grains to one ounce—and a piece of linen moistened in the solution was kept constantly applied. This plan was continued, with gradual abatement of the symptoms, for a

month; a weaker solution was then substituted; and at the end of six weeks from the commencement of the treatment the eye had recovered with a perfectly bright, healthy cornea.

At the termination of another fortnight the child was again placed under the influence of an anæsthetic, when I pared the edges of the divided lids and brought them together with fine sutures. Good union occurred, the deformity is very slight, and the lid perfectly performs its function.

I may add that during the early part of the treatment the other eye was kept carefully closed with strapping, so as to prevent any risk of inoculation.

To some it may seem that this rather novel proceeding was of too heroic and severe a character, but it at least had the merit of success. Every case of gonorrhœal ophthalmia, the result of direct contagion, that has come either under my care or under my observation has been so uniformly attended with loss of the affected eye, that I should certainly adopt a similar proceeding on any future occasion, and I beg to commend it to the attention of the profession. It seems to fulfil every indication: it relieves the immediate tension, and the strangulation with which the cornea is threatened; it permits the free escape of the matter, and enables the surgeon to make a thorough use of caustic and astringent remedies; while the slight subsequent scar on the lid is a small price to pay for a rescued eye.—*Lancet*.

TREATMENT OF PALMAR AND PLANTAR SYPHILIS.

Edward Wigglesworth, in *Boston Medical Journal*: Solutions of corrosive sublimate are, according to Sigmund (*Wien. Medicin. Woch.*), pre-eminently the means for the dispersion of syphilitic new formations of the secondary group, papules, pustules, and scales; but the application must not be left to unskilled hands. With care, scar and pigment formation, in fact the further development of all forms, may be prevented by brushing with a solution (one to fifty to one hundred) and a camel's hair brush twice or even once daily the spots affected, at the first appearance of cry-

thema or of infiltration of the follicles and papillæ. If the first use of this is made early in the morning, it can then be seen in the course of the day whether the skin will bear a repetition of the same lotion or not, or whether it may not be needful, on the contrary, to make some counteracting and soothing application. If so, the best preparation is the solution of acetate of lead in water (one to twenty). With this, one or two hours after brushing with the sublimate solution, compresses are to be well soaked, and at once laid upon the spots. This lessens pain, without essentially interfering with the peculiar efficiency of the sublimate. Should pain immediately follow the brushing on of the mercury, the lead lotion may also be at once applied. For each bathing fresh brushes must be used, or the old ones must be well washed out; otherwise the sublimate remaining in the brush after drying will make the next application a too caustic one. Before every new brushing the skin must be washed clean with soap and water. The best vehicle for the sublimate is: for the palms and soles, collodion; for more delicate parts of the body, alcohol; for mucous membranes, ether. When the first is employed, a little fresh linseed or other oil should be added to the vehicle—one part of oil to twenty of collodion. This makes a flexible, elastic covering, permitting motion of the hands and feet without causing cracking of the collodion layer. Sigmund writes for hydr. corr. chl. one. olei lini recentis one, collodium fifteen to twenty-five. This is rubbed upon the lesions on the palms and soles in the morning. At night, white ppt. ointment; hydr. ammoniat. five, ung. simp. twenty-five, is well rubbed in, and gloves and socks used as covering during the night. For older and more inveterate cases the skin is first to be softened by soap and warm water, lotions, and ointments; chaps and cracks to be covered with strips of cloth smeared with emplast, saponis, empl. hydrarg., of each p. æq., and packed comfortably in compresses. So also local inunction of ung. hydr. at night for ten minutes, and in the morning employment of the same spread on cloth after the brushing on of the collodion. Then gloves and socks by day and night both.

Palmar and Plantar syphilis is a late symptom, resists treatment obstinately, lasts long, and tends to relapse. It is often the only existing sign of the presence of the disease, and then needs only local and general hygienic treatment. When other symptoms are present, constitutional specific treatment is demanded. Cleanliness and good diet are of the utmost importance.

Translations.

WASH FOR CHRONIC PHARYNGITIS.

Ergotine..... grs. xvj.
Tincture of iodine..... m. xlj.
Glycerine ʒvj.

Make a solution.

With a brush dipped in this solution touch twice a day the bottom of the throat, in cases of chronic pharyngitis and hypertrophy of the tonsils.—*L'Union Méd.*

THE RAPIDITY OF TRANSMISSIONS BY THE PNEUMOGASTRIC NERVE.

M. Marey, at the Acad. des Sciences, presents a note, in behalf of M. Francois Franck, on the rapidity of transmissions by the pneumogastric nerve. It is known that excitation or lesion of this nerve arrests the movements of the heart. If the nerve is cut in the middle of its tract so rapidly that the impression will not have time to go to the brain and return to the heart, the movements of this last are not modified. If, on the contrary, it is cut slowly, the heart is stopped. M. Francois Franck has sought to give a precise value to the words *rapidly* and *slowly*, and he has proceeded to this end by means of an electric index, which marks the duration of the section. When the section has taken only a tenth of a second, the heart is not arrested; above one-tenth of a second, it is stopped. We thus have the time necessary for transmission to take place.—*L'Union Méd.*

Dr. Terrillon, in a lengthy paper upon polypoid excrescences of the urethra symptomatic of tubercularization of the female urinary organs, concludes as follows:—

Polypoid excrescences of the urethral orifice in women may present, in an etiological point of view, two distinct varieties.

Some are idiopathic, or are due to a slight irritant cause. The prognosis is good. Abla-

tion in these cases is rapidly followed by recovery. They are the most frequent.

The others, on the contrary, although possessing the same exterior characters as the preceding, accompany or precede tubercular metritis or cystitis, of which they constitute an important symptom.

Their prognosis is grave on account of the general affection. They may serve to establish the diagnosis of tuberculosis of the urinary organs, often so difficult in women.

Treatment gives no relief, or it is only momentary.—*Le Prog. Méd.*

MENSURATION OF THE HEART.

Dr. Boudet sums up a paper on a new method of measuring the heart in the following propositions:—

1. The sigmoid shock of the pulmonary artery, compared with the shock of the apex of the heart, may serve as a base for a process of mensuration of the heart.

2. This process has, on the other processes employed up to the present, the considerable advantage of supporting itself on two *points de repère*, referred to the heart itself, movable like it, and whose relations consequently with one another and with the thoracic walls will always have, whatever may be the displacements of the heart, the same signification and the same value.

3. Thanks to this process, by the fact of the mobility and the variation of the points where we perceive the sigmoid snapping of the pulmonary artery, we may establish, contrarily to the opinion generally admitted of the pivotment of the heart on its base, the frequency of the displacement of the heart *en masse*, and the influence of this displacement on its changes of situation and the appreciation of its volume.

4. Lastly, by the fact of information so precise which it gives us of its length, the direction of its ventricles, and the seat of the two orifices, pulmonary and aortic, this process is supported, for the determination of the volume and of the situation of the heart, on data infinitely more certain than any of those known up to this day.—*La France Méd.*

ENURESIS IN SYPHILIS.

(Translated by A. A. RIDDEL, M.D., Toronto.)

Dr. G. Wertheim, of the Department for Skin Diseases and Syphilis in the hospital "Rudolf Stiftung," in Vienna, states that this troublesome condition, which so disturbs the patients at night, leaves their beds in a filthy and disgusting condition, and annoys and irritates those who have to sleep in the same ward with them, is dependent chiefly upon the too sound sleeping of the afflicted. After exhausting all the therapeutical remedies recommended in these cases without favourable result, it occurred to him that the deep sleep was probably occasioned by the soft beds on which the patients lay. In order to test the matter, he proposed to a male patient, whose case was one of the most refractory with which he had had to do, that, when all around him were asleep, he should slip out of bed and lay upon the floor, with nothing under him but a thin cover over the floor and a bolster under his head, the body being warmly covered. The patient, anxious to do anything that might promise to alleviate his sufferings, complied with the suggestion, and behold! (Sic! da!) the very first night he awoke every two hours and used the chamber. Towards morning he slipped into bed again without awaking any of those near him. This he continued for two weeks, when Dr. W. had his bed removed, and the patient thenceforth slept upon a mattress with a board under it. The good effects still continued, and he was finally discharged cured. Subsequently the same, (the latter, we assume) treatment was carried out with a woman, who was a nuisance to herself and an abomination to her fellow-patients, with a like good result.

Dr. W., in speaking of diurnal enuresis, condemns the advice given to patients to empty the bladder frequently, using the catheter where necessary to accomplish this object. He recommends, on the contrary, that the urine should be retained as long as possible, and voided only when compelled by the utmost necessity. In those cases where this plan had been tried, and of which he had received information, it had proved successful, the constrictor-urethra proving itself tractable—meaning, doubtless, ultimately recovering its tone.—*Wiener Mediz. Wochens.*

THE CANADIAN

Journal of Medical Science,

A Monthly Journal of British and Foreign Medical Science, Criticism, and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending reports of the proceedings of their Associations to the corresponding editor.*

TORONTO, AUGUST, 1880.

THE NEW ONTARIO MEDICAL COUNCIL.

We have deemed it wise, in the interest of our subscribers and the profession, to devote a large portion of our space this month to the proceedings of the last meeting of the Ontario Medical Council, hoping and believing that everyone will not only "read," but "mark, learn and inwardly digest" them. There has for some time been a loud outcry made by the "would-be majority," that certain legislative acts should be done by the Council. A number of gentlemen were returned on this ground, and strongly advocated the views of their constituents. We give all credit to their enthusiastic endeavours, which, unfortunately, almost invariably were defeated by the votes of those who, we think, knew what was best and right, working as they were in the interests of the profession at large. Though we can hardly support the view of members who advocated that the Executive Committee should consist of President and Vice-President; or that of another member, that there should be no Executive still we must give in our adherence to the belief that such a Committee would redound far more to the credit and profit of the profession than the useless, unwieldy and expensive Committees proposed by other members. We approve of the passing of the motion that the Provincial Intermediate High School Examination, with Latin added, be accepted as equivalent to matriculation before the Council. With reference to one of the great bones of contention, *i.e.*, the Treasurership, we need say little, as the Council

by a large majority, refused to act discourteously and dishonourably towards one who had served them so well in the past, and thereby showed himself willing and capable of serving them (and through them, the profession) well in the future. By contrast, it was a matter of regret that so prominent a man, and so successful a teacher, should have condescended to attempt to use his influence and abilities to oust a good worker from, what was to him, a thankless office.

Upon the financial position of the Council we cannot offer congratulations. A rigid enforcement of the payment of the annual assessment is necessary, and will, we hope, now be carried out. It is to be regretted that disputes that may involve law-costs to an already impoverished treasury should arise, but we agree with the majority that the dignity of the Council should be upheld. We think, however, that a new member is not carrying out this view when, in the face of a deficit, he succeeds in passing a motion to increase the pay of members to the sum of ten dollars a day.

The selection of Dr. R. A. Pyne as a successor to his father, the retiring Registrar, was a happy one; and we doubt not that the interests of the Council will be looked after by him as closely and as disinterestedly as they have been by his worthy and esteemed predecessor.

OBITUARY.

We have to record, with great regret, the death of Dr. Thomas White, of Hamilton. One so well known to graduates of Toronto University needs no words of ours in praise of his memory. He was a good student, and an unusually successful practitioner. He filled for several years, with credit to his University, School, himself and the profession, the important position of Coroner for Hamilton, and also that of Surgeon to the Hamilton City Hospital.

JOURNALISTIC.—Among our new and useful exchanges is "The Industrial World and National Economist," devoted to Home Industries, Commerce, Finance, Insurance, Railroads, and Mining. It is issued every Thursday. Subscription, \$3 per annum. Communications to be addressed to Drawer 1010, Ottawa, Ont.

ONTARIO MEDICAL COUNCIL.

ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS.

FIRST DAY'S PROCEEDINGS.

The Council of the College of Physicians and Surgeons of Ontario opened its annual session in the Council Chamber, Bay-street, on Tuesday, the 13th ult., at 2 p.m. The meeting was called to order by the Registrar, Dr. Pyne. The following members answered the roll:— Drs. Bergin, Bray, Brouse, Burns, Burritt, Clark, Douglas, Edwards, Geikie, Grant, Henderson, Husband, Irwin, Lavell, Logan, Macdonald, Morden, Mostyn, McCammon, McCargow, Spragge, Vernon, Williams and Wright.

ELECTION OF OFFICERS.

Dr. CLARK intimated that the first order of business would be the election of a President. He moved, seconded by Dr. EDWARDS, that Dr. Allison be President of the Council for the ensuing year. The motion was carried.

Dr. BROUSE nominated Dr. Bergin as Vice-President. Dr. GRANT seconded the motion, and it was declared carried.

In the absence of Dr. Allison, the President, the chair was taken by the Vice-President.

COMMITTEES.

Dr. BRAY moved, seconded by Dr. McCAMMON, "That Drs. McCargow, Spragge, Lavell, Wright, Henderson, Morden, and the mover constitute a Committee on Credentials." Carried.

Dr. GRANT moved, and Dr. McCAMMON seconded, "That the Committee to nominate the various Committees of the Council be composed of the following members:—Drs. Ellis, Lovell, Henderson, Brouse, Spragge, Burns, Mostyn, Edwards, Macdonald, Bray, Burritt, Williams, Logan, McCargow, and Geikie." Carried.

After an adjournment of half an hour, the Selecting Committee reported the following appointments on the various Standing Committees:—

Education.—Drs. Wright, Grant, Brouse, Clark, Logan, McCammon, Edwards, Burns, Bray, Williams, Lavell, Burritt, Morden, and Macdonald.

Finance.—Drs. Mostyn, Irwin, Henderson, McCargow, and Douglas.

Registration.—Drs. Spragge, Vernon, Geikie, Lavell, Mostyn, and Edwards.

Rules and Regulations.—Drs. Brouse, Clark, Spragge, Wright, and Logan.

Printing.—Drs. McCammon, Morden, Burritt, and Clark.

The report was adopted with an amendment adding the name of Dr. Burns to the Committee on Finance.

NOTICES OF MOTION.

The following notices of motion were given, to be brought up for discussion at a future meeting:

By Dr. Geikie—That hereafter the Registrar shall be instructed to furnish a digest of the Council proceedings to the medical journals of Ontario.

By Dr. Clark—That for the present session the sum paid to members of the Council shall be as follows:—To those residing outside of the city, \$3 per day and necessary travelling expenses; no remuneration to be paid to residents of the city.

By Dr. Clark—That the President and Vice-President shall act as an Executive Committee for the ensuing Council year, with power from time to time to add to their number not more than three more members when special business affecting the medical schools, the homœopathic body, or anything concerning the by-laws of the Council shall require urgent and immediate consideration.

By Dr. Burns—That those parties who in Ontario have passed the Government intermediate examination, and have passed therein in equivalent to second-class certificate, be put on the same footing with graduates in arts and matriculants in arts in universities in Her Majesty's dominions, and may, like them, register their names as matriculants in medicine with the Registrar of the College upon payment of the fee of \$10.

By Dr. Macdonald—That parties possessing the diploma or the certificate of associate in arts of the University of McGill, Montreal, and of Bishop's College, Lennoxville, be admitted as matriculants in medicine on payment of the fee of \$10.

By Dr. Geikie—That the Executive Committee shall for the coming year be so large as to make it thoroughly representative in character, with the view of its giving satisfaction and confidence to the profession, and in consideration of the most important character of its functions.

By Dr. Burns—That the Registrar furnish the Council with a statement of the number of registered practitioners who have paid their annual dues for the last five years.

Dr. LAVELL called attention to the fact that many of the members were absent. At previous sessions of the Council it had been found when members absented themselves from the evening sittings that the work done at such sittings was largely overruled and considered at the meeting on the following day. He thought that at the opening of the present session they should adopt some measures to protect the labours of those who were anxious to get through with work from being annulled in the fuller meeting on the next morning.

Dr. CLARK agreed with the last speaker. He thought they should resolve to adhere to their work when transacted by a quorum.

Dr. H. H. WRIGHT moved, seconded by Dr. LAVELL, "That any matter once decided upon shall not be reopened during the current session, except on a vote of three-fourths of those present in its favour." Carried.

THE NEW EXECUTIVE COMMITTEE.

Dr. GEIKIE moved "That the following gentlemen constitute the Executive Council for the ensuing year:—President and Vice-President *ex officio*, Drs. Wright, Lavell, Husband, Bray, Burns, Edwards, and the mover." He thought it highly necessary that this most important Committee should be larger and of a more representative character than had been the case in the past. This would tend to make it more popular with the profession, and there would be no difficulty in having large additions to the funds from the dues and rates which would be received. A great deal of money would have been saved which had been expended in lawsuits in the past, if the Committee had been larger, and had represented more the whole profession.

Dr. CLARK thought it would be better to leave the motion in abeyance until a fuller attendance of the members was obtained. It was usual to appoint this Committee at a later stage of the session. He did not consider it necessary to have a large Committee, as at the best they were expensive, and he believed it to be in the interest of efficiency as well as economy that the members should be kept down. He claimed for the last Executive that it had performed its work well.

Dr. BURNS thought that the last Committee did not fully come up to what was required or expected of it. As one instance of their mismanagement he would allude to the monstrous procedure by which they extracted from those students who were unsuccessful in their examinations the entire amount of their fees.

Dr. LAVELL was in favour of leaving the matter over till the report was received from the Executive Committee. If there was an Executive Committee appointed it should be

representative so far as the Schools were concerned. He thought they could well do without a Committee of this kind entirely, if they only performed their work well and carefully in Council. Personally he wished to say that he would never be willing to work on an Executive without reasonable remuneration.

After some further discussion, Dr. Geikie was allowed to withdraw his motion, leaving it as a notice of motion to come up for consideration at a future day.

MATRICULATION EXAMINATIONS.

Pursuant to the notice of motion given in the afternoon, Dr. BURNS moved, "That on and after July 1st, 1881, in lieu of the matriculation examination heretofore in force, the Council accept the Provincial Intermediate High School examination, with Latin included, as a compulsory subject, and that upon presentation of the official certificate of having passed the said examination to the Registrar and the payment of fees the holder of the same shall be entitled to register as a medical student." To his mind the proposed change would have many advantages, not the least of which was that it would be economical to the Council in saving the sums now paid to the students who pass their matriculation examination. It would be economical to the students, inasmuch as they could pass the examination in their own High Schools, or wherever they received their education. It was uniform throughout the whole Province. The Central Board of Examiners held its meetings in Toronto, and at a certain fixed time of the year, so that there would be no difficulty in that respect. It was perfectly secret, consequently perfectly free from the charge of favouritism. It was also an elevation of the standard, as a comparison with the examination at present would show, and it had the effect of grafting the system of elementary medical education upon the Government system. By accepting the High School standard it would prove a mutual assistance, and it was but reasonable to expect that if the Council endorsed the Government in this matter they would be benefitted in return. No one would deny that they had a perfect right to receive assistance from the Government, and they would have a better claim to it if they endorsed the Government standard of teaching. It was a great advantage to a medical man to have an elementary college training, in fitting himself for his profession. The proposed intermediate examination had been adopted or partially adopted, he thought, by Queen's College and Victoria University. There was no doubt about it lessening the labours of the Council. It might be objected to if it opened the doors to the study of medicine to a very

much larger number than it was proper to encourage to study for the profession, but such an excuse would not have any real effect in the actual working of the system.

Dr. MACDONALD, in seconding the motion, believed the examination proposed would be a superior one to that now in practice. He thought it would make the approach to the profession, if anything, a little more difficult. He was told by High School teachers that the Government intermediate examination was a higher standard than that required for the College of Physicians and Surgeons. He moved that the subject be referred to the Education Committee. Carried.

DIPLOMAS FROM OTHER COLLEGES.

Dr. MACDONALD moved:—"That the diploma or certificate in Arts of McGill College, Montreal, and Bishop's College, Lennoxville, be accepted as a certificate of registration as a student of medicine by this College, on the payment by the possessor of the certificate of registration of the registration or matriculation fee imposed by the College." It was sought by the resolution to enable young men who matriculated in these colleges to pass also at Toronto. On motion the resolution was referred to the Educational Committee.

NOTICES OF MOTION.

Notice was given of the following motions:—

By Dr. McGargow—That not less than one-half fees be refunded to those students who failed or who may fail passing the examinations.

Also—That the time for the passing of the final examination before the Board of Examiners appointed by the College be fixed for the first Tuesday in April for the next five years.

The Council then adjourned, to resume next morning at 10 o'clock.

SECOND DAY.

The Medical Council resumed yesterday morning at eleven o'clock, the Vice-President, Dr. Bergin, in the chair.

The minutes of the previous meeting were confirmed.

PETITIONS.

A large number of petitions were presented by the members, having reference to the recent examinations, changes of curriculum, and other matters, and on motion they were received and referred to their several committees.

MOTIONS.

Pursuant to notice, Dr. McCargow moved that one-half of the fees be returned to students who have failed, or who may fail, to

pass the examination of the College, then to pay full fees on their application for re-examination.

A resolution to this effect had recently been passed by the County of Brant Medical Association, and he thought it was a great hardship that young men, most of them in poor circumstances, should be required to forfeit the full amount of the fee if unsuccessful.

Dr. MACDONALD, while seconding the motion, felt that they should be careful not to be too lenient to students who did not succeed in passing. They should be given to understand that they entered with full knowledge that the result of their rejection would be the forfeit of their fees.

Dr. GEIKIE moved in amendment that three-fourths of the fees be returned to the students.

Dr. BURNS moved in amendment to the amendment that two-thirds of the fees be returned instead of one-half.

Dr. LAVELL favored a remission of one-half fees at the first rejection by giving the student the privilege of coming up for examination the second time without paying an extra fee. In subsequent examinations, if the student did not succeed on the first two occasions, he would exact the full fee. It would have the effect of spurring young men to study up and try to pass. He had known men to go up for three or four years in succession and failing in their practical work.

On motion of Dr. WRIGHT, the resolution, with amendments, was referred to the Committee on Finance.

FINAL EXAMINATIONS.

Dr. MCCARGOW moved "That the time for the final examination of students be fixed for the first Tuesday in April in each year for the next five years, and that a general notice be inserted in each of the medical and surgical journals, and in the daily papers of Toronto, Hamilton, London, and Kingston."

Dr. CLARK pointed out that the Council had no power to pass a resolution extending over the year of their existence. The Council of next year might rescind any such legislation.

At the suggestion of the Chairman, the mover withdrew his motion, and gave notice that he would introduce a by-law bearing on the subject at the next sitting of the Council.

REPORTING PROCEEDINGS.

Dr. GEIKIE moved that the Registrar be instructed to furnish a full digest of proceedings of the Executive Committee to the medical journals. He offered the resolution in order to meet a very reasonable demand on the part of the profession in this country.

Dr. WRIGHT moved in amendment that the minutes of the Council should be open to any medical journal for inspection, copying and publication. The amendment was carried.

EXECUTIVE COMMITTEE.

Dr. GEIKIE moved that the Executive Committee for the ensuing year compose the following members:—The President and Vice-President *ex officio*; Drs. Wright, Lavell, Bray, Burns, Husband, Edward, Burritt, and the mover. He was in favour of having a large Executive Committee, and he thought the profession generally demanded it. He had heard the universal opinion expressed throughout the country that the Executive being the Council to all intents and purposes through the entire year, should be a large and representative body.

Dr. CLARK's objection to a large Executive was that it was no more efficient than a small one, while it was a great deal more expensive. If any one would take the trouble to examine the expense account for the last six or seven years he would find that the Committee cost from \$200 to \$700 per annum. The total expenses of the Council footed up to from three to four thousand dollars a year. He was in favour of leaving the routine business of the Committee to the President and Vice-President, and when the credentials came up for examination he would simply have a representative from each of the Medical Schools present on the Board. It would be far better for the Council to meet again in the fall than to have an Executive Committee appointed in the way proposed.

At the suggestion of the CHAIR the motion was allowed to stand, pending the report from the Committee on Dr. Clark's resolution.

CONTESTED ELECTIONS.

The report of the Committee appointed to examine the credentials of members was presented by Dr. Bray and considered in Committee of the Whole. The following representatives were declared elected from the different territorial divisions:—

Western and St. Clair Division—Dr. Bray.
Gore and St. Thomas Division—Dr. Williams.
Saugen and Brock Division—Dr. Douglas.
Malahide and Tecumseh Division—Dr. Edwards.
Erie and Niagara Division—Dr. McCargow.
Burlington and Home Division—Dr. Macdonald.
King's and Queen's Division—Dr. Allison.
Midland and York Division—Dr. Burns.
Quinte and Catarqui Division—Dr. Irwin.
Newcastle and Trent Division—Dr. Burritt.
Bathurst and Rideau Division—Dr. Mostyn.
St. Lawrence and Eastern Division—Dr. Bergin.
Homœopathic Representatives—Drs. Logan, Henderson, Morden, Husband and Vernon.

APPOINTED MEMBERS.

Ottawa University—Dr. Grant.
 Victoria University—Dr. Brouse.
 Queen's University—Dr. McCammon.
 Trinity College—Dr. Spragge.
 University College—Dr. Ellis.
 Toronto Medical School—Dr. Wright.
 Trinity Medical School—Dr. Geikie.
 Royal College of P. and S.—Dr. Lavell.
 Albert College—Dr. Clark.
 Regiopolis College—Dr. Phelan.

In only two cases were protests entered. The first was that of Dr. Freeman against the return of Dr. Macdonald for the Burlington and Home Division, on the ground that the returning-officer refused to allow himself or agent to be present at the counting of the voting papers. The Committee could find no by-laws saying whether the counting of the ballots should be secret or not, and they returned Dr. Macdonald elected. The second protest was that of Dr. Day against the return of Dr. Irwin, on the ground that the latter was only elected by the casting vote of the returning-officer, and as several of the votes cast in his favour were bad a recount was demanded. On the recount the vote stood Dr. Day 36, Dr. Irwin 40, and the election of the latter was sustained.

In reply to a question, Dr. BRAY said that on the second protest a number of votes were cast out by the Committee because the voters did not reside in the division where the ballots were cast.

Dr. CLARK thought it would be better not to adopt the report until legal advice were obtained as to the question of residency, and until it was found out whether or not these votes were bad, as had been decided by the Committee. It was possible that a lawsuit might result from this election, and it would be well not to proceed too hastily.

Dr. BERGIN was of opinion that if a voter changed his place of residence he was not disfranchised in the division which he had left until, as specified by the Act, he had notified the Registrar of his change of residence. The only guide for the returning-officer was the voters' lists, and they were not expected to perform the functions of a judge in the matter.

Dr. WRIGHT moved that the report be referred back to the Committee, with instructions to regard the residence of a registered practitioner of medicine as the place where the voter resides at the time of the election.

After some discussion on the resolution, the Committee rose and reported progress.

The Council adjourned at one o'clock.

AFTERNOON SITTING.

The Council re-assembled at three o'clock, the President, Dr. Allison, in the chair.

After routine business a number of petitions

and communications were received and referred to their committees.

THE STOWE CASE.

The late President, Dr. Macdonald, stated that a writ of *mandamus* had been served upon the Registrar to compel him to accept the registration of Mrs. Emily H. Stowe. The complainant set forth that she had been practising since 1850. A communication had been received from her solicitor, Mr. Meek, and in reply he had been referred to the Registrar, who had the right, under the statute, to decide whether Mrs. Stowe's claim was valid or not. The matter was referred to the Registration Committee.

THE ANNUAL COMMITTEE.

Dr. MACDONALD introduced a by-law fixing the time for holding the Annual Meeting of the Council on the second Tuesday in June in each year. The by-law was passed through the different stages and declared carried.

EXAMINATIONS.

Dr. McCARGOW introduced a by-law in reference to the time for holding the professional examinations, and the manner in which they shall be conducted. The by-law received its first and second reading, was adopted in Committee of the Whole, and declared carried.

PUBLIC HEALTH.

Dr. GRANT offered the following resolutions:—

"1. That the members of this Council are of opinion that there is no subject of greater importance to the well-being and prosperity of the Dominion than that of public hygiene.

"2. That in order to keep pace with the scientific progress of the age, and give greater evidence of an earnest desire to promote sanitary measures, this Council is of opinion that a Central Bureau of Health should be established at the Capital, under the control of the Federal Government.

"3. That as a Central Bureau of Health meets with the unanimous voice of our profession in Canada, it deserves the well-timed consideration of the Federal Government.

"4. It having recently transpired that a grand Congress of Hygiene will assemble in September next at Turin, and an invitation having been extended to all Governments to send a representative, that Sir Charles Tupper, at present in England, be requested, on the part of our profession, to attend that meeting, and thus give evidence of our desire to promote the advocacy of the best possible means to lessen mortality and guard public health."

The mover considered that the subject of public health was one of great interest to the

profession and the public throughout the Dominion, and he had prepared resolutions with a view of impressing upon the Government the importance of adopting some legislation in reference to it.

Dr. BROUSE said the subject had engaged the attention of other Governments, as France, Germany, England, and the United States. In the latter country, at a recent meeting, the Federal Government was called upon to legislate on this subject. A Bureau of Sanitary Science had been established at Washington, and quite a sum of money had been devoted to the purpose of carrying out its object. Medical men were not satisfied with having a Bureau, but they demanded that there should be a Department of Health, as in Germany, England, and other countries. In England since 1844 no less than 48 public health Bills have been passed in Parliament, and it was shown by the returns that through the establishment of hygienic laws the death rate in London alone had been reduced from 42 to 21. He thought the Ontario Government also should take steps to legislate on this question. It was the greatest question of the age, and its importance would be urged with greater force upon the attention of legislative bodies in the future.

The CHAIRMAN concurred in the views expressed, and the resolutions were carried unanimously.

SECURITY OF TREASURER.

On motion of Dr. CLARK, seconded by Dr. MACDONALD, it was resolved, "That in future the Treasurer of the Council shall be required to give security for \$2,000, and two additional sureties in \$1,000 each."

TREASURER'S REPORT.

The report of the Treasurer for the past year was then presented. It read as follows:—

INCOME.

Balance in Bank.....	\$3,653 76
Assessment dues and fines	1,724 14
Matriculation fees.....	1,470 00
Fees from professional examinations.....	3,180 00
Bank accommodation	1,667 77
Interest on current account.....	51 62
	<hr/>
	\$11,752 29

EXPENDITURE.

Remuneration of members at last meeting.	\$1,105 62
Accounts	3,212 79
Officers' salaries.....	1,000 00
Paid on building	2,194 00
Maturing Notes.....	1,700 00
Matriculation expenses.....	379 11
Examiners' expenses.....	1,100 95
Fees received from prosecutor	366 14
Miscellaneous	347 15
Balance in bank	345 53
	<hr/>
	\$11,752 29

The report stated that the aggregate amount of accounts to be presented by the Registrar for payment would be in the neighbourhood of \$4,000, including the remuneration to members for attendance at the present session, against which there was only a balance of \$345 53. The amount yet due on the property is \$2,600, payable in two equal annual instalments.

On motion, the report was referred to the Committee on Finance.

CREDENTIALS.

The Council resolved itself into Committee of the Whole, to resume the consideration of the report of the Committee on Credentials, Dr. Macdonald in the chair. Dr. Wright's resolution was read, referring the report back to the Committee with certain instructions.

Dr. BERGIN moved in amendment that the report be not referred back, but that it be adopted. The amendment was declared carried.

On the motion to rise and report progress, Dr. Wright offered an amendment in the substance of his former resolution. The amendment was lost on the following division:—Yeas—Drs. Burritt, Clark, Douglas, Geikie, Mostyn, Williams, Wright—7. Nays—Drs. Bergin, Bray, Brouse, Burns, Edwards, Grant, Henderson, Husband, Irwin, Lavell, Logan, Macdonald, Morden, McCammon, McCargow, Sprague, and Vernon—17.

The motion to report was adopted on the same division.

INVITATION.

A communication was read from Dr. O'Reilly, Superintendent of the Toronto Hospital, inviting the Council to visit the Institution during their stay in the city. It was resolved to accept the invitation, and the time was fixed for next day at half-past twelve.

THIRD DAY.

The Council met at half-past ten, the President, Dr. Allison, in the chair. The minutes of the previous meeting were confirmed.

ADOPTION OF TARIFF.

Dr. BURRITT moved, seconded by Dr. WILLIAMS, "That the tariff adopted by the Newcastle and Trent Medical Association be sanctioned by Council and receive the corporate seal."

Dr. BROUSE thought the tariff should be referred to a committee and reported to the Council afterwards.

Dr. MACDONALD objected to the tariff being adopted before being read.

Dr. BROUSE moved in amendment to the resolution, that the tariff be submitted to a

Committee of three, to be named by the President. Carried.

The PRESIDENT named Drs. Vernon, Brouse, and Macdonald, by whom the tariff question shall be considered.

Dr. MACDONALD moved, seconded by Dr. BERGIN, "That it be an instruction to the Registrar to permit none of the numbers by which students under examination are distinguished to be divulged." The mover said that in some cases students who had not been successful in passing had reason to feel that some others had advantages over them. It had been the habit of some examiners to ask the Registrar the numbers of certain students. No one should be allowed to look at the register containing those numbers.

The motion was carried.

Dr. MACDONALD moved, seconded by Dr. McCAMMON, "That it be an instruction to the Education Committee to consider the propriety of examining on certain subjects in the final course orally as well as written, instead of by written examinations as at present, and that the final return of the examiners should be made within two weeks."

On motion of Dr. GEIKIE, the resolution was referred to the Education Committee.

RULES AND REGULATIONS.

The report of the Committee on Rules and Regulations was presented, recommending the appointment of a Special Committee of the Council for the purpose of framing a new set of rules for future guidance. The report was adopted in Committee of the Whole, and a Committee was appointed consisting of Drs. Wright, Clark, and Burns.

The Council adjourned at twelve o'clock, to give the members an opportunity of visiting the Hospital.

AFTERNOON SITTING.

The Council re-assembled at 3 p.m., the President in the chair.

A letter was read from John McCrimmon, Kincardine, enclosing a letter from the Registrar of the Council of Medical Registration of Edinburgh, Scotland, stating that he was duly registered in conformity with the Act of 1858. The writer applied for registration in the Ontario College. The matter was referred to the Registration Committee.

EXECUTIVE COMMITTEE.

Dr. BRAY moved, seconded by Dr. GEIKIE, "That the Executive Committee of the Council for the ensuing year consist of the following gentlemen:—The President and Vice-President, Drs. Lavell, Wright, Geikie, Burns, Burritt, Edwards, Mostyn, Husband, and the mover and

seconded." The mover thought the Committee proposed by him was one that would fully represent the feelings of the profession generally, and the schools. Throughout the territorial divisions in the country there had been great complaint about the smallness of the Executive Committee, and he proposed to obviate the difficulty by making it larger.

Dr. CLARK moved in amendment, seconded by Dr. LOGAN, "That the following be the Executive Committee: the President and Vice-President *ex officio*, Drs. Burns, Macdonald, Edwards, and Husband." He proposed a small Committee on the score of economy. The East and West were represented by two members each, and the city of Toronto had one. He found by calculation that at each meeting of a Committee of the size proposed by his resolution a saving would be effected of \$67, and he would ask if a large Committee was going to be worth what it cost to the Council.

Dr. GEIKIE said that Dr. Clark's calculations were fallacious and misleading. With a Committee such as was proposed in the resolution, a much greater saving would be effected in the prevention of lawsuits and other things. With a little better management they might have been saved from having to report some \$300 in the treasury while owing about \$4,000. He wanted the Council to stand well with the profession, and he knew absolutely that the profession demanded a large and a representative Committee. He was certain that the *personnel* of Dr. Bray's Committee would be acceptable to the profession.

Dr. CLARK said that before the lawsuits spoken of were entered upon last year, Dr. Geikie was sent for and consulted in reference to them, and he agreed to the proceedings being taken.

Dr. GRANT said there was a general feeling in the country that the territorial men had not sufficient representation. He was satisfied that the appointment of territorial representatives, as nominated by Dr. Clark, would give very great pleasure to the medical men generally throughout the Province.

Dr. MACDONALD said that Dr. Geikie had insinuated that the Committee which he supported was, by contrast with previous Committees of the Executive, more anxious to conserve the funds of the College and to refrain from extravagance. He knew that in the past they had been excessively anxious to save expense, and they did not venture to enter upon these expensive lawsuits without consulting Drs. Geikie and Aikins, and they came and ratified what was done, and assured them of the support of themselves and their schools.

Dr. CLARK—And they were paid for coming too.

Dr. GEIKIE denied that he advocated going

to law. He refrained from expressing an opinion either way.

Dr. MACDONALD said that it was an evidence of the propriety of the course adopted by the Committee that when the question was brought before the Council the Council was not put in for the costs. He repeated that the profession was told from Toronto that such and such was the case, and they believed.

Dr. GEIKIE—Whom were they told by?

Dr. MACDONALD did not know by whom, but he knew they were told. If there was a small Committee last year, and a special reason for it, he maintained that they were worthy of commendation instead of the reproach that had been showered upon them from some quarters. He did not believe the profession was so much exercised upon that topic as had been stated.

A vote was then taken, and the amendment of Dr. Clark was carried.

APPOINTMENT OF TREASURER.

Dr. GRANT moved "That Dr. Aikins be re-appointed Treasurer of the Council." Dr. Aikins had been treasurer for about fourteen years, and from the admirable manner in which he had always kept the accounts it was their duty to elect him.

Dr. BERGIN seconded the nomination.

Dr. BRAY moved, and Dr. BURRITT seconded, "That Dr. Burns be appointed Treasurer."

Dr. McCAMMON would support Dr. Aikins. There had been no charge brought against his management of the finances, and he did not see any necessity for a change. It looked as if the territorial men were determined to carry everything from the school men in making appointments.

Dr. BROUSE said that when Dr. Aikins was first appointed he took the position without emolument, and on more than one occasion he had advanced funds in order to keep the Council afloat. As he had not resigned, it would be better to re-appoint him. Dr. Burns had already been honoured by the Council in being placed on the Executive Committee. Dr. Aikins was a man of strength and power and of great assistance, and it would be to the interest of the College to have him identified with its interests.

Dr. GEIKIE did not think that Dr. Aikins' management of the finances could be found fault with. Still he thought it was wrong to appoint a school man to the position of treasurer permanently on account of the influence he might exercise in favour of his particular school on the students who came to him to pay their fees. It was for that reason, and for that alone, that he thought it better to appoint an outside man.

Dr. BURRITT would favour the election of a

treasurer to whom they could not impute any motive for advancing the interests of any school represented by him.

Dr. CLARK supported Dr. Aikins' re-appointment. If it were found that Dr. Aikins had used his position for the aggrandizement of his school, he would be the first to have him removed. He knew that during the past year, out of about 400 students who came to the Treasurer to pay their fees, he had only received money in person from one individual.

Dr. LAVELL thought that Dr. Aikins had husbanded the resources of the Council, and had faithfully discharged his duties as Treasurer. He claimed for school men that they had an equal right with territorial representatives to any position which might be in the gift of the Council, and he confessed that they had perhaps received their full share of office in the Council. The school men were foremost in securing the legislation, in 1866, which placed the College in the independent position in which they now found themselves. When a treasurer had performed his duty faithfully and well, it was hard to throw him overboard in the manner proposed.

Dr. McCARGOW paid a high compliment to the manner in which the accounts were presented to the Finance Committee. He felt bound, however, in deference to his constituents, to vote for an outside man.

Dr. BERGIN said the question was not one of representation, but simply whether the Treasurer had been an efficient officer and had done his duty by the Council, and whether or not his conduct in the past was a guarantee that he would do his duty in the future. He did not think they should do an injustice to a faithful servant by listening to the many complaints and reports that had come to their ears. The history of all financial concerns showed that they did not change their treasurer very often, and at the present time, having regard to the state of their finances, he did not think it would be wise to "swap horses while crossing a stream." They should not at present deprive themselves of the benefit of the advice which Dr. Aikins had proved himself capable of giving in College matters.

Dr. Grant's motion was then put and carried on the following division:—Yeas—Drs. Bergin, Brouse, Clark, Grant, Henderson, Husband, Lavell, Macdonald, Morden, Mostyn, McCammon, Vernon, and Wright—13. Nays—Drs. Bray, Burritt, Douglas, Edwards, Geikie, Logan, McCargow, and Williams—8.

APPOINTMENT OF REGISTRAR.

Dr. BERGIN moved "That Dr. Robert A. Pyne, son of the retiring Registrar, be appointed to the position." Carried.

CONTESTED SEAT.

The President read a communication from a firm of City Solicitors on behalf of Dr. Day, who was defeated by Dr. Irwin in the recent election for the Quinte and Cataraqui division. The Council were advised that unless they saw fit before the close of the present session to rescind the illegal decision arrived at, sustaining Dr. Irwin in his seat, an injunction would be filed in the Court of Chancery to obtain for Dr. Day recognition of his legal rights.

Dr. CLARK said that in adopting the report of the Committee on Credentials, they had declared in Council that Dr. Irwin was the proper representative, and they would have to fight it out in the Court of Chancery.

Dr. BROUSE proposed that they send a reply to the communication, stating that the question had been before the Council and judgment had been passed upon it, and that from the evidence presented to them they considered that Dr. Irwin was entitled to the seat.

Dr. BERGIN thought the Council was only acting as an arbiter between the parties, and if Dr. Day wished to contest the seat he should file a bill against Dr. Irwin and not against the Council. He looked upon it as if the letter was sent to them with a view of intimidating them, and he would not yield to threats of this kind.

After some further discussion the subject was laid over till a subsequent sitting.

CHANGES IN EXAMINATION.

Dr. GRANT moved, seconded by Dr. MOSTYN, "That inasmuch as it has become known to the members of this Council that at present there are several members of the medical profession in good standing, who from active professional duties during a period of not less than five years have been unable to undergo the usual theoretical part of the examinations and register in the Province, that any such, on the requisition of at least five or more registered and co-associated practitioners of the county in which such applicant resides, shall have a practical examination at the next annual meeting of the Council, in order that after having given ample evidence of the required qualification any such may be enabled to avail themselves of the privileges of this Council." The mover had had an application from two practitioners in the lower part of the Province who, on account of active duties, were in the position described in the resolution. He had placed a rider in the resolution requiring that an applicant must obtain the signatures of five of his brethren to his requisition.

The motion was referred to the Educational Committee.

TERM OF THE COUNCIL.

Dr. BRAY moved, seconded by Dr. BURNS, "That in the opinion of this Council the Legislature should be approached on the first favourable opportunity with a view of having the Medical Act so amended as to shorten the duration of the term for which each Council is elected, making such term three instead of five years, in deference to the widely expressed wish of the profession." A great many medical men throughout the Province were of opinion that the term of five years was too long, and he had been requested to bring the motion before the Council.

The motion was lost on a division.

EXAMINERS.

Dr. BURNS moved, seconded by Dr. BRAY, "That hereafter no examiners should be appointed from the Medical Council." Lost.

ASSESSMENT ARREARAGES.

Dr. WRIGHT moved, seconded by Dr. BERGIN, "That a circular be issued and sent to every member of the College by the Registrar so soon after the close of the present session of the Council as conveniently may be, setting forth fully the present financial condition of the Council, showing the amount of arrearages of assessment and the necessity for immediate payment of these arrearages. Also calling the attention of members of the College to the necessity of notifying the Registrar of every change of residence by a member of the Council, and also to that clause of the Imperial Act under which registered practitioners under that Act can demand registration by this Council." Carried.

The Council adjourned at six o'clock.

EVENING SESSION.

The Council met again at eight o'clock, the Vice-President, Dr. Bergin, in the chair.

Dr. BURNS wished to say, in reference to his recent candidature for the position of Treasurer, that he consented in deference to the expressed wish of a majority of the territorial representatives, who felt that a school man should not hold the position. Personally, he had no objection to the present incumbent of the position; he had no desire for the office; but he could not resist the application, especially as there was no other eligible territorial representative resident in the city.

The Committee appointed to consider the tariff of the Newcastle and Trent Medical Association recommended the reception of the same, and it was passed in Committee of the Whole and adopted forthwith.

FINANCE COMMITTEE.

The report of the Finance Committee was presented by the Chairman, Dr. Mostyn. It recommended the payment of accounts amounting in all to \$3,065 14. The expenses of the Executive Committee for the year were \$462, and the item of law expenses amounted to \$447 22. In reference to Dr. McCargow's motion for a remission of fees to unsuccessful students at examinations, the Committee recommended that one-half of the fees should be returned to all future candidates who failed to pass.

Dr. GEIKIE moved in amendment, "That in cases where parties had been once or oftener unsuccessful, and had received no rebate, no further fees should be charged when they presented themselves for one future examination."

Dr. McCAMMON moved in amendment that the whole fee should be paid at the time of presentation of the candidate, but that in case of failure he would be allowed to present himself once more without any further charge.

The amendment was carried, and the report was adopted as amended.

FOURTH DAY.

The fourth and last day's sittings of the Council was opened in the afternoon at 3:30. The chair was taken by the President.

PETITIONS.

Dr. McCARGOW presented a petition from E. B. Riley, of Hamilton, setting forth that he had attended for one year at the Hospital, and subsequently at the office of a regular physician for one year, and praying that he be admitted to final examination after having attended lectures for three years. On motion, the prayer of the petition was granted.

COMMUNICATIONS.

Dr. MACDONALD read a communication from the Under Secretary of State in reference to the steps which are being taken in the matter of the proposed change in the Imperial Medical Act. The letter stated that correspondence was going on between the Dominion and the Imperial Governments on the subject.

A communication was read from the Treasurer, calling attention to the fact that in 1879 Dr. Kennedy had received \$25 in excess of the amount to which he was entitled for his services as an examiner. The letter was referred to the Executive Committee, with instructions to collect the amount.

A communication was read from Dr. Day, asking the Council to furnish him with a list of votes struck off which were polled in his favour at the recent medical territorial election

held in the Quinte and Cataraqui division, and to state the reasons why each vote was struck off.

Dr. BERGIN thought it was a very modest demand from Dr. Day to ask for information wherewith to prosecute the Council. He moved that the letter be laid on the table.

The motion was carried.

EMPLOYMENT OF COUNSEL.

Dr. McCAMMON moved, seconded by Dr. BERGIN "That Mr. Dalton McCarthy, Q.C., be appointed solicitor for the Council." He was not personally acquainted with Mr. McCarthy, but his reputation as a lawyer was good.

Dr. CLARK did not see any necessity for changing the counsel. The firm of which Hon. Mr. Crooks was a member had been the solicitors of the Council for years, with good satisfaction. Besides, this connection might be very desirable to the Council if they wished to bring any matters before the Ontario Legislature.

Dr. BERGIN thought if they needed assistance in Parliament, the sooner they threw their solicitor overboard the better.

Dr. MACDONALD said that Mr. Crooks was selected as their solicitor by a member of the Council who was politically opposed to him. He moved in amendment "That the firm of Crooks, Kingsmill, & Cattanaich be retained as counsel."

The original motion was put first, and carried on a division of 12 to 6.

Dr. DOUGLAS moved, and Dr. BRAY seconded, "That in order to give more general satisfaction throughout the different territorial districts, deputy returning-officers be appointed in each subdivision." The motion was referred to the Executive Committee.

BUREAU OF HEALTH.

Dr. CLARK proposed the following resolution:—"That in the opinion of this Council, while it is very desirable that a Central Bureau of Health for this Dominion should be established at Ottawa, the Provincial Government of Ontario should make some provision at an early day for promoting the public health in this Province by providing for some central organized body, such as the Government may deem best, with functions similar to the Imperial Boards of Health of most European countries, and the State Boards of Health of most of the United States, chiefly for the purpose of educating the people in health matters, obtaining information in reference to the public health, and for perfecting, as far as possible, the returns of vital statistics." Carried.

INCREASED REPRESENTATION.

Dr. GEIKIE moved, seconded by Dr. MOSTYN

"That in the opinion of this Council a very considerable increase in the number of territorial representatives will greatly conduce to its popularity, and to securing, as its due, the fullest sympathy and confidence of the profession and the public." The mover offered the resolution entirely in the interest of the profession, and without any private motive to serve.

Dr. LAVELL was not opposed to an increase of representation, but from the varied interests represented in the Council any proposed change in the representation would have to be well considered. There was an inequality, and he was willing to rectify it as squarely as could be done. He would be glad if they could go to the Legislature and ask for a change, but they would need to be united and go as one body, or the Government would send them back to reconcile their views and present a united measure.

Dr. BERGIN said that it was not in the interest of Dr. Geikie that there should be an increase in the territorial representation, and he was merely throwing a sop to them. He was tickling them with a straw, and he had abandoned his allegiance to the schools.

Dr. GEIKIE called attention to his statement that he had no personal interest in supporting the resolution.

Dr. BERGIN accepted the statement. He thought the present time was inopportune for a change in representation. If they approached the Legislature in the present state of feeling they would be almost sure to meet with failure.

Dr. LOGAN said there were three or four teaching bodies having representatives in the Council, who had no more right to a seat than the chairman of a respectable literary institution. They were mere figure-heads, discussing medical subjects in which they had not the slightest interest in the world.

Dr. CLARK, as one of the nondescripts alluded to, did not think that any one on the Council should say to them whether they had a right to be there or not. Their presence there was not improper until they were forbidden by the Act. If it was intended to abolish the present order of things and seek for new legislation, he would favour representation by population.

Dr. BRAY moved in amendment, seconded by Dr. LOGAN:—"That it is expedient, in view of the increasing number of teaching bodies in the Province who send members to the Council, that a change in the Act should be made, and that a Committee be appointed whose duty it shall be to thoroughly inquire into this matter and report at the next meeting of the Council, with a view of making a change in section 6 of the Medical Act."

The amendment was put and carried on a vote by 11 to 8.

REPORTS OF COMMITTEES.

Dr. Mostyn presented the second report of the Committee on Finance. Amongst other things it was stated that the amount of assessments collected was \$200 in excess of former years. The report was adopted without amendment.

REGISTRATION.

Dr. Vernon presented the report of the Committee on Registration. A number of disputed cases came before the Committee for consideration, and were reported on. The applications of Dr. Thrall and Miss Griss were not favourably received; those of Mrs. Stowe, Jas. H. Lister, and — Perris were recommended for adoption. The report was passed in Committee of the Whole, with one amendment—deferring the case of J. H. Lister for future consideration.

EDUCATION.

The report of the Committee on Education was read by Dr. Lavell. A great variety of matters coming up for the consideration of the Committee were reported on. The College Calendar was revised, and a number of changes were made in the regulations, courses of study, &c.

The resolution of Dr. Burns, raising the matriculation examination to conform to the High School intermediate examinations, was recommended for adoption. The following examiners were appointed:—Anatomy—Dr. Sullivan. Medicine—Dr. Eccles. Midwifery—Dr. Robertson. Physiology, &c.—Dr. Tye. Surgery—Dr. Buckley. Chemistry—Dr. Barrett. Materia Medica and Botany—Dr. Stevenson. Jurisprudence—Dr. Campbell. Homœopathic Examiner—Dr. Hall. Matriculation Examiners—Messrs. McMurphy and Knight. The report was adopted.

INCREASED REMUNERATION.

Dr. McCargow introduced a by-law giving to members of the Council when engaged in attending the meeting \$10 per day and travelling expenses instead of \$8 as at present. After some discussion the bill was passed on a division by 13 to 5.

VOTE OF THANKS.

A cordial vote of thanks was passed to the late Registrar, Dr. Pyne, for the zeal and efficiency displayed in the discharge of his duties for the past seven years. The thanks of the Council were also tendered to Dr. O'Reilly for his invitation to visit the Hospital; and to the President and Vice-President of the Council.

The Council then adjourned.

CANADA MEDICAL ASSOCIATION.

The 13th annual meeting of the Canada Medical Association will be held in Ottawa, on Wednesday, September 1st. We hope there will be a large attendance. The Committee of Arrangements will be glad to receive notice at least ten days before the meeting from any one who proposes to read a paper.

Arrangements will be made with the different Railroad and Steamboat Companies for the usual reduction in the fare of members, certificates for which may be obtained from the Local Secretaries, Drs. Wright, Ottawa; Ross, Montreal; Wickwire, Halifax, N.S.; Allison, St. John, N.B.; and from A. H. David, M.D., General Secretary, Canada Medical Association.

PREPARATIONS OF A CANADIAN PHARMACIST.

—It is almost needless to mention the name of Mr. E. B. Shuttleworth to our readers under the above caption, as he has been so long and so well known throughout Canada and the United States as the editor of the *Pharmaceutical Journal* and the manager of the Toronto Chemical Works. He has established a manufactory at 53 Front Street, Toronto. His advertisement appears on page 12.

APPOINTMENTS.

Dr. Charles Sheard has been appointed a Pathologist to the Toronto General Hospital.

Dr. U. Ogden has been appointed representative of the Toronto School of Medicine in the Senate of Toronto University.

Dr. H. H. Wright has been appointed representative of the Toronto School of Medicine in the Ontario Medical Council.

Dr. A. H. Wright, Toronto, has been appointed Associate Lecturer on Physiology at the Toronto School of Medicine.

ACCOUHEMENTS EXTRAORDINARY.—We hear from Walkerton of a lady who has recently presented her husband, to whom she has been married for twenty-one years, with his first-born child—a young son. In this city, also, the wife of a well-known citizen has just been delivered of her first-born, after having been married fifteen years to her first husband, and four years to her present husband.

Book Notices.

Optico-Ciliary Neurotomy. By JULIAN CHIS-OLM, M.D., Baltimore.

The Diagnosis of Granular Kidney. By ROBERT SAUNBY, M.D., M.R.C.P., Lond.

Transactions of the Medical Society of the State of Tennessee at its Fourth Annual Meeting, 1880.

The Detroit Medical College, Detroit, Michigan, Thirteenth Annual Announcement and Catalogue 1880-81.

Wine in the different forms of Anæmia and Atonic Gout. By M. E. Bégin. Translated from the French.

Eleventh Report of the State Board of Health of Massachusetts, for the six months ending June 30th, 1879. Boston: Band, Avery & Co.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland; 82nd Annual Session. Baltimore, April, 1880.

University of Bishop's College; 10th Annual Announcement of the Faculty of Medicine. Montreal, Session 1880-81.

Annual Announcement of the St. Paul Medical College—Medical Department of Hamline University of Minnesota.

A Text-Book on Physiology. By M. FOSTER, M.A., M.D., F.R.S., etc. From the Third English Edition. With notes and additions by Edward T. Reichart, of Philadelphia. Philadelphia: Henry C. Lea's Sons & Co.; Toronto: Willing & Williamson.

We had the pleasure of expressing a very favourable opinion of the English edition of Foster's *Physiology* in our issue of February last. In this American edition, the editor, while making no changes in the context, has added many details, especially in *Physiological Anatomy*. Although, in any case, the work is only suitable for an advanced student, who is supposed to have a knowledge of *Histology*, yet we think the additions have made the book more complete, and will increase the usefulness of a most valuable work.

A Treatise on Foreign Bodies in Surgical Practice. By Dr. A. POULET, Adjutant Surgeon-Major, Inspector of the School for Military Medicine at Val-de-Grace, France. New York: William Wood & Company; Toronto: Willing & Williamson.

The two volumes now before us on the above subject are exceedingly well written. It needs only a moment's consideration of any practitioner to recall to memory many instances of surgical cases which at first puzzled him as to the exciting causes, when after careful examination and watching they were found to consist of foreign bodies, whose presence were a continuous source of local irritation. The surgeon is often mortified to find that after treating symptoms for some time, and waiting for further developments, the source of all the trouble and anxiety may be a small stone or pea in the ear, a piece of metal in the cornea, or a small piece of catheter in the bladder. The author justly says:—"The anxiety and embarrassment which a surgeon manifests will show how insufficient is his surgical knowledge on this point. He may be taught to amputate, resect, or disarticulate the limb *secundum artem*; he may know the principal arterial trunks, and all the exceptional occurrences; but there is every reason to believe that he will be a very novice in such cases as may be suddenly presented to him, both in the city and country."

All foreign bodies are ranged in four grand classes, according to their origin, their mode of penetration, or fixity. These are classified as follows:—

- I. The bodies which penetrate the economy through the natural passages.
- II. Those which penetrate by "breaking through," *i.e.*, by wounding some part of the cutaneous envelope.
- III. Those which, enveloping in the economy after an injury, are formed at the spot where they are found.
- IV. Those which are adherent to parts, like rings, chains, etc.

It will thus be seen what a large part of surgery this monograph covers. In the usual text-books these subjects are usually dispensed with in a few sentences, although in actual

practice such cases are far oftener found than are those of apparently greater importance and often need manipulation and dexterity not even required in major operations.

The chapters treating of foreign bodies in the intestinal canal, the respiratory bodies, and the genito-urinary organs are particularly practical and interesting. The work is produced in excellent style, with clear print and on good paper. To the every-day practitioner it must be of great service, and fills a gap in medical literature which has not heretofore been filled up.

Sore Throat: Its Nature, Varieties, and Treatment. By PROSSER JAMES, M.D., &c., &c. Fourth Edition. Philadelphia: Lindsay & Blakiston, 1880; Toronto: Hart and Rawlinson.

The author is well known as one of the earliest and most trustworthy writers on this subject, and his works are received both in Britain and on this continent as the most reliable text books we have. The volume before us is full of practical information, perhaps more valuable to the special Laryngoscopist than to the general practitioner, but still of sufficient value to the latter to pay well for its perusal.

In Chapters I. II. and III. he takes up the Nature and Varieties, Diagnosis and General Treatment of Sore Throat; in Chap. IV., Classification; in the next eight chapters, what he calls diffused affections, or what we would call special diseases; and in the next eleven chapters, diseases of individual organs.

In speaking of croup, he discards the idea of its dual character, and says that catarrhal and membranous croup are essentially one and the same disease; that whether it proves fatal or not depends upon the amount of plastic exudation and the degree of laryngeal spasm excited by it. He believes that in those cases called catarrhal, in which recovery often takes place, only a small amount of exudation is formed, and is rapidly expectorated or swallowed, and that when the exudation is sufficiently copious and plastic to form a decided membrane it is excessively fatal; but death may occur with well-marked symptoms of membranous exudation, and yet nothing but a thick stringy mucus

be found in the trachea. We have ourselves seen cases prove fatal with nothing but a thick rusty-coloured mucus filling the trachea after death, and can bear testimony to the truth of the author's statement that "In one case abundant tough exudation is present, and suffices to account for all the symptoms; in another, no distinct membrane is expectorated during life and none is found after death, and yet the symptoms may be similar."

We do not think he is as clear and decided in regard to treatment as he might be, for while he justly condemns blood-letting, we think he should be more clear in regard to emetics. These agents, properly chosen, will often do good, and as he says will often enable a child to bring up false membrane which he could not expel by his own efforts; but we are sorry to see him give a *quasi* approval to the use of antimonial emetics, as we are quite convinced that nearly as much risk is incurred by their administration as would result from allowing the disease to run its course. We have seen more than one child die from the effects of antimonial emetics, and we are satisfied that all the benefits to be derived from vomiting may be obtained by the use of less depressing agents. We have had better results from the yellow sulphate of mercury than any other emetic we have ever tried. The dose is small, tasteless, and prompt. Counter-irritation in the form of a large sponge squeezed half dry out of hot water, and held close to the skin of the throat till the part becomes quite red, he praises, and he also speaks favourably of cold compresses to the neck; and we know that when applied early they often arrest the disease very promptly, and we think patients treated with the cold compresses are less liable to recurrent attacks than those treated by other means. He highly approves of keeping the sufferer from croup in an atmosphere thoroughly impregnated with watery vapour—a practice we also highly commend.

When asphyxia is impending, he rather favours tracheotomy at an earlier stage than is usually chosen in this country or in Britain, as it appears to have been decidedly more successful on the continent, where it is resorted to at an earlier period than with us, and, moreover, if

not successful it removes the horrors of a death struggle, which is most painful to witness.

In regard to enlarged tonsils, he says they should never be neglected, as when they interfere with breathing, they prevent full inspiration to such a degree as to develop the pigeon-breast, which often ends in consumption.

In view of such a contingency, he advises their removal as soon as their influence on respiration becomes manifest and treatment fails to reduce them. But it is only necessary to remove a thin slice, when the remainder will shrink away to such an extent as to obviate inconvenience. Hypertrophy of the tonsils should lead us to suspect a strumous tendency and to adopt means to build up the general health while the child is growing. The most valuable means to accomplish that object will be sea-air and bathing, with good diet, cod liver oil, syrup of iodide of iron, and freedom from early lessons. Want of space forbids the pursuit of the subject farther, and we must refer the reader to the book itself, where more profitable and interesting matter on these very common diseases will be found.

Thus great Achilles, who had shown his zeal
In healing wounds, died of a wounded heel;
Unhappy chief, who when in childhood doused
Had saved his Bacon had his feet been doused!
Accursed heel, that killed a hero stout!
Oh, had your mother known that you were ours,
Death had not entered at the trifling part
That still defies the small chirurgien's art
With corn and Bunions— not the glorious John
Who wrote the book we all have pondered on—
But other Bunions, bound in fleecy hose,
To "Pilgrim's Progress" unrelenting foes!
—From Dr. Holmes' "Modest Requests"

Births, Marriages, and Deaths.

MARRIAGE.

At Holy Trinity Church, Winnipeg, on the 11th ult., by the Rev. Octave Fortin, B.A., rector, Robert Dennis Richardson, son of James H. Richardson, M.D., Toronto, to Dora Louisa Freer, young daughter of the late Edward Stayner Freer, of Montreal.

DEATHS.

At Hamilton on July 13th, Dr. Thomas White, aged 35 years.

In Uxbridge, on Friday, July 23rd, Harold William, infant son of Dr. W. G. Metcalf, Medical Superintendent, Rockwood Asylum, aged three months and seventeen days.