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A Monthly Journal of Medical and Surgical Science,
Criticism and News.

Vol. VII.
No. 12.

TORONTO, AUGUST 1, 1875.

Price 30 Cents.
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CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, *Quina*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and *no external agents*.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."
UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
F. A. GENTH, Prof. of Chemistry and Mineralogy.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direct analysis I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."
LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.
C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."
S. P. SHARPLES, State Assayer of Mass.

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3d. It is less costly; the price will fluctuate with the rise and fall of barks; but will always be much less than the *Sulphate of Quinine*.

4th. It meets indications not met by that Salt.

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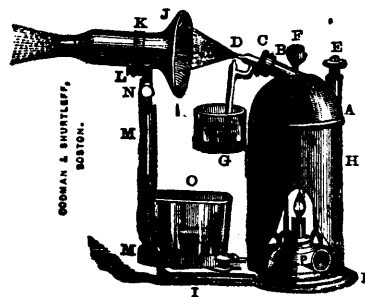


Fig. 15. The complete Steam Atomizer.

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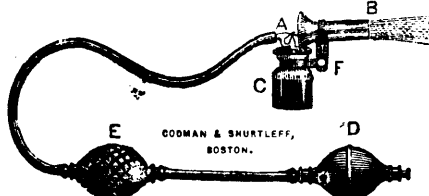


Fig. 5. Shurtleff's Atomizing Apparatus. Pat. March 24, 1868.

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The chair will be taken at 10 a.m.

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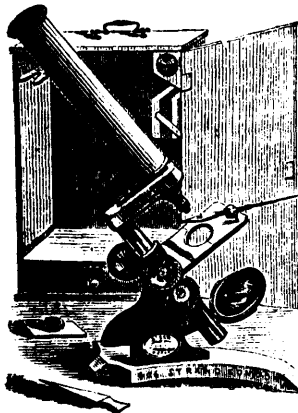
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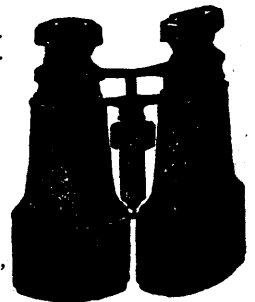


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| HENRY B. SANDS, M.D., Professor of Anatomy. | EDWARD C. SEGUIN, M.D., Clinical Professor of Diseases of the Mind and Nervous System. |
| JAMES W. McLANE, M.D., Adjunct Professor of Obstetrics and the Diseases of Women and Children. | CHARLES MCBURNEY, M.D., Demonstrator of Anatomy. |
| THOMAS T. SABINE, M.D., Adjunct Professor of Anatomy. | CHARLES KELSEY, M.D., Assistant Demonstrator. |
| CHARLES F. CHANDLER, Ph.D., Adjunct Professor of Chemistry. | |
| EDWARD CURTIS, M.D., Professor of Materia Medica and Therapeutics. | |

IN THE PLAN OF INSTRUCTION adopted in this Institution, Clinical Teaching constitutes an important and prominent feature, all the practical subjects treated of in the Didactic Course being fully illustrated at the bedside. In the furtherance of this object, the extensive Hospitals of New York, of which the Bellevue Hospital, the Charity Hospital, Blackwell's Island, the Roosevelt Hospital, the Manhattan Eye and Ear Hospital, and the New York Eye and Ear Infirmary are the largest and most efficient, furnish ample fields for instruction and study. To all of these the Faculty of the College resort for the purposes of practical instruction, Cliniques being held daily in one or more of them. Besides the Clinical Lectures given at the Hospitals, there are nine Cliniques each week at the College Building, viz.:

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|---|--|
| Surgical Clinique, by Prof. PAKKER, every Monday at 12 M. | Surgical Clinique by Prof. DETMOLD, every Wednesday at 3 P.M. |
| Clinique for Diseases of Skin, by Prof. DRAPER, every Monday at 3 P.M. | Medical Clinique, by Prof. CLARK, every Thursday at 12 P.M. |
| Ophthalmic Clinique, by Prof. AGNEW, every Tuesday at 3 P.M. | Venereal Clinique, by Prof. OTIS, every Thursday at 3 P.M. |
| Clinique for Diseases of Children, by Prof. JACOBI, every Wednesday at 1 1/2 P.M. | Female Clinique, by Prof. THOMAS, every Friday at 3 P.M. |
| | Clinique for Nervous Diseases, by Prof. SEGUIN, every Saturday at 3 P.M. |

SUMMER SESSION.

FACULTY.

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|--|---|
| JAMES L. LITTLE, M.D., Lecturer on Operative Surgery and Surgical Dressings. | FRANCIS DELAFIELD, M.D., Lecturer on Pathological Anatomy. |
| GEORGE G. WHELOCK, M.D., Lecturer on Physical Diagnosis. | ROBERT F. WEIR, M.D., Lecturer on Diseases of the Male Pelvic Organs. |
| A. BRATTON BALL, M.D., Lecturer on Diseases of the Kidneys. | JOHN G. CURTIS, M.D., Lecturer on Injuries and Diseases of the Blood-vessels. |

The Summer Session of 1875 will commence on Monday, March 15th, and will continue until the middle of June. Two Didactic Lectures will be given daily during this course, and the College Cliniques held as usual. Instruction in Practical Chemistry will be given in the Laboratory under the supervision of Professor ST. JOHN, with the aid of competent assistants to those who wish to make themselves personally familiar with the more important manipulations in chemical analysis. Instruction will also be given in Physical Diagnosis, and obstetrical cases furnished to the class. No additional charge will be made, for the above, to students who take the General Ticket for the Summer Session. Certificates of attendance on this course will be counted as time spent in the study of medicine under the direction of a practitioner. Matriculation Fee, \$5; valid for the year. General Ticket to all the Lectures, \$30. For each separate ticket \$5.

REGULAR SESSION.

The Regular Course of Lectures for the Session of 1875-76 will commence on Friday, the first day of October, 1875, and will continue until the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures, delivered both at the College and at the larger Hospitals.

Matriculation Fee, \$5; Fees for the full Course of Lectures by all the Professors, \$140; for each separate ticket, \$20; Ticket of the Demonstrator of Anatomy, \$10; Graduation Fee, \$30.

The Tickets are to be taken at the beginning of the Session. Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall subsequently attend one full course in this College, are admitted to a third course of lectures on paying the matriculation fee only. Graduates of this school are admitted without fee. Graduates of other regular schools, who have been in practice three years, and Theological Students, are admitted on general ticket by paying the matriculation fee. Recent Graduates of other regular schools, and students who have already attended two full Courses of Lectures, are admitted to this College on payment of the matriculation fee and \$70. Students are requested on their arrival in this city, to call at the College and register their names with the Clerk, Mr. Boag, who will give them all necessary information and aid them in obtaining board.

For the Annual Catalogue, and further information, address the Secretary of the Faculty, THOMAS T. SABINE, M.D., COLLEGE OF PHYSICIANS AND SURGEONS, CORNER OF 23RD STREET AND 4TH AVENUE, NEW YORK.

SAVORY & MOORE, 143, New Bond Street, London, beg to call the attention of the Profession generally, to some of the later preparations brought out in England, the purity, and uniform strength of which can be guaranteed.

GENUINE PANCREATIC EMULSION and PANCREATINE.

The reputation of these preparations is now so thoroughly established, that they may be said to be the only remedies of the description recognized and prescribed by the leading members of the Medical Profession. No small portion of their popularity is to be ascribed to the fact, that they are palatable to the most fastidious, keep good in all climates, and are readily miscible in water, milk, &c. In all cases where Cod Liver Oil fails to afford relief, or cannot be retained by the stomach, Pancreatic Emulsion and Pancreatine are the *only remedies* to supply its place, increasing weight, and ensuring strength and appetite; whilst in many cases they prove a most valuable adjunct to the Oil, which they assist in digesting.



PANCREATINE WINE. A most pleasant vehicle for administering Cod Liver Oil, with which, if shaken, it readily forms an Emulsion. This preparation when prescribed by itself will be found to be a powerful assistant to digestion, and as a remedy for this purpose is largely used in England.

PANCREATISED COD LIVER OIL: A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

PEPTODYN, the New Digestive Digests all kinds of Food—the FARINACEOUS, FIBRINOUS, and OLEAGINOUS, (being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.)

Five grains of the Powder digests—100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch. As Supplied to the Royal Families of England and Russia.

BEST FOOD FOR INFANTS, Feeding Infants on the best, i. e. the most nourishing and easily digested Food, has recently occupied much of the attention of the Profession, and the fallacy and danger of employing Starch, in the form of Corn Flour and other high-sounding titles, has been repeatedly pointed out.

This Food resembles Mother's Milk more closely than any other kind, containing the highest amount of nourishment in the most digestible and convenient form.

DATURA TATULA, for Asthma and Chronic Bronchitis. Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, &c. Grown only by Savory and Moore, and prepared in all forms for smoking and inhalation.

Wholesale of Messrs LYMAN, CLARE & Co., and Retail of the Principal Druggists in the Dominion and America.

Detroit Medical College.

SESSIONS OF 1875-76.

PRELIMINARY SESSION opens September 1st, and continues one month.

REGULAR SESSION opens October 6th, and continues five months.

RECITATION SESSION opens March 10th, 1875, and continues four months.

Three Hospitals and two large Dispensaries furnish an abundance of clinical material for illustrative and practical teaching. One or more clinics is held daily.

All lectures are delivered on Hospital grounds, Senior students have daily practice in the art of examining patients.

The peculiar feature of this school is the intimate union between its clinical and didactic instruction.

FEES for Preliminary and Regular Sessions: Matriculation, \$5; Hospital fees (good for one year), \$10; Lecture fees, \$40; Graduation, \$25; Lecture fees to third course students, \$25.

For the Recitation term, the lecture fees are \$10 to those who attend the other courses. All others are required to matriculate and take out Hospital tickets.

Announcement or further information can be promptly obtained by addressing

LEARTUS CONNOR, M.D., Secretary,

94 Cass Street, Detroit, Mich.

ROYAL COLLEGE PHYSICIANS AND SURGEONS,

IN AFFILIATION WITH

Queen's University, Kingston.

Faculty:

- J. R. DICKSON, M.D., M.R.C.P. Lond.; M.R.C.S. Eng.; F.R.C.S. Edin.; President and Prof. of Clinical Surgery.
- FIFE FOWLER, M.D., L.R.C.S. Edin. Registrar and Prof. of Materia Medica.
- HORATIO YATES, M.D. Principles and Practice of Medicine, and Clinical Medicine.
- MICHAEL LAVELL, M.D. Obstetrics and Diseases of Women and Children.
- MICHAEL SULLIVAN, M.D. Surgery and Surgical Anatomy.
- OCTAVIUS YATES, M.D. Institutes of Medicine and Sanitary Science.
- THOMAS R. DUPUIS, M.D. Descriptive and Regional Anatomy.
- JAMES NEISH, M.D. Botany.
- NATHAN F. DUPUIS, M.A. Chemistry and Practical Chemistry.
- ALFRED S. OLIVER, M.D. Medical Jurisprudence.
- HERBERT J. SAUNDERS, M.D. M.R.C.S. England. Practical Anatomy.

The next winter Session begins on the 1st Wednesday of October, 1875. Students attending this College may obtain either the degree of M.D. or the Licence of the College. Certificates of attendance are recognized by the London and Edinburgh Colleges. The College building, which is being newly fitted up, is commodious and convenient. Unequaled facilities are presented for the study of Practical Anatomy, and great advantages are afforded for Clinical instruction at the General Hospital, and Hotel Dieu. Further information can be had on application to the Registrar.

FIFE FOWLER, M.D., L.R.C.S. Edin.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VII. TORONTO, AUG. 1st, 1875. No. 12.

Original Communications.

DIRECT INGUINAL HERNIA—STRANGULATED—HEALING BY ADHESION.

BY H. P. YEOMANS, A.B., C.M.D., MOUNT FOREST.

P.W., aged 55, healthy, and of good constitution has suffered from direct inguinal hernia for several years, which has with very great difficulty been kept back with a truss.

The tumour often descended while he was at work, but was reduced by rest and the recumbent posture, and twice by taxis. Descended on the 26th of September, and presented symptoms of strangulation. After a prolonged trial at reduction by two other physicians and myself, chloroform, applications of cold, and tobacco injection having been resorted to, an operation was decided upon. Vomiting was now becoming stercoraceous. The hernial coverings were divided and the sac carefully laid open, the intestine examined and found healthy—the stricture at the deep opening having been divided, the bowel was returned. There being very little oozing of blood the wound was carefully wiped with a soft, damp sponge, all emphysema was removed from the areolar tissues and a solution of carbolic acid and glycerine \mathfrak{zj} ad \mathfrak{zj} , *immediately thereafter* applied to the exposed external portions of the wound. Ordinary hemp sutures soaked in the solution of carbolic acid and glycerine were inserted through the skin and conjoined tendon, embracing the cord, and the surfaces of the wound were brought in apposition as closely as possible. A piece of surgeon's lint soaked in the carbolized glycerine was applied so as to completely cover the wound and exclude the air. The lint was secured *in situ* by strips of adhesive plaster. The whole covered by a large pad secured by a bandage was tightly applied around the hips, so that considerable pressure was exerted on the wound. Large doses of opium were administered every 4 hours, and the

patient placed in perfect rest with the shoulders raised and knees drawn up.

Sept. 27.—24 hours after operation.—Slight tympanites, pulse full, soft, 88. Rested a little on previous night; had taken a little drink.

Sept. 28.—Slept better; pulse full, soft, 80.—Carefully administered an enema, which merely relieved tympanites.

Sept. 29.—Slept as well as on previous night, otherwise the same.

Sept. 30.—Had a free evacuation from the bowels, flatus entirely disappeared; pulse less full; slept better.

Oct. 1.—Healing by first intention having taken place the stitches were removed and the wound secured with long strips of adhesive plaster accurately applied. The pad and bandage were re-applied after which the patient recovered with ordinary precautions.

He now states that a light truss prevents a descent of the tumour while at hard work, and that often he ventures to go about without any external support.

The deep sutures and healing by first intention evidently made a firm adherent cicatrix which render a recurrence of strangulation will very improbable.

HINTS ON THE CONSTITUTION OF THE ONTARIO EXAMINING BOARD.

BY THOS. R. DUPUIS, M.D., KINGSTON.

As complaints have been made in some quarters against the character of the examinations made at Toronto by the Board appointed by the Council—even partiality to favorite students, and reciprocal assistance among examiners, for the passing of certain ones being hinted at—and objections raised to the constitution of the Board itself, I think it would be well for the members of our Medical Council to devise some method of arranging a Board of Examiners, so that such accusations against them could have no force. Certainly it does not seem generous to the profession at large, for the Council to make most, if not all, the appointments, not necessarily limited to the schools, from among their own body; but it is not easy to gather up out of the general profession largely unknown to the members of the Council, men,

wearied by the struggles of medical practice, competent to give students, fresh from study, a thorough examination, especially in those departments of medical science—chiefly the curriculum of schools—which the routine of a physician's daily life tends rather to obfuscate than to brighten.

Practically, no doubt, the physicians that fill the onerous and responsible duties of attending upon the sick, throughout the various towns, villages, and rural districts of our country, are as efficient in their calling as those that are engaged in teaching in the various colleges, because of the fact that if a man is engaged in teaching any one branch, the extra attention he must give that branch to become thoroughly master of it, argues a corresponding amount of neglect of other branches, supposing him to be an average studious man.

But for the purposes of examining students in any branch, it requires but little argument to show that a teacher of that branch, is, *cæteris paribus*, very much superior to the practising physician, after he has been many years from school, engaged in the turmoil of professional labors.

Chemistry and Anatomy are two branches especially, in the minutæ of which one very soon becomes rusty; and though practising physicians who have once been thoroughly grounded in these might have the salient and important points more readily at their command than students would have, yet in all probability those would be found deficient in the very *details* that formed the groundwork of their own knowledge, and with which students are expected to be, and generally will be found to be, familiar.

In Law and Divinity as a rule the old practitioners are the best examiners, simply because their practice has been a continuation and amplification of the studies begun as students; but medicine differs from them, inasmuch as its practice consists chiefly in acting on what can be remembered of college instruction, with no opportunity, in most cases, of increasing that knowledge in some of the branches, and with very few opportunities of refreshing it. In illustration of this we may refer to Anatomy. Practical Surgery and Chemistry.

Practical Anatomy must of necessity be abandoned by the general practitioner once he leaves the scene of his studies; chemical laboratories are expensive, and experimentation requires more time than the demands of the active duties of life

can spare for it; while many hard worked physicians do not see as many surgical cases in ten years of general practice as they witnessed in the wards of the hospital, or saw performed upon the cadaver in the class-rooms during the years they were students. Moreover, in busy life the time for study at the command of most physicians, is barely enough to keep them from forgetting what they once learned in the non-practical branches, and scarcely sufficient to enable them to keep pace with the discoveries and changes made in the practical ones; so that the chief source of increased knowledge, except in a few particulars of the profession, as a rule, must be for most men, experience.

Now, although it has been said that experience without theory is safer than theory without experience, we must confess that we approve of theory at an examination board when we have fresh students before it, however much we might respect experience at the bed-side.

My reference to the profession of Law and Divinity will serve to correct a very prevalent error, namely, that age and a number of years of practice fits a man to be a better examiner of young men that are just entering upon the duties of our profession; for although these qualifications would be an advantage to the examiner in these two professions, it must be patent to all, that in a profession like medicine, where the study and practice are almost as distant as two different pursuits of life, and when Chemistry, Physiology, and Materia Medica, and even Therapeutics, are making such rapid strides, and shifting their bases so frequently that age and experience do not add to the efficiency of an examiner.

Now, the plan to remedy the difficulties referred to, that I would suggest for the consideration of the Council is the following. Let there be made up among the various teaching bodies of the Province the number requisite to give one examiner for each branch; and since we have four teaching bodies in Ontario two would have to be taken from each, and then we would still have one less than the number required; but the place of the ninth could be supplied by one or more of the others. An examiner in Anatomy and one in Materia Medica might be appointed from one college, one in Physiology and one in chemistry from another college, one in Surgery and one in Midwifery from another college, and one in the Practice of Medicine

and one in Medical Jurisprudence from another college, and Botany could be assigned to either the Materia Medica or Chemistry examiner; thus a full staff of examiners who are also teachers would be formed. This would ensure thoroughness on the theoretical and auxiliary parts of medical knowledge in the examinations, and subject students to a proper test of their familiarity with subjects which they had been taught.

In the next place to prevent any chance of collusion among examiners or partiality to students, to remove all feeling of jealousy towards the members of the Council and the teaching bodies, and to ensure thoroughness in the practical parts, let nine associate examiners be appointed from among the members of the profession outside of the two classes referred to, that is one for each of the following branches, namely:—Anatomy, Physiology, Materia Medica, Chemistry, Surgery, Practice of Medicine, Midwifery, Medical Jurisprudence, and Botany.

Let it be compulsory that these two examiners both be present during the whole of the examination in the branches over which they preside; and the whole seventeen of them during the oral examinations if possible; and most especially when decisions upon the merits of the students who have been examined are being made, let them be present.

By this means it seems to me, we should secure in our Examining Board such a variety of talent as would be able to decide upon a student's competency to assume the responsible position of a physician without much fear of mistake or probability of favoritism. His ability would be judged by both the teachers of the science, and the practitioners of the art of medicine, in the fullest sense, and the true capacity of the *man* would be estimated. The Board would be composed of duplicate examiners the interests of each pair of which would be theoretically at variance; the teachers inclining to push students through for the advantage of the schools, and the others to keep them back, with a view to preventing a surplus of medical men from entering the already exhausted field of practice.

Their judgments would differ also; the former being more apt to be satisfied with the evidence of a knowledge of the dogmas of the schools, and the latter, with the readiness manifested for applying this dogmatic knowledge to actual practice among the sick.

Finally, I would not presume to be dictatorial on this point, but, I do think that a general Examining Board is one of the most certain methods of elevating the standard of medical education that we possess, and one that we should labor to improve and assist, rather than to hinder and destroy. Of course there would be increased expense attending so large a convention of examiners; but would not the advantage gained by a thorough and efficient Board fully compensate for all the outlay incurred?

Once our country was filled with high-class medical men, whose attainments were somewhat uniform, we think the profession would possess more implicitly the confidence of the public, and become a power that could successfully demand its rights, and sneer with contempt at such communistic radicalism in medical matters, as is frequently advocated by the ever dissatisfied *Globe*.

Kingston, July, 1875.

Correspondence.

A MIDWIFE'S MIDWIFERY.

To the Editor of the CANADA LANCET.

SIR.—A healthy, vigorous woman, a native of the Highlands of Scotland, who resided in the township of Drummond, County of Lanark, Ont., when in labour of her first child, summoned a midwife to her attend her, who, after the patient had suffered severely for twenty-four hours, bled her copiously, and twenty-four hours thereafter again phlebotomized her freely. The husband had repeatedly asked the midwife if he should send for a medical practitioner, and she invariably replied, apparently with the utmost confidence: "Have patience and the labour will shortly terminate to your satisfaction." He, after his unfortunate wife had been seventy-two hours in labour, without even then obtaining the midwife's consent, sent a messenger to Perth, (distant six miles), for medical assistance; but unluckily Dr. James Wilson and Dr. Hamilton, the only practitioners at that time resident there, were professionally engaged, and consequently could not attend to the call. When the messenger returned, the woman was still undelivered, a messenger was then despatched for me, (my then residence distant seven miles), and when I got within half a mile of the patient's dwelling-house, a second messenger told me to proceed no

further as the woman was dead, undelivered! Being exceedingly anxious to learn the particulars of such a deplorable case, I went forward and called upon a female, related to the deceased, who repeatedly solicited me to accompany her to the house of her departed relative. I respectfully refused; but as she persisted in her solicitations, I eventually consented, and on entering the bedroom it was crowded with sorrowful females.

After looking at the corpse for a few seconds, the following question was asked me:—"Had you been here in time could you have saved that woman's life?" I replied if permitted to make an examination, I should afterwards be prepared to answer the question. Permission was immediately granted, and after finishing the examination, I was addressed thus: "Well, what do you say now?" I unhesitatingly responded that if a surgeon had been called sufficiently early, he could with the utmost ease, have delivered the woman, and, in all probability, have saved two lives.

Part of those present believed and part disbelieved my statement; however, two hours after my departure, my opinion was very unexpectedly and satisfactorily confirmed. Whilst the females were removing the fouled clothes, they had occasion to turn over the body and that simple act caused the complete extrusion of the child.

The midwife was exceedingly culpable, as she had had in Edinburgh the benefit of a full curriculum of obstetrics to qualify her for practising her profession, and had attended the Lying-in-Hospital. She, unquestionably, must have known that she was doing injustice to her patient, but, apparently would rather hazard the life of two human beings than consent to have a surgeon called to her assistance.

A few days thereafter she called at my office and after showing me recommendatory letters from several respectable physicians practising in Modern Athens, had the effrontery again and again to ask me to give her a certificate "that she had done all that possibly could be done in such a case." Her reiterated request I peremptorily refused, and told her that she had acted not only unfeelingly but cruelly, and justly merited several months imprisonment in the Provincial Penitentiary, with daily exercise on the tread-mill.

WILLIAM WILSON, C.M.

Carleton Place, July 7, 1875.

To the Editor of the CANADA LANCET.

SIR,—As the enclosed is a specimen of what the medical profession should be—according to the doctrine of the *Toronto Globe*—I cut it out and send it to you, in case you might like to insert it in the LANCET.

Yours truly, M. D.

A "BORNED" DOCTOR.

Negro who cures the Sick "wid dis yere Right Han'."

Upon the examination yesterday morning before the Recorder, of Morris Taylor, accused of administering poison to Mary Ann Tolden in a glass of soda water, Dr. Thomas Taylor, a coloured "gen'-man," was called to the stand as a witness for the State. The doctor is a small sized individual, is slipshod, walks with a cane, has a small head, scant of wool, solferino eyes, mouth cut biased, and the look of one who has an eye to the main chance.

The doctor hobbled up to the stand and proceeded to answer the questions put to him by the court, thusly:

By the Court—What is your name?

Dr. Taylor—Dr. Thomas Taylor.

Court—What is your trade? What do you do for a living?

Dr. Taylor—I's a doctor—er fission (physician.)

Court—Under what school of medicine do you study?

Dr. Taylor—Hey! Didn't study at all. Cum into de' wurl a doctor. Was borned a doctor. You see, boss, I cures people wid dis yere right han', dis yere right han'. I jes puts it on em', and does a little summen to em', and dey gets well; I does. I was worth more ter my old master, den all the other niggers he had, I'se a doctor, I is. (Here the witness surveyed the audience with a great deal of gravity and importance, and hitched up his pants, and turned again to the court.)

Court—Do you know Mary Ann Tolden? If you do, state what was her condition when you saw her on Sunday or Monday last.

Dr. T.—I knows her. Well, boss, you know last Sunday or Monday, I disremember which, I was called in 'fessionally to see de young lady. I found her in 'vulsions 'plaining of thing wurrien 'bout her heart; Says I "Marry Ann what's de matter? Says she, "Doctor I feel things a wurkin' round my heart." I put dis yere right han' on her and she got still. I saw her sorter swelled out and felt things a wurkin round in dere, and I knowed she mus' have sum varmint in dere. So I give a tablespoonful of fresh milk, and den I took a speckled chicken—a real natural chicken—and cut

it open and put it on her right side, just over whar the heart beats. I kep' it dere for some time, may be half hour. De treatment fetched 'em out. cured her up.

Court—You have a license to practise medicine?

Dr. Taylor—Yes, sir! (Here witness produced a city license, issued Jan. 1, 1875, signed by Mayor Hurley, authorizing him to carry on the occupation of a physician from Jan. 1, 1875, to July 1, 1875.)

Court—Can you read?

Dr. Taylor—No, sir; I don't need ter. I'se de seventh son. My nollige was born wid me.

Court—Have you a license from the *County Board of Physicians*?

Dr. Taylor—No, sir! What for I want to go to dem for? I'se a doctor. I is. I cures people wid my han,—my right han.' I don't give no doctors' stuff. (Here witness looked disgusted as though to insinuate that to go before the *common board* were a great insult).

Court—Do you get pay for your visits and doctoring?

Dr. Taylor—Pay! Pay! In course I does. I'se no fool I ain't. I'm a doctor, I'se. 'Course I gets pay. I charges 'em \$25 for every case, and I make 'em pay me. I does. I'se a doctor I is.—*Galveston News*.

[We have one of these gentry (though without color) in our midst at the present moment, and doing a very good business amongst a certain class of the community. We suppose if he were to be interfered with in his swindling operations the *Globe* would take up cudgels for him.]—ED.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

The Regular Meeting of the Michigan State Board of Health, took place July 13, in the office of the Secretary of State.

There were present Drs. Hitchcock, Kedzie, Baker and Hazlewood, and Rev. J. S. Goodman.

After the reading of the minutes, a paper by Dr. H. O. Hitchcock on "The Disposal of *Human Excreta*," was read. After giving a general statement of the subject, and speaking of excreta by the lungs, skin, bowels and kidneys, the following proposition was stated:—"All dead matter when buried in the earth for a little time, seems capable of a resurrection and a new life." The really great and comprehensive question therefore, in the disposal of human excreta, is how shall they soonest, and in the best manner, be brought in contact and effectually commingled with the earth.

The general arrangement of privies and the dangers arising from their location were pointed out, and cases in illustration of the same were given. Dangers arising from the manner of the immediate disposal of excreta; from water-closets, vaults, and their construction; manner of emptying, and cases illustrative of the same were given; means for avoiding these dangers, in the location of the privy in relation to the well and house, in the construction of water-closets and vaults, and in thorough and frequent disinfection. The dry earth system the most economical and sanitary method of disposing of excreta should supersede water-closets and vaults. The paper was ordered to be published in the Annual Report. The value of various absorbents was discussed. Dry earth (not sand) was considered for all practical purposes the best.

Mr. Goodman spoke of a boiler explosion on the Saginaw River, a few weeks ago. The boiler was on its way to be inspected at Port Huron in accordance with the direction of the inspector, who said he had not time to go to Saginaw to inspect it, and if the owners wanted it inspected they must bring it to him. Two men were killed and unfortunately the inspector was not one of them.

Dr. Kedzie as Chairman of a committee to whom was referred a proposed set of sanitary rules for local boards of health, reported them back with certain amendments, and they were adopted by the Board and ordered to be printed and distributed to local boards, with the recommendation that they adopt them.

Dr. Kedzie presented a plan for meteorological records, with directions to be printed on the back of the same, for making observations and caring for instruments, which was adopted by the Board, and ordered to be printed and distributed to those engaged in taking observations for the Board in various parts of the State. A communication from the Local Board of Health, of Saginaw City, relative to the water supply of that city was read. A letter to the State Board remonstrating against the impurity of the water had been referred to the Local Board for investigation, and this communication explained that the water was not intended for drinking or culinary use, but stated that it had been used for such purposes, and that an epidemic of diarrhoeal diseases had resulted therefrom. The attention of the City Council had been officially

called to the matter by the Board of Health. The Council, however, only appointed a committee, which had as yet done nothing to remedy the evil. A communication from Dr. J. H. Beech, of Coldwater relative to checking the criminal procurement of abortion, was referred to the Committee on Medical Legislation, and one from H. J. Alcott concerning the prevalence of supposed pleuro-pneumonia, mainly among cattle in Antrim County, was referred to the Committee on Epidemic, Endemic, and Contagious Diseases. The Secretary reported relative to a portion of the work done in the office since the last meeting of the Board. From this it appeared that 821 Annual Reports, 4,020 pamphlets and 625 printed cards on the "Treatment of the Drowned," and a large number of other documents had been distributed, and a great amount of correspondence done. A new edition of 20,000 pamphlets and 5,000 printed cards on "Treatment of the Drowned," was ordered printed and distributed.

Dr. Hazlewood, the new member from Grand Rapids, was appointed on the Committee on Epidemic, Endemic, and Contagious Diseases, and also the Committee on Food, Drinks, and Water Supply. Papers on Trichina and Small-pox were referred to Dr. Hazlewood's Committee. A letter was read from A. Ten Brook, of the University of Michigan, giving details of the resuscitation of a girl, supposed to be dead from drowning. The efforts were continued for some *six* hours, when signs of life appeared and the girl was finally restored to life.

Dr. Hitchcock, President of the Board, was appointed a delegate to the next meeting of the American Public Health Association. The Secretary made a report of attending the meeting of the American Medical Association. The usual amount of routine business was transacted, including the auditing of bills, etc. The regular meetings of the Board occur on the second Tuesdays of Jan. April July and October.

REPORT TO THE MICHIGAN STATE BOARD OF HEALTH.

By Henry B. Baker, M.D., Secretary of the Board.

Since the last meeting of this Board I have attended two meetings of National Associations, where more or less attention was given to subjects connected with the public health, viz:—"The American medical Association and the American Social Science Association.

The American Medical Association met at Louisville on May 4. In the Public Health Section several papers were read and discussed, and an address of the Chairman of the Section was read before the General Association. I have mailed to each member of the Board, copies of the newspapers of that city giving some of the proceedings, but the newspapers of Louisville are not so enterprising as those of Detroit, and their lack of enterprise was particularly noticeable in connection with the Public Health Section. I do not think a reporter was present at any of its meetings, and I have seen no published report whatever.

On the first day a paper by Dr. A. N. Bell, of Brooklyn, N. Y., on "Defective Drainage as a cause of Disease in the State of New York," was read and discussed at some length, in the course of which discussion Dr. A. J. Erwin, of Ohio, suggested that in most small cities, until a complete system of sewerage can be planned and secured, better results may be expected from the safer system of surface drainage combined with the thorough removal of garbage. The idea had occurred to me that in this State, small places (like one visited by me last year because of an epidemic), sometimes begin to build small sewers, when they might better devote their money and energies to drainage and removal of garbage until they can construct sewers in accordance with complete and adequate plans, and large enough for their actual needs as a city. Dr. Bowditch, of Mass., spoke of the ventilation of sewers, privies, etc., by shafts conveying the gases to the tops of the houses. He suggested the question whether the gases are properly disposed of in that manner, and related a case where the upper rooms of a dwelling had a disagreeable odor from that source.

A paper was read by Dr. Thoms, of New York, on "Floating Hospitals." He advocated this method of giving the children of cities fresher and purer air than they can obtain in tenement houses. During the discussion of this paper Dr. Joseph Wilson, Medical Director of the U. S. Navy, remarked that his experience led him to believe that "malaria" would never pass a continuous surface of water of one mile in width; that a river two miles in width, even though passing through a deadly malarious region, might be traversed safely if one did not go ashore. If this is true it seems to me to be a very important fact, and one which

should be useful in determining the nature of what is called "malaria."

A report by Dr. James H. Peabody, of Omaha, Nebraska, on the "Climatology and Diseases of Nebraska," was read and some parts of it discussed. Dr. D. W. Hand, of Saint Paul, read a paper on the "Diseases of Minnesota and the North-west." A paper was presented by Dr. John P. Wall, of Tampa, Fla., entitled "Climatological and Sanitary Report of Florida." Dr. Bowditch, of Boston, exhibited a "Diagram, illustrating the apparent influence of cloudy days upon the proportion of deaths from Consumption, including a series of years from 1811 to 1867 inclusive." This was followed by a general and interesting discussion of the influence of humidity and of dryness of the atmosphere, altitude, sunlight, indoor life, pure air, etc., upon Consumption.

Having been necessarily present in the Public Health Section, I missed a report upon "Ozone," made to the Section of Practical Medicine by Dr. N. S. Davis, of Chicago; but I learned from a late medical Journal that the report urged the importance of collecting records of observations with the view of studying the relations of ozone to health and diseases. The discussion, however, took another direction from that relative to the importance of securing records, or exact knowledge on the subject. Judging from the report, nearly every man that spoke seemed called upon to express his *opinion* of the influence ozone, heat, or some other climatic agent upon the human body; and as each had a different opinion, the discussion itself seemed to show a lack of established knowledge on the subject, and the necessity for an organized effort for securing it. The Association passed a resolution requesting the Signal Service Bureau of the War Department to inaugurate a series of systematic observations relative to ozone. Whether or not there would have been more unanimity of opinion on the subject, in the Public Health Section, I cannot say; but it seems to me that the subject of the report more properly belonged in that Section, and that government could more properly be asked to contribute in the interest of the public health directly than indirectly, through the advancement of the Science of Physiology. Having this report in the Section of Practical Medicine is, it seems to me, only another indication that the American Medical Association

does not yet know just what to do with its Public Health Section, the proceedings in which might have been even more interesting if all subjects which really belonged in it had been brought there for discussion.

The Health Department of the American Social Science Association, which met in Detroit, May 11 to 15, held a series of very interesting meetings; but as five members of this Board were present, and the proceedings were published so freely in the Detroit papers, I refrain from offering a report of its doings, and more especially as the report if made had better come from another member of our Board—Rev. C. H. Brigham, who was President of the Department of Health at the late meeting.

MINUTES AND PROCEEDINGS OF THE ONTARIO MEDICAL COUNCIL.

ANNUAL MEETING.

First Day's Proceedings.

The Medical Council of the College of Physicians and Surgeons of Ontario met on Tuesday, the 13th ult., in the County Council Chamber, Court House, Dr. Lavell, the retiring president, in the chair. All the members were present except Drs. Grant, Vernon, Muir, and Carson.

The first business was the election of a President, and on motion, Dr. Edwards was appointed President and Dr. Hodder Vice-President.

Dr. Edwards, in returning thanks for the honour conferred upon him, said he accepted the position with much diffidence, as he thought the Council might have made a much better choice in Dr. Dewar. He (Dr. Edwards), had always taken a great deal of interest in the proceedings of the Council, had spent some time in trying to carry out the wishes of medical men throughout the Province, and had helped to secure the legislation which resulted in the New Medical Act. He thought the Act, with a few amendments, would gain general favor. Among the subjects which might well engage the attention of the Council this session was that of appointing a public prosecutor in all cases of violation of the provisions relating to registration. He believed that they would be generally sustained by the profession in any endeavour to relieve medical men of the odium of instituting these proceedings. He was of opinion that the law relating to prosecutions for malpractice required some alteration. He thought that some effort should also be made to obtain the payment of medical witnesses in criminal cases. In conclu-

sion, he congratulated the Council on the return of Dr. Campbell and his colleagues of the Homœopathic body.

COMMITTEE.

Dr. Brouse moved that the Committee to examine the credentials of members be the President, Drs. Bethune, Lynn, Cornell, and Clarke. Carried.

Dr. Brouse moved the following Committee to strike the Standing Committees:—Drs. Aikins, D. Clarke, Campbell, Hodder, Macdonald, Edwards, Berryman, Dewar, and the mover. Carried.

The Council then adjourned for an hour. After recess, the Committee on Credentials brought up their report, and stated that they found all the members had been properly elected.

The Committee appointed to nominate the Standing Committees brought up their report, which recommended that the standing Committees be constituted as follows:—

Registration.—Drs. Bethune, Bogart, Lynn, Henwood, and Vernon.

Education.—Drs. Brouse, Aikins, Berryman, Dewar, Clarke, Lavell, D. Clarke, Logan, Grant, McLaughlin, J. Morrison, and Campbell.

Finance.—Drs. Hyde, Allison, Ross, Irwin, and Henderson.

Printing.—Drs. Cornell, Macdonald, Morden, Muir, and Carson.

Rules and Regulations.—Drs. Campbell, Berryman, Bogart, D. Clarke, and Dewar.

The reports were received and adopted.

PETITIONS.

Dr. Lavell presented a petition, signed by several medical men in the vicinity of Kingston, on behalf of Mrs. Myers, of Kingston, praying that that lady might be registered and allowed to practice as a midwife. It being out of the power of the Council to register any person without a diploma, the petition was laid on the table.

Dr. Lavell also presented a petition praying that the case of Dr. Sheppard be reconsidered, proceedings having been taken against him for non-registration. This was referred to the Committee on Registration.

The reading of the minutes of the previous meeting having been overlooked were now read and signed by the President.

Second Day's Proceedings.

The Council met at ten o'clock. The minutes of the first day's proceedings were read and confirmed.

PETITIONS.

Several petitions from the territorial districts, relative to the tariff of fees, were received, and referred to the Registration Committee.

A Petition was also received from W. H.

Evans in reference to his application for registration made in 1871, and praying for a return of the original certificate he had sent the Registrar. This was laid on the table, as it was stated that the case had been previously investigated and decided upon by the Council.

A letter was read from Mr. James McMullen, J. P., requesting that half of the fine of \$60 imposed on one J. R. Gardner, for practising illegally, be given to the corporation for the trouble that that body had been at, in bringing the said Gardner to justice.

Dr. Lavell moved that half the money be granted to that corporation, and that the thanks of the Council be given to Mr. McMullen for the trouble he had taken in the matter. Carried.

NOTICE OF MOTION.

Dr. Macdonald gave notice that he would move for a memorial to the Provincial Government on the subject of the appointment of resident physicians in hospitals.

VOICE OF CONDOLENCE.

Dr. Henwood moved, seconded by Dr. Hyde, that, "Whereas, by the dispensation of Providence, the late Dr. John Lawrence, of Paris, and formerly the territorial representative of the Medical Council for Erie and Niagara Division, lately died, be it resolved that a letter of condolence be sent to the widow of the deceased, signed by the Registrar and President of the Council." Carried.

SANITARY SCIENCE.

Dr. Brouse said he wished to direct the attention of the Council to a subject of great importance. He referred to the necessity of establishing a Bureau of Sanitary Science in connection with one of the Departments of the Dominion Government. During the session of 1873-4 he brought up the matter for discussion in Parliament, and both sides of the House seemed anxious to further the object he had in view. The Government as yet had not been enabled to take action, as it was said difficulties might arise in connection with the Local Governments, whose province it was to deal with many of the statistics that he proposed should be sent into the Bureau of Sanitary Science. If the Bureau were established, all the various sanitary reports would be sent to it, tables and calculations based upon these would then be made, and the Bureau would form a valuable storehouse of information of the kind. In England and the United States they have been moving in the same direction. It was unnecessary to point out how important it was to collect information as to the climate and prevalence of health or disease in the different parts of Canada. Many persons, for want of such information, had left this country for the United States, believing that their health would be benefited, whereas, if the truth were

known it would be found that Canada possessed a finer and healthier climate than existed in any part of the United States. Others thought that the cold winters of Canada had a tendency to shorten life. Now in no country in the world, in proportion to its population, were there so many old men, and as an instance he might state that no fewer than 3,000 applications for pensions had been received from men concerned in the war of 1812, all of whom had attained ages over 78 years up to 100. He begged to move that a committee, composed of Drs. Lavell, D. Clarke, W. Clarke, Lynn, Campbell, Hodder, Berryman, and the mover, be appointed to consider the question with the view of urging legislation on the subject.

After some discussion the motion was carried.

The Committee appointed reported as follows:—"Resolved. That in view of the fact that great ignorance exists throughout the community in regard to the important matter of sanitary science, and seeing that it is a vital question of public health, it is advisable that some legislation should take place to put the investigation in regard to it on a more satisfactory basis." Also, "that a memorial be transmitted from this Council to the Government of the Province of Ontario, urging the appointment of a commission to enquire into the avoidable causes of disease, and with special reference to the diminution, if possible, of the alarming prevalence of insanity in Ontario."

The report was received and adopted.

THE EXAMINERS' REPORT.

Dr. Dewar brought up the Report of the Board of Examiners, from which it appeared that at the last examination of students 77 had received diplomas and 51 had passed the primary examination. The report was adopted.

Dr. Lavell said he wished to call attention to the unwarrantable strictures that had appeared in a medical journal on the conduct of the examiners of last session. He denied that there was the slightest ground for the charges therein made. The examiners were, without exception, most impartial and considerate. The reflection made in reference to the action of the Treasurer was utterly unwarranted and was simply impertinent.

Dr. Berryman said there must be some falsity in that article. He considered that Dr. Lavell had a right to protest against it; and he felt pleasure in doing so himself.

Dr. Dewar said that those who might think the examination a farce had never seen any of the papers that he had received from the pupils. He knew this much, that the behaviour of the students characterized them as gentlemen.

Dr. W. Clarke said that as a public body they were open to criticism, and the editor has the right to criticize, but he should be satisfied that everything he says is correct. The insinuations in the

paper in question with regard to the Treasurer were as gross as they were false, and he felt sure that neither he nor the Treasurer would be capable of using their position as examiners to the public harm.

Dr. D. Clarke thought it was the duty of the editor of the paper to state wherein the examination was a farce. If any of the examiners were derelict in their duty, he could have stated who they were, and not have made a general charge. He was certain that if the examination papers were examined, they would be found to be more practical and less crotchety than on previous examinations. He considered it a libel on the students to say that they hissed the examiners. It was the tendency of articles of that kind to kindle a spirit of insubordination among the students.

Dr. Berryman then moved, seconded by Dr. W. Clarke, the following resolution:—

"That this Council cannot allow certain charges which were put forward by the *Canada Lancet* to the effect that the Treasurer, Dr. Aikins, exercised his position to influence students, and the results of this examination by his position in such office to pass unnoticed. This Council regrets much and repudiates the paltry charge thus gratuitously and falsely uttered."

Dr. McLaughlin opposed the motion.

After some further discussion, Dr. Berryman withdrew his motion.

RESIDENT PHYSICIANS AT HOSPITALS.

Dr. Macdonald brought forward the motion of which he had given notice in the morning, as follows:—"That whereas it is customary in the large hospitals in Great Britain and the United States to make the appointments of resident physicians depend upon competitive examinations or upon the positions held by the candidates in the classes of the medical schools attached to the hospitals; and whereas it is desirable, for the purpose of encouraging the students of medicine, that a somewhat similar principle should be observed in Ontario: Resolved that this Council present a memorial to the Government of Ontario representing that the appointment of resident physicians in the Toronto General Hospital, the Kingston General Hospital, the Hamilton Hospital, and other hospitals to which resident physicians shall be appointed, depend upon the result of the examinations instituted by the Council. Carried.

Third Day's Proceedings.

The Medical Council met at ten o'clock. The minutes of the proceedings at the last meeting were read and confirmed.

Dr. Dewar moved that the registrar be directed to erase the name of E. B. Sparham from the register, he having been convicted of felony. Carried.

PUBLIC PROSECUTORS.

Dr. D. Clarke moved, "That the Council take proper steps to appoint a public prosecutor or prosecutors to take legal procedure against all persons violating the provisions of the statute."

Dr. Allison thought the resolution was not sufficiently definite. He would suggest the following as an amendment:—"That in order to make the Medical Act effective against persons violating any of its provisions, in so far as any of the penal clauses are concerned, it is due to the public at large that in all cases where any infringement of the law has been proved the most stringent measures should be adopted with the view of suppressing quackery in all its forms, either by druggists or other pretenders, and the following persons shall be deemed public prosecutors under the Act:—The chief constable of every town or city, the bailiffs of every Court, all inspectors of tavern licenses, and all other constables throughout the Province, and further, that when a case is proved and a fine inflicted, the one-half of said fine be given to the informant, and the other half shall be handed over to the treasurer of the Medical Council to be applied as said Council shall direct."

Dr. Hyde said there was a great deal of quackery practised in country towns, and it was necessary that some means should be taken to put a stop to it. He would, therefore, be happy to support such a resolution.

Dr. Lavell said the question was beset with difficulties. In the first place provision would have to be made for the remuneration of the public prosecutors. There was great difficulty in getting persons to come forward and give the necessary testimony to convict persons of violating the law. If the registered practitioners would take their share of the *onus* of instituting these prosecutions and of collecting testimony, the interest of the profession might be effectually protected. He thought that a Committee should be appointed to mature a scheme.

Dr. Allison said it was impossible to get the registered men to take action in organizing these prosecutions. Few medical men would like to lay themselves open to the risk of being called informants.

Dr. W. Clarke said medical men were too thin-skinned; if they did not look after their own interests in the matter, there would always be difficulty in getting the law carried out. The scheme proposed by Dr. Allison had been tried and failed.

Dr. Dewar said many of the difficulties arose from the prevailing ignorance of the law among country constables and magistrates. He related a case in which he had been prosecutor, where the defendant, on promising to pay his fine, would have been allowed to go at large, had not he (Dr. Dewar) pointed out that the defendant must be sent to gaol if he did not at once pay the fine.

The difficulty in the way of collecting evidence seemed almost insuperable. He thought it was evident that one prosecutor would not be enough.

Dr. McLaughlin moved in amendment to the amendment, "That each Territorial Division Medical Association be requested to name a suitable person to act as public prosecutor for each division, and that for his services the Council remit the whole of the fine imposed; and that the Executive Committee act in place of the Council as required."

Dr. Hodder suggested that the proper method to pursue would be to issue a circular to every registered practitioner stating that the Council was willing to take action in any case if the proofs were furnished.

Dr. Dewar opposed the appointment of a central prosecutor, as he thought a great deal of time would be lost before the prosecution could take place, by which means the man prosecuted might escape.

Dr. Bethune referred to the difficulty of getting medical men to attend meetings. He suggested that they should appoint an officer of the Council to receive complaints, and who would prosecute on the proof being furnished him. The Registrar, for instance, might be appointed, and as he would be acting under the instructions of the Council, he would incur no odium. He was opposed to the appointment of constables and others.

Dr. Hodder moved, "That a circular be issued to every registered medical practitioner in Ontario, noting that on the receipt of legal proof of persons practising without licenses, the territorial representatives will be empowered to act as prosecutors, and that the Executive Committee be instructed to issue such circular forthwith."

Dr. Aikins moved, seconded by Dr. Lynn, "That the Executive Committee of this Council be instructed to appoint one or more persons in each county of Ontario to prosecute unregistered practitioners, and to give in each case the whole of the fine to the person securing the conviction. The name of the proposed prosecutor to be supplied to the Committee by the Electoral Division representative of this Council." The resolution and its amendments were successively voted upon, the result being that the motion of Dr. Aikins was declared carried.

Dr. McLaughlin moved, "That the Registrar be instructed to communicate with the Clerk of the Crown in order to ascertain whether John McConnell was convicted of felony, and if so, to erase his name from the register." Carried.

FINANCE.

Dr. Hyde presented the report of the Finance Committee which was considered in Committee of the whole.

The Committee then examined the books

and accounts of the Registrar and Treasurer and found them correct, and a balance of \$3,368.40 on hand. They recommended the payment of several accounts for printing etc., amounting to \$831.00.

The accounts presented by the Registrar, occupied some time in discussion, most of which were allowed and he was voted \$200.00 for extra duties performed by him.

It was complained in the report that the Registrar had only received \$444, of the annual assessment, whereas \$1,535 should have been paid in.

One hundred dollars were recommended to be paid to the Treasurer.

On the question of the payment of examiners coming up, several members urged that their expenses should be paid by the Government, as it was urged that the examinations were for the public good.

It was decided that the fee of each examiner in the spring examination be \$60 within five miles of Toronto, and \$70, with Railway expenses, beyond that distance; and in the event of a fall examination the fee to be the same as last year, viz:—\$40 within five miles, and \$50 dollars beyond, with railway expenses.

The Committee recommended that the salary of the Registrar be increased to \$600 per annum, on the understanding that such amount be considered payment in full for all the services performed in connection with the office. Carried.

NOTICE OF MOTION.

Dr. Campbell—That no person not a member of the College of Physicians and Surgeons of Ontario shall be put on record in the register as a Homœopathic member of the said College until he has undergone and satisfactorily passed a full and sufficient examination by the Board of Examiners appointed by the Council of the said College at the regular examinations of said Board upon the following subjects, viz:—Anatomy, general and surgical, chemistry, botany, physiology, surgery, (operative,) sanitary science, medical jurisprudence. And that upon the following subjects:—Theory and practice of medicine, midwifery and surgery, materia medica, as understood by Homœopaths, the said persons shall be examined exclusively before the examiners appointed by and approved of for that purpose by the Homœopathic members of the Council, whose decision shall be final.

THE PAYMENT OF MEDICAL WITNESSES.

Dr. Allison moved, seconded by Dr. Hyde, "That the Executive Committee are hereby requested to put themselves in communication with the Government of Ontario, either by memorial or otherwise, with the view of inducing the Government to bring in a measure before the Legislature for the purpose of making more adequate provision for the payment of medical witnesses in criminal cases, and also to provide for limiting the time

for the bringing of actions against medical men for malpractice, and that in all cases where issue is found a certain number of jurors should be selected from the medical profession with the usual privilege of challenging said jurors, and the case tried in the usual manner, with any other requirements the Committee may suggest."

Dr. W. Clarke was of opinion that medical men on a jury would never agree. The Executive Committee would be glad to consider the question.

Dr. Campbell said that counsel on either side would find out beforehand what opinions the medical jurors held, and would challenge them till they were eliminated from the jury.

Dr. Berryman said it was strongly felt by the profession that in cases of malpractice they should be tried by their peers. How could a non-medical juror judge of the merits of a malpractice case in which a dislocation had been treated? He was perfectly convinced that a jury composed of medical men would, when put on their oath, return a righteous verdict. He believed that when the matter was brought before the Legislature they would admit the justice of the request that was made. The resolution was carried.

PRINTING COMMITTEE.

The report of the Printing Committee was then presented, which recommended the payment of certain accounts for printing, and was adopted after some discussion.

FOURTH DAY'S PROCEEDINGS.

The Council met at ten o'clock. The minutes of the previous day's proceedings were read and confirmed.

REGISTRATION COMMITTEE.

Dr. Bethune presented the report of the Registration Committee, which was received and adopted. It recommended, among other things, that the tariff of fees adopted by the following Medical Associations, viz:—King's and Queen's, Malahide and Tecumseh, St. Lawrence and Eastern, and the Western and St. Clair divisions, be sanctioned by the Council.

EDUCATION COMMITTEE.

Dr. D. Clarke presented the report of the Education Committee, which was considered in Committee of the whole, Dr. Allison in the chair.

The following changes were recommended in the Announcement as to the matriculation examination:—

That the 2nd Book of Virgil's *Æneid* be substituted for Book I.

That the 5th and 6th Books of *Cæsar's Commentaries* be adopted instead of the first two books as heretofore. It was also recommended to omit (in Greek) the first chapter of *John's Gospel* and substitute for it the 1st Book of *Zenophon's Anabasis*.

In French to use the first three books of Charles XII., omitting Telemaque.

Clause 5 to be changed in section I., in order to read:—"Any graduate in arts or any student having matriculated in arts, &c." Clause 6 to be expunged.

Clause 3 section II. to read:—"Every student shall attend medical lectures for at least three sessions of six months each, said three sessions to be included in the first three years."

In the course of lectures that histology be included in physiology. That a course of not less than 25 demonstrations on microscopical anatomy be added to the curriculum of studies.

That clause 10 of section 2 read:—"He (the student) must pass all the examinations of the Council hereinafter presented." Carried.

That division b, clause 11 of section 2, read:—"Nothing shall exempt residents of Ontario, who after this date elect to pursue their studies outside of the Province of Ontario from passing four years in the pursuit of their professional studies, such four years to commence at the date of their matriculation in this Province before the Examiners of this College."

The next clause provided that the examination shall be divided into three annual examinations and a "final."

Dr. Dewar objected to the proposition.

Dr. Henwood thought that the result of the change of the number of examinations would be to drive students to Toronto for their education.

Dr. Aikins said the annual examinations would have the effect of making the student work evenly, and would prevent cramming at the last moment.

Dr. Bethune thought that the present number of examinations were sufficient.

Dr. Lavell said that if he thought the interests of the school he represented would be prejudiced by the annual examinations, he would oppose the change. It would, however, not come into force till 1877, and the council would have plenty of time to consider the matter. The clause was carried.

It was recommended that the following branches be embraced in the course of studies:

First year—Anatomy of the bones, ligaments, muscles and viscera of chest and abdomen: physiology of locomotion, respiration, circulation, and digestion; chemistry, inorganic; and botany.

Second year—Anatomy, descriptive—other than that of 1st year; physiology—other than that of 1st year; with microscopic anatomy and practice; chemistry—theoretical, and other than that of 1st year; and sanitary science.

Third year—Anatomy, surgical and demonstrative; pathology, medical and surgical; medical jurisprudence and toxicology; surgery—operative.

Fourth year—Toxicology, optional for 3rd or 4th year; *materia medica* and therapeutics and

the theory and practice of medicine; midwifery and diseases of women and children, other than operative. The report was adopted.

The clauses relating to the examinations do not come into force until 1877.

Dr. Campbell brought forward the motion of which he had given notice the previous day, regarding the division of the subjects of examination, in reference to Homœopathic Students. In support of the motion he said he asked no more for the Homœopaths than the Medical Act warranted. The subjects of examination left to the Homœopaths were too few, the Council had so arranged the examinations as to leave only eight per cent. in point of value of the subjects to the Homœopaths. The effect was to prevent candidates seeking Homœopathic examination. He complained that diagnosis had been separated from the theory and practice of medicine. The Homœopaths asked that the provisions of the Act should be complied with by the Council. No Homœopathic students had passed, as none would submit to examination on principles to which they could not subscribe. In the branches of medicine, it was evident, he thought, that the examiners for Homœopathic students must be exclusively Homœopaths. Their students, too, should be examined upon diagnosis according to Homœopathic principles, and so the Act said. The question of course, was not whether Allopathic diagnosis was different from Homœopathic diagnosis, but whether he and his brother practitioners were to be accorded the privileges the Act authorised. He attended the Council this session merely as a conference hoping that justice would be done. The Homœopaths could not again appeal to Parliament till they invited the Council to do what was right. He hoped the Council would impartially consider the matter, and thus relieve him of the necessity of retiring from the Board.

Dr. Dewar said that the question of medical diagnosis had been discussed by the last Council, and the selection of a work on the subject was left to Dr. Allen, a Homœopath. Dr. Allen chose "Da Costa's Diagnosis" a book used in every Homœopathic college in the United States. Dr. Allen's opinion was acted upon, as he was the only member of the Homœopathic body in Canada that had ever been a teacher in a Homœopathic college. Dr. Campbell would find that he cried "wolf" too often, and his complaints would ultimately be disregarded. The Council had made every concession possible in order to satisfy the Homœopaths.

Dr. Aikins said that when the matter first came up Dr. Allen agreed on the part of the Homœopaths to accept diagnosis as a common subject of examination if the Council would accept "Da Costa" as the textbook. Dr. Campbell at first offered some opposition, but ultimately withdrew it. Since that time medical diagnosis had been recognized by the

Council as a common subject in which all persons should be examined. He thought the proposition of Dr. Campbell should be voted down, as there could be no difference in medical diagnosis between Homœopaths and Allopaths. The Homœopathic representatives had been given a part in the general examinations, and he saw no sufficient reason for granting further concessions.

Dr. McLaughlin moved in amendment. "That inasmuch as diagnosis, operative midwifery, and pathology are subjects common to all branches of the profession, resolved, that the Council cannot, in the interests of the public, permit them to be omitted from the common *curriculum*."

Dr. Wm. Clarke pointed out that diagnosis formed the only ground upon which the two schools could meet.

Dr. Bethune said the fact was that Dr. Campbell wanted a gratuitous advertisement in the Toronto papers, and he made these complaints to effect that object. He hoped the press would notice this. The matter had been discussed before, and settled. Dr. Campbell was evidently trying to frighten the Council by threatening to appeal to the Legislature. They had fought him already on the floor of Parliament, and were willing to fight him again.

Dr. Logan said he had sufficient faith in the Council to believe that homœopaths would receive justice. He had always been courteously treated by the allopathists. He did not believe the difficulty between them was such as to necessitate severance; but that would inevitably follow without the Council met them in a conciliatory spirit. There was no difference between diagnosis of allopathists and homœopaths. Homœopaths did not assert there was any difference. Their position was that diagnosis was taught in connection with something else. Homœopaths had not nor never had any school or professor of diagnosis. Its near connection with their *materia medica* made it important for them to have the two examined together, and not that diagnosis should be classed with general subjects. He would ask whether it was desirable to allow the question to cause any more divisions. He referred with pleasure to the change which had taken place respecting the relations between allopathists and homœopaths; but the legitimate extent of this relation was limited by the *materia medica* of each, beyond that they could not go. He supported Dr. Campbell, and hoped the Council would put no obstacle in the way of a settlement of the question.

Dr. Morden felt the necessity of supporting Dr. Campbell's resolution. He was quite satisfied that the Act warranted the demands of the homœopaths. The study of the diagnosis was intimately connected with their theory and practice of medicine. He thought the Council should meet the Homœopaths half way.

Dr. D. Clarke said the Allopaths had given Dr. Campbell's friends a fair interest and division in the subjects of examination, but the Homœopaths had never yet made, one concession in return. He believed himself that diagnosis might be classified under the head of the science and practice of medicine, but the distinction had always been recognised, and they were asked to upset the existing arrangement, to satisfy a mere sentimental notion of Dr. Campbell.

Dr. W. Clarke said that for the sake of peace he would move in amendment to the amendment, "That the examination in diagnosis be confined to the students of the general profession."

Dr. Henderson urged that the matter be settled. He bore testimony to the courteous treatment he had always received from allopaths.

The amendment to the amendment was then put and carried by the casting vote of the President.

BOARD OF EXAMINERS.

The Council went into committee on a report from the Educational Committee, recommending the holding of examinations at Toronto during the coming fall should a sufficient number of candidates present themselves, and that the following gentlemen be the Board of Examiners, Dr. Bethune in the chair:—

Medicine, including Diagnosis and Pathology, Dr. Lavell; *Materia Medica* and Therapeutics, Dr. U. Ogden; Toxicology Sanitary Science, and Botany, Dr. Berryman; Anatomy, Dr. N. Bethune; Physiology, Dr. Campbell; Medical Jurisprudence, Dr. W. Clarke; Chemistry, Dr. D. Clarke; Midwifery, Dr. Edwards; Surgery, Dr. Dewar. Dr. Henderson to be examiner on Homœopathy if required by the application of Homœopathic students for examination.

Dr. Allison, of Bowmanville, took exception to the report. He had nothing to say against the examiners, but he was satisfied that the present measure would give dissatisfaction throughout the Province. He did not approve of the monopoly which was shown in the Council. There were many members outside the Council who were as capable of examining students as there were in it. Many medical men whom he knew felt themselves aggrieved that they had not a seat given them at the Board. The Council should have confidence in the profession. In connection with the manner in which the members of the Board of Examiners had been hitherto elected, he would enter his protest. The principle was bad, and would bring them into contempt.

Dr. Aikins considered that Dr. Allison had false impressions with respect to the appointment of the examiners, but it was not wise to change the method yet.

Dr. W. Clarke, said they had tried the system proposed by Dr. Allison, and it had failed.

He asked, as representative of some 300 medical men, among whom might be political and personal friends, how he was to choose an examiner for his district?

He maintained that the examiners should be selected from among the members of the Council. They ought not to disturb the present condition of affairs, but strive to do all they could in order to contribute to the benefit of the public.

Dr. Hyde said the impression was getting abroad that the Council was becoming a close corporation. He thought it was a vicious principle for the members of the Council to appoint themselves on the Board of Examiners, because if a student wished to make a complaint he would have to present it to his own examiners. They had as capable men outside the Council as in it.

Dr. D. Clarke considered that the Board of Examiners should be appointed by the Council. If the students had any cause to complain then the Council could investigate the matter. The present mode of choosing the examiners from among the members of the Council should be continued.

Dr. Berryman said that everybody was not capable to be an examiner. Why disturb one when he had learned his business, in order to put a new and green one in his place? The present Board of Examiners had given every satisfaction, and he considered it detrimental to the profession to make any change in the present mode of appointing them.

Dr. Ross asked how they were going to obtain a Board of good examiners unless opportunities were afforded medical men to obtain that position.

Dr. McLaughlin contended that examiners outside the Council were as good, if not better qualified, than many members of the Council, but he thought the practice could not be carried out to the satisfaction of all the territorial divisions. Every division did not possess competent men.

The committee then rose and reported.

On a motion for the adoption of the report.

Dr. Allison, seconded by Dr. Hyde, moved "That the report be not now adopted, but that it be referred back to the Committee, with instructions to strike out the names of all members of the Council, from the list of examiners, and that the names of members of the profession outside the Council be inserted instead.

Dr. Macdonald was in favour of the report. He had not heard any dissatisfaction at the mode of appointing the examiners. He did not think those present had come prepared with the names of those whom they would like to appoint as examiners.

Dr. Lavell and Dr. Bethune spoke in favour of the report.

Dr. Allison's amendment was put to the vote and declared lost. Yeas,—Allison, Hyde, Bogart, Cornell, Morrison, Ross. Nays,—Aikins, Berryman, Bethune, Campbell, D. Clarke, W. Clarke,

Dewar, Henderson, Henwood, Hodder, Irwin, Lavell, Logan, McDonald, Morden, McLaughlin. The report of the Committee was received and adopted.

EXECUTIVE COMMITTEE.

Dr. Hodder moved, seconded by Dr. Aikins, That the following gentlemen constitute the Executive Committee for the ensuing year:—Drs. Allison, Wm. Clarke, McDonald, Berryman, Dewar, Campbell, D. Clarke, Irwin, McLaughlin, Aikins, and Morden.

On motion of Dr. McDonald, Dr. Aikins was appointed Treasurer, and Dr. Pyne Registrar, for the ensuing year.

After passing a vote of thanks to the board for the use of the rooms, and transacting some business of minor importance, the Council adjourned *sine die*.

Selected Articles.

PNEUMONIA DURING PREGNANCY.

This subject is one of great interest, and, as I have heard no allusion to it since my connection with the Academy, I will merely relate my experience with two severe cases, hoping to elicit from gentlemen present their opinions, calling forth the discussion the subject seems to demand.

I regret that I have not more data to present you this evening in regard to the mortality attending this disease, and to the time in pregnancy in which this disease seems most dangerous.

From the literature of the subject, so far as my examination extends, abortion usually takes place during the progress of the disease, but the danger to mother and foetus is lessened after the seventh month. In Cazeaux's Midwifery I find reports of fifteen cases; ten of these had not reached the sixth month, and four of these aborted on the fourth, fifth, sixth and ninth days respectively from the commencement of the attack. In three cases the abortion was followed by disease of the lungs of the severest character, proving fatal three or four days after; one only, whose pneumonia was limited, recovered without serious symptoms.

The six who did not miscarry died, without exception, during the progress of the disease. Of the five women who had reached an advanced stage, two were seven months pregnant when attacked; one was delivered prematurely on the twelfth, and the other on the fifteenth day, both dying two days after. The three others were in their ninth month; two were delivered of living children on the seventh and eighth days of the disease, the other died undelivered on the fifth day. Thus of the fifteen women, eleven died; proving, beyond doubt, that pneumonia is a most formidable disease when occurring in the pregnant state.

Dr. Brown, in the Detroit Review of Medicine.

A NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY.

BY EDWARD COPEMAN, M.D., F. R. C. P.

During a long professional life, I have had much experience of this troublesome affection, and amongst other medicines have found calumba and oxalate of cerium the most beneficial; but these and all other medicines often fail, and the treatment suggested by the following cases, discovered by accident as it were, and never, as I know (although nothing is new under the sun), employed before, promises some chance of our being able with more certainty to overcome this very threatening concomitant of pregnancy.

On June 9th, 1874, I was summoned to a lady, thirty-five years of age or thereabouts, to consult with two other practitioners already in attendance. She was about six months gone in pregnancy, and was so reduced by almost incessant vomiting, that great fears were entertained as to her safety. I noticed there was slight uterine action accompanying the sickness, and on examination, I found the os uteri partially dilated so as readily to admit the finger. I thought it right under the emergency to advise bringing on labor without delay; the gentlemen present, however, expressed no little apprehension as to whether or not she would have strength to undergo the effort of parturition on account of the very depressed and exhausted state of her system. They nevertheless concurred in the advisability of the course I recommended, and asked me to perform the operation. I at once dilated the os uteri as much as I could with the finger, and could feel the membranes and the head of the child. I tried to rupture the membranes with a telescopic female catheter (the only instrument at hand), but they were so flaccid and the head offered so little resistance, the catheter shortening itself also on my making pressure, that I could not succeed; and, thinking it wise to wait awhile before resorting to any other expedient, we retired to another room for consultation. In about one hour we saw the patient again, and were surprised to find that a longer period had elapsed without sickness than before; and we again waited, in the hope that she might be able to take a little nourishment, and so be better prepared to undergo any further proceeding. We waited another hour, and another, but there was no return of vomiting; and we spent the rest of the night in watching, during the whole of which time she was improving, and we determined to let well alone. I left her early in the morning, and had a favorable account of her a few days afterwards. There was no return of sickness; she went on to the full period of pregnancy, was then delivered of a healthy child, and made a good recovery.

Two other cases are given, where a similar manipulation resulted in prompt and entire relief.—*Brit. Med. Journal, Chicago Med. Examiner.*

THE STRUCTURE OF THE MUCOUS MEMBRANE OF THE UTERUS.

A valuable contribution to our knowledge of the physiology of menstruation has been made by Dr. John Williams, in a paper published in the last number of the *Obstetrical Journal*, "On the Structure of the Mucous Membrane of the Uterus and its Periodical Change." Dr. Williams investigated the microscopical characters of the uterus in twelve cases of persons dying at various known periods from the last menstrual flow. He was thus enabled to trace the cycle of changes which occur in the mucous membrane during the intermenstrual period and at the time of menstruation. Space forbids our doing more than give a brief outline of his results; for the detailed observations we must refer to his concise and careful descriptions and drawings. Starting from the time of cessation of the menstrual flow, when the mucous membrane of the cavity of the body of the uterus had almost entirely disappeared, that of the cervix remaining intact, he found that a rapid reformation of the membrane occurred, commencing at the lower part of the cavity, and becoming complete some days before the recurrence of the menstrual flow. Fatty degeneration of the mucous membrane then took place, preceding the occurrence of hæmorrhage, and probably being the cause of it, and at its occurrence there was rapid disintegration and removal of the membrane. Microscopically, at the end of menstruation the bundles of the muscular coat were found to form the inner wall, covered only by some loose fattily degenerated cell-elements; mingled with the muscular fibre-cells were round granular cells, blood-corpuscles, and small fusiform cells, whilst deeper in the muscular coat were remains of glands lined with columnar epithelium, and groups of rounded cells which possibly represent the termination of glands. The epithelium first appeared near the cervix, where it lay upon a thin layer, composed of round and fusiform cells, and glands imbedded in a structureless matrix. Beneath these were the muscular coat, and well-developed glands lined with columnar epithelium. Dr. Williams was unable to determine the precise mode of formation of the columnar epithelium, but his observations pointed to the probability of its being renewed by extension from that of the cervix. The subsequent complete growth of the epithelial lining and of the glands having attained its height, fatty degeneration speedily sets in, and another menstrual epoch occurs. Dr. Williams's researches afford a much needed

addition to our knowledge on this important subject, and his paper will repay a careful study.—*The Lancet.*

A MEDICAL STRIKE.—In our last number appeared a paragraph noticing the occurrence of a strike amongst doctors in Switzerland. Referring to the same occurrence, our contemporary the *Lancet* says: "We are not admirers of strikes—least of all in the profession—but there is a limit to the patience even of medical men. They are obliged to pass through expensive ordeals of education and diaphoretic ordeals of examination, only to find quacks of all kinds publicly competing with them, using titles which cannot be distinguished from real ones, and even signing certificates of death to be accepted by registrars. Not only so—the public has an idea that the doctor is a sort of public hack, to be summoned at any time, night or day, and who is obliged to obey without any prospect of remuneration." We must say we entirely endorse these remarks, as they embody most completely the opinions which have been so often expressed in this Journal, and have caused us so frequently to urge a reform of the Medical Acts.—*Students' Journal.*

BRAND'S METHOD OF TREATING ENTERIC FEVER.—The same writer, in the same journal, gives the method employed by Brand, the originator of the cold bath treatment of enteric fever.

The regular methodical application of cold is the condition essential to success. Cold compresses, shower, various lotions, etc., may be used according to indications or convenience. Brand prefers the plunge bath. The instructions to the nurse are: Every three hours take the rectal temperature of the patient, and give a bath at 68° F., of fifteen minutes duration, night and day, until the thermometer, placed in the rectum for five minutes, does not register 101.50° F. The patient is taken to the bath, his night dress removed, and he is plunged up to the neck in the water at 68° F., while the head is sprayed with water at 43° F., an important detail, especially when the patient presents cerebral symptoms. After these symptoms are allayed, the spray may be given at the same temperature as the bath. That effusion having lasted one or two minutes, the nurse rubs the limbs of the patient for three or four minutes, and leaves him to rest. He must remain in the bath fifteen minutes, even though his breathing become difficult and his teeth chatter. He is then removed, night-dress put on without drying him, and a sheet thrown over the feet. A little weak, tepid soup is now administered, along with a mouthful of old wine, and he is left to rally from his shivering, which lasts from fifteen minutes to an hour. Fluid, tepid nourishment must be regularly given, also mouthfuls of iced water. If very weak, the patient may have a spoonful of old wine before the bath.—*Med. Review Detroit.*

OZIDE OF ZINC IN INFANTILE DIARRHOEA.

Dr. Fogel (Academy of Medicine, Cincinnati) reported excellent results from the administration of oxide of zinc in one-half to one grain doses in the diarrhoea accompanying teething and in the chronic indigestion of infants. He had encountered several cases of these affections occurring in children, especially those artificially fed, in which this remedy effected a cure after all other means had failed. He generally combined it with pepsin and bismuth, but did not consider the good effects due to the latter agents, as he had tested its efficacy on several occasions by omitting it, when the symptoms recurred with more or less severity.

Dr. Whittaker had had some experience with the oxide of zinc in infantile diarrhoea. He usually gave it in grain doses, and was pleased with its action, but usually preferred bismuth in the form of the subcarbonate and subnitrate, though it sometimes causes severe vomiting from adulteration with arsenic.

Dr. Conner said that seven years ago he had examined eight or ten specimens of bismuth obtained at different drug stores of the city, nearly one-half of which contained an appreciable amount of arsenic. The injurious effects may sometimes be dependent upon this impurity.

Dr. Bartholow stated that if these preparations are made according to the formula laid down by the U. S. pharmacopoeia, they will be freed from any arsenic the bismuth may contain.

Dr. Reamy had used the oxide of zinc with good effect, but preferred bismuth and pepsin. He usually gives 3-7 grains of pepsin and one-half that amount of bismuth every 4 hours to children 1 to 2 years old. He had found these agents of signal service. Most cases of that fearful malady enterocolitis are primarily simple diarrhoea, which in the first and second stages will generally be promptly controlled by pepsin and bismuth. The local action of bismuth is very mild, no injection in gonorrhoea being better than one containing bismuth. He would attribute good results in Dr. Fogel's cases, chiefly to the pepsin prescribed with the oxide of zinc.—*The Clinic.*

TREATMENT OF ABSCESS OF BREAST BY COMPRESSED SPONGE.—A patient had been suffering from mammary abscess for three weeks, but without any special benefit from treatment in checking the discharge of pus. It was decided to try the effect of compressed sponge, and for this purpose a sponge about ten inches in diameter was subjected to pressure and then applied by means of a bandage over the breast. After it had been in use forty-eight hours the abscess was completely cured. No pain was experienced by the patient, and in this case the opening in the breast was

three inches above the dependent part of the abscess. In applying a sponge to the breast in this class of cases, it is found of advantage to compress it when dry. After it is applied to the breast and firmly secured in position, a little water is poured upon it to cause expansion, and the necessary pressure.—*Med. Examiner.*

UNIVERSITY OF MICHIGAN.—The Regents of the University of Michigan have finally accepted the act of the Legislature of that State providing for a College of Homœopathy in connection with the Medical Department. The special school is to consist of two professors, one of *Materia Medica* and Therapeutics, the other of Practical Medicine. For instruction in all other branches the students are to attend the old Medical Department. In consequence, Dr. Sager, one of the oldest and most influential members of the regular medical faculty, has resigned. His chair was that of Obstetrics and Diseases of Women.

LONDON DOCTORS.—Sir William Jenner commenced life as an apothecary in a small back street in London, and for a long time the battle of life fell hardly on him. He worked with rare energy, and after obtaining the M. D. degree and being elected a Fellow of the College of Physicians, was appointed Physician to University College Hospital, a post which he has held uninterruptedly ever since. His gentle, suave manner soon endeared him to his students and pupils, and aided him in securing a high-class practice. At the present time, he is physician to the Queen and to the Prince of Wales.

Another medical luminary commenced life under still more humble auspices. Sir William Gull, when a boy, was engaged to sweep out the surgery and dispensary of Guy's Hospital, an Institution to which he is now the consulting physician. He has the largest fashionable practice of any man in Europe, a result due, in a greater degree, to his fine impressive presence than to any intrinsic worth he possesses. His warmest admirers can not say that he ever performed any original work calculated to advance medical science. He has published a few papers on different subjects, the best of which is that on "Abscess of the Brain," now incorporated in Reynold's System of Medicine.

Sir Henry Thompson is said to have been originally a draper's shopman, after which he became for a short time a field preacher or ranter. His natural bias led him to attend a course of medical lectures, and he soon devoted himself heart and soul to the study of medicine and surgery. In 1851 he passed the examination of bachelor of medicine at the University of London, and two years subsequently was elected a fellow of the College of Surgeons. He was for some years surgeon to the late King of the Belgians, on whom

he performed lithotrity fifteen or sixteen times, receiving as a fee the sum of three thousand pounds. He has for a long time been the Professor of Surgery to University College Hospital, an appointment which he has relinquished within the past few weeks. Apart from his capabilities as an operator, he is a most accomplished painter, and there is seldom an exhibition at the Royal Academy without a valuable contribution from his facile hand. It will be remembered that he was in constant attendance on the late Emperor Napoleon III., and it is generally supposed, that his fees in connection with the case amounted to quite a little fortune. He is an earnest and uncompromising teetotaler.—*London letter, Amer. Weekly*, June 5, '75.—*Clinic.*

THE ARCTIC EXPEDITION AND ALCOHOL.—It has often been said that, whether at the Equator or at the Pole, it is always found that teetotalers get along better than moderate drinkers. This fact was alluded to in a debate on the value of alcohol as an article of diet, held at New York not long ago, by Dr. Willard Parker, and we believe that the fact is quite indisputable. It appears that among the crews of the Arctic expedition there are several mariners who have made several voyages to the regions of eternal snow without ever having broken the abstainer's pledge to refrain from the use of alcoholic drinks, and to encourage the same practice in others. Dr. Parker has called attention to the spirit ration served out to the soldiers in the late Ashantee war, and has shown that many soldiers did admirably well without any alcoholic stimulant in that dangerous climate. Alcohol is well known from late researches to lower the temperature of the surface of the body, and hence it is of course likely to be quite contra-indicated in Arctic regions. And we hear that former expeditions have proved that it is quite impossible to keep up the normal temperature of the body if alcohol is taken, except in the very greatest moderation. Doubtless one of the results of the present expedition will be more thoroughly to clear up this important point in diet and regimen.—*Medical Press and Circular.*

THE DEMISE OF THE "IRISH HOSPITAL GAZETTE.—The *Irish Hospital Gazette* was the third effort to supply some fancied want which a politico-scientific journal like the *MEDICAL PRESS AND CIRCULAR* is—upon unknown data—supposed to be incapable of supplying. It was started with exceptionally encouraging commercial advantages at its back, for its finances were in the hands of the first money-making newspaper staff in Ireland, and its typography was assumed to have been provided for upon the easiest terms. Its literary department was in the hands of a gentleman, who, while entirely competent, most energetic, and decidedly popular, was—if we may be permitted

to conjecture—placed in circumstances such as to render him superior to any passing financial necessities.

So far as the advantages to which we have referred could go—and we can state that they are far from insignificant—the *Irish Hospital Gazette* ought to have commanded success. It has not done so. To those who think that journalism is child's play we say that the hint given them this week ought to be sufficient.

We part from the *Irish Hospital Gazette* almost with sorrow. Its editor has not played at journalism without advantage, for he has shown himself a gentleman—industrious, conciliatory, and intelligent, and it is really a subject for regret that his identity should be merged in that of our esteemed mensal contemporary the *Dublin Journal of Medical Science*; but the lesson will not be amiss if it satisfies those who are ambitious of newspaper honours that journalism is not "so easy as it looks."—*Medical Press and Circular*.

ANCIENT REMEDIES. — Scott's *Discovery of Witchcraft* (1584) says:—Charm against the bite of a scorpion—Say to an ass secretly, and as it were whispering in his eare, "I am bitten by a scorpion." Against the toothache—Scarifie the gums in griefe with the tooth of one that hath been siaine. To heale the Kings Evil—Touch the place with the hand of one that hath died an untimely death. For the heartache—Tie a halter about your head wherewith one had been hanged.

At the last meeting of the Edinburg Botanical Society, Dr. T. A. G. Balfour reported some interesting experiments on the *Dionea muscipula*, which he considered a carnivorous plant. He showed that the irritability, under which the leaf contracts, is resident in delicate hairs, so placed on the surface of the leaf, that no insect could avoid touching them in crawling over. Chloroform dropped on a hair caused the leaf to close immediately; water had no such effect. Contraction only lasted for a considerable time when any object capable of affording nutrition was seized, when it lasted for about three weeks, and the interior of the leaf gave out a viscus acid secretion. A number of interesting points were made out with regard to the secretion, digestion, and absorption performed by the plant.

TREATMENT OF CHOREA BY ARSENIC IN LARGE DOSES.— Dr Eustace Smith, in a note to the *British Medical Journal*, of May 1st, 1875, emphasizes the value of arsenic in chorea, but states that it was not so generally known that the curative value of the drug is greatly increased by administering it in full doses. Children have a remarkable tolerance for it, especially in such a non-febrile affection where there is no increased irrita-

bility of the digestive organs. To a child between the ages of five or six and twelve, he would give in this complaint as much as ten minims of Fowler's solution three times a day, directly after meals. The influence of the treatment is seen almost immediately, and it is rare for any of the physiological effects of the drug to be seen. Under this treatment, he says that severe cases seldom last longer than a fortnight.—*British Medical Journal*.

TETANUS, TWENTY-EIGHT DAYS AFTER INJURY, TREATED BY CHLORAL.

On March 4th, J. B., aged 13, whilst slicing roots, cut his forefinger through. As the bone was fairly cut, and the finger was still hanging on by a piece of skin, I determined to save it. I set the bone, and everything went on well until April 2nd, when he called on me, complaining of pains all over, and a general feeling of chilliness. As I found he had been sitting about on the ground the greater part of the previous day, I treated him for a severe cold. On calling the next day, I found him in bed, very excitable, and only able to rest whilst lying on his face. The next day, April 4th, no mistake as regards the diagnosis could be made. He remained in much the same state for a fortnight, and then very severe hysterical fits occurred about every twelve hours. These fits lasted about a week, and, after they left him he made gradual recovery. During the first three weeks, he took five grains of chloral in camphor-water every four hours; and, if this mixture were in any way altered, he became more excitable. After that period, I gave him a mixture containing Indian hemp and bromide of potassium. I found all kinds of external applications, as well as hypodermic injection of belladonna, useless; and injections for the relief of the obstinate constipation produced so much excitement that I was obliged to depend on croton oil. Beef-tea, sherry, whipped eggs, and milk, were taken freely; and the darker and more quiet the room the better. The mother stated that the boy was always very excitable, and every spring suffered from frequent attacks of epistaxis; this year he had an attack nearly every morning through March, but not a single attack during the time he was under my care.

DR. STEPHENS.—*Brit. Med. Journal*.

INDURATED BUBO.—According to the *New York Medical Record* the following method of treatment has given excellent results:—"Cover the part freely with mercurial ointment, and keep up constant pressure by means of a hot brick.—*Ibid*."

Fever without ague is no great shakes, so says a malarial exchange.

THE CANADA LANCET.

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John N.B.; J. M. BALDWIN, 305 Broadway, New York, and BALLIÈRE TIRDALL & COX, 20 King William street, Strand, London, England

TORONTO, AUG. 1, 1875.

SPIROMETRY OR CHEST MEASUREMENT.

The use of a tape measure or calipers for detecting differences between the two sides of the chest in thoracic diseases generally, has long been employed, but, in one form by which countless victims are carried off, viz.: congestion of the lungs, we do not think as much attention has been paid to this valuable auxiliary by British or American practitioners as by the French. At the commencement of this century, when physicians were ardently devoting themselves to pathological anatomy, a result followed worthy of notice. The belief in irritation and inflammation so vehemently affirmed by Broussais as the fundamental basis of physiological medicine, engrossed the mind and attention of almost all his contemporaries. There resulted from this an unfortunate confusion between phlegmasia and congestions in general. Pulmonary congestion in particular underwent this vicissitude. Considered as a secondary pathological state, it was overlooked in treatises on pathology. Nevertheless it has been the object of research more or less important from an anatomical point of view, but the clinical study of it, profited little, because we were ignorant of the signs of it, and confounded them with those of many other affections. Professor Woillez, of the Lariboisiere Hospital, in his excellent work on "*Maladies Aigues*" gives a short historical *resumé* of pulmonary hyperæmia as treated of by his predecessors, which we now translate. Andral devotes a remarkable chapter in his Pathological Anatomy to hyperæmia regarded from a general point of view, and taking anatomy for the foundation. In criticizing the character of

asthenic inflammation he remarks, that anatomy cannot always rigorously separate pathological congestion from inflammation. Further, in his Medical Clinic he points out that dyspnoea without lesion appeared to him to be due to a rapid congestion of the blood operating in the lung. Jolly in 1830 sought to establish a distinction between effusion, congestion, engorgement, and inflammation. The special question of pulmonary congestion, commenced in the years following to take a more important place in anatomo-pathological research. In their remarkable work of diseases of old people, Howman and Dechambre established the anatomical distinction between pulmonary congestion and inflammation, but dominated by the idea of inflammation then so generally received, they inclined to consider congestion as being of an inflammatory nature on all occasions when it occupied either the anterior border, or the whole extent of the organ, in the absence of all interruption to the circulation in the heart or large vessels. About the same period Devergie noticed pulmonary congestion as the cause of sudden or rapid death, and two years after Lebert published an interesting essay containing facts of this nature. We are indebted to Fournet for an interesting research, but unfortunately too limited, on pulmonary congestion. Dubois, of Amiens, in 1841 combated the idea so generally received that capillary hyperæmia is due to an exaggerated action of the heart. He insists upon alterations in the blood as the important cause of pulmonary congestion in typhus fever, miasmatic affections, &c., &c., calling to his readers' recollection hyperæmias produced artificially by injections of different foreign substances into the blood. In 1844 Legendre and Bailly in an important work, devoted a large part to pulmonary congestion in the diseases of children; they simplified the excessive anatomical distinctions established before them, but like their predecessors they did not distinguish sufficiently between hyperæmia and inflammation. Such in brief was the condition of the question when Woillez some twenty years ago commenced his first researches. The principal difficulty up to that time, in preventing the important labours of which pulmonary congestion had been the object from bearing fruit, was the impossibility of determining during life by any manner the augmentation

of volume of the congested lung, or at least, by the manner then employed of pulsation and percussion.

Mensuration, although apparently of trifling assistance, opened to Woillez in 1851 a new way, revealing the existence of pulmonary congestion in conditions where its presence was not suspected. In studying the thoracic capacity during the course of pneumonia he found the chest to undergo an augmentation of its circumference during the period of exacerbation of the disease, and a manifest retrocession during the period of resolution. In comparing in this light other acute febrile diseases with pneumonia, he was astonished in discovering that the same augmentation and the same narrowing existed in all acute diseases, and with identical characters. Now this successive enlargement and contraction established by mensuration on a level of the chest, coincided with two interesting phenomena to be remembered. In placing lightly a graduated tape around the chest, then tightening it at the moment of expiration, at the same position, two measurements are obtained. The difference indicates in a precise manner the degree of elasticity of the chest, and more particularly of the lungs. The least in the state of health has been from 5 to 6.5 centimetres, and the two extremes, 4 centimetres for the least, and 11 centimetres for the most pronounced elasticity, as in pulmonary emphysema—the enlargement following the elasticity of the chest, the retrocession following the return of the normal state of elasticity. As a consequence Woillez concluded, that this enlargement with the most pronounced capacity of the intra-thoracic organs, depended on some engorgement of the lungs, and that the retrocession corresponded with the disappearance of that pulmonary engorgement. There was only congestion or hyperæmia that could constitute an engorgement of the lungs common equally with acute febrile diseases. But it was necessary to ascertain, whether congestion thus revealed was a simple fact of pathological physiology, betraying itself by no other means than mensuration, and therefore of little practical importance in itself, or whether this hyperæmia had a real clinical value. If it had truly a clinical value of some importance, it ought to manifest itself by signs of percussion and auscultation, and these signs, to be legitimate, ought to accompany congestional thoracic enlargement. Now, these signs were real, and their study enabled Woillez to publish an

essay read in December, 1853, before the Hospital Medical Society, entitled, "Pulmonary Congestion considered as an habitual element of acute diseases." Continuing to pursue these investigations at the Lariboisiere Hospital and in private practice he accumulated a mass of evidence which has served as the basis of his work "Clinical Treatise on Acute Diseases," published in Paris, in 1872. The confusion that has been created between the different acute diseases of the respiratory organs and pulmonary congestion, which has been wrongly considered as always a secondary pathological condition has prevented the proper study of this congestion as a disease. It is, nevertheless, a frequent affection, the history of which separated from that of other pathological conditions, with which it has been confounded will throw new light on the group of acute diseases of the respiratory organs

THE COUNCIL AND THE EXAMINING BOARD.

If anything more than another could show the falsity of the position in which the Council has placed itself, by electing itself into a Board of Examiners, it will be found in the debate which took place in reference to the charges brought against the late Examiners by this journal. The wholesale denunciations, the choiceness of language, the whole tenor of the debate showed on the part of those who engaged in it, a desire to raise an immense cloud of dust, to cover up a hasty and inglorious retreat. There were no figures brought forward to show the proportion of rejected candidates, no evidence to show that the students did not hiss some and applaud others, in fact, some of the examiners said that the students were highly pleased with them, leaving us to infer that they were the applauded individuals. The silly petulance which characterized their utterances showed the weakness and utter defencelessness of their position. We would fain have passed this subject over in silence, but the conduct of these gentlemen leaves us no alternative.

It is a common saying among legal gentlemen "that when you have no defence abuse the opposing counsel," but we doubt very much if abuse of the editor of the *Lancet* will pass for argument among the intelligent practitioners of the country. We have no doubt, however, that in their efforts

to traduce and revile us, a peevish sensibility has been avenged and a morbid vanity gratified ; but they will have utterly failed to convince any impartial reader of the justness of their cause. One of the speakers challenged us to make some specific charges. We would, therefore, like to ask how many candidates were rejected at the examination last fall? *None!* How many were rejected at the late spring examination? Echo answers *how many?* Nor is it much to be wondered at, when the examiners were known to have been in the habit, when the standing of a candidate was very low, of giving him a few extra marks to which he was not entitled, to enable him to make the requisite number of marks to be allowed to pass. This was admitted by some of the examiners (privately, of course,) to have been done in reference to what were called the ornamental branches. We ask, if that principle is to be adopted, where is the use of an examining board? And we ask the profession whether the word *farce* was too strong a term to apply to such a proceeding. With reference to the hissing of examiners (the applauding has never been denied), we repeat without fear of successful contradiction that the examiners on Botany, Anatomy, and one of the final subjects were publicly hissed. We trust that those gentlemen will now be satisfied with what we have here stated, if not, "we have more shot in the locker yet, ready for use if needed."

Dr. Aikins has at last seen the falsity of his position and has given way to the appointment of another, and he deserves all credit for having done so. Dr. Hodder has also named another in his stead ; but it will be observed that the gentlemen so appointed are College men, so that the complexion of the examining board is altered very slightly by the change ; and but for the selfish ambition and overweening vanity of the others we would have had a properly constituted Board of Examiners. The childish obstinacy with which they adhere to the position of appointing themselves to the examining board in defiance of public opinion, and of thus setting themselves up as the concentrated wisdom of the profession, no matter how ill-advised it may be, no matter how vicious in principle, no matter how repugnant to the feelings of the profession, will do more to bring them into contempt and cause insubordination among the students than any criticism whether just or unjust, that we could possibly make.

With regard to our statement in reference to the conduct of the Treasurer, we deny the truth of the accusation thus offensively hurled at our head by Dr. Lavell, and give the following extract from a letter published by an M.D., in the *Lancet* for Oct. '74, which we can supplement if necessary by a number of similar ones :—" We find Dr. Aikins, one of the *examiners*, a prominent *teacher* in one of the medical schools in Ontario, and *treasurer* of the Medical Council, by virtue of the latter position, requiring students, when paying their fees, to state what medical school they attended, and *taking a note* of it."

Dr. Lavell's utterances on this point was, to use his own choice and expressive language, "unwarranted and impertinent," for he could not possibly know anything of the truth or falsity of the statement.

AMERICAN MEDICAL COLLEGES.

Though it only concerns us in a secondary degree, we cannot fail to take some interest in the course of medical politics amongst our neighbors of the United States. At the present time we notice in the journals, and in the tone of the addresses delivered before the medical societies, a strong current of complaint against the undue multiplication of medical schools, and the consequent manufacture of an undue number of imperfectly educated medical graduates. There is, in fact, a revival of the old cry that the colleges are the worst enemies of the profession. Whether this be so or not, it is not our present purpose to consider ; we simply take the statement as we find it, and note the fact that since the war, there has been in the United States a vast accession to the ranks of medical practitioners. The profession is at length overcrowded, and the natural result has followed, in the expression of a desire to place some check on the multiplication of medical men. From the arguments brought forward and the facts stated, exhibiting the ignorance in preliminary as well as professional education of certain graduates, it is evident that the examinations for graduation at some institutions are very carelessly conducted, and that a low standard of proficiency only is aimed at. It is no wonder that, the colleges being held to blame, there should be a demand for State Boards and Government interference. In the

Western and South-Western States at the present time, the leading minds are looking to Ontario as an example, and are sighing for our system of medical registration as a corrective of a great evil. It would appear that the mischief worked by what has been styled "free trade in medicine," has been so fully demonstrated as to have paved the way for restrictive measures, not simply in the interest of the medical man and the standing of his profession (now very much degraded), but in the interest and for the protection of the citizen himself. Observing this movement in the light of the American reports, we see a great reaction taking place, looking forward to the regulation of the practice of medicine, by constituted authority and the superintendence of medical education by a State Board. It will not much surprise us, if the agitation should soon make a fresh demand, and insist that the actual work of medical instruction should be done under the auspices of the State, as indeed it is in France and other European countries.

MEDICAL ADVERTISING.

The subject of medical advertising in its relation to medical ethics, every now and then forces itself upon the attention of the profession. Scarcely a month passes by without some newspaper paragraph finding its way to our table, containing a report of some brilliant surgical operation. "Dr. so and so is to be congratulated on having successfully performed some delicate surgical operation, requiring great skill and nicety. The patient is now doing well and recovering rapidly." This and similar paragraphs are only too frequently to be found in the newspaper press of this country. Nor do we ever find any effort on the part of the medical men immediately concerned, to repress such advertisements, on the contrary, they openly encourage it by inviting laymen, editors of papers and others to be present to witness the operation with no other object in view than that of publishing it far and wide. Comparatively trivial operations are sometimes in this way magnified and made to appear very formidable, and the medical man is puffed at the expense of his medical brethren. "Such men, we say, are advertisers, just as much as if they signed their advertisements and paid for their publication; they are even worse.

In reference to this matter the 'Evansville Academy of Medicine, Mich. U.S., has adopted the following resolution, which we would recommend to the medical societies in the different parts of the country:—"When the name of any member of this academy shall appear in the newspaper press, in connection with the performance of any operation, he shall request the editors of the papers publishing the same to inform the public in their next issue that the use of his name in the report was unauthorized by him, and done without his consent. And if the paper fails to do as requested, he shall publish a card making this statement. If he fail to do this, the committee on ethics is hereby instructed to prefer charges against him at the next meeting of the academy, and upon conviction of the offense he shall be expelled."

THE TORONTO LUNATIC ASYLUM.—Dr. Joseph Workman, having retired from the medical superintendency of this institution, the staff of the Asylum, met that gentlemen and presented him with a respectful and affectionate address, some handsome articles of silver plate, and a choice copy of Shakespeare. Dr. Workman replied in a kind manner, referring to many of those present, who had been 15, 16, 17, 18, and 19 years under his direction. The matron, Miss Parkes, has been 21 years in the Institution, having entered the year following that in which he himself had entered. At the same time Dr. B. Workman, brother of the Superintendent, was presented with a handsome time-piece and an address, to which he made a suitable reply.

PROSECUTION.—One Mr. Gardner who styled himself M.D., M.R.C.S.E., who is travelling with an accomplice by the name of Bright, under the firm of "Gardner & Bright," was brought before a magistrate in Mount Forest lately, for practising illegally and fined \$60 and costs. He was also obliged to return the money to some of his dupes before leaving the place.

PROF. TRAUBE.—The death of Prof. Traube was announced in several periodicals, but the announcement turns out to be premature. He is very ill however, and from the nature of his disease cannot long survive. By his death the medical world will lose one of its most ingenious and thorough workers.

PUBLIC HEALTH.—In another column will be found a report by Dr. Baker to the Michigan State Board of Health, which met at Lansing on the 13th July. We give place to this report and the proceedings of the Board, in order to show what the people of the United States are doing to promote public health. The inhabitants of this State in particular, are to be congratulated on having a Board of Health established and in working order. It cannot fail to be of great service to the entire community.

THE BRITISH MEDICAL ASSOCIATION.—The Annual Meeting of the Brit. Med. Association will take place in Edinburgh on Tuesday the 3rd inst., and continue in session five days. This association is without doubt the most successful organization of the kind that exists. Dr. Quain of London, is President of the Medical Section, Dr. Lister of Edinburgh, of the Surgical Section, and Burdon Sanderson on that of Physiology. The addresses of these men will form an exceedingly attractive feature of the meeting, and will be read with interest by the profession on both sides of the Atlantic.

RETURN OF DR. BOVELL.—The many friends of Dr. Bovell will be glad to learn that he has lately returned from Barbadoes, and has again taken up his residence in this city. He has rejoined the medical staff of Trinity College, and will lecture upon general Pathology and Clinical Medicine during the coming winter session.

APOCYNUM CANNIBINUM (MILK-WEED) IN DROPSIES.—The infusion of the above mentioned drug is very highly spoken of (Dr. Hutchins in the New York Medical Record) as a diuretic in all dropsical affections. The active diuretic principle is said to reside in the bark, and not in the root, as is mentioned in the pharmacopœias. Dr. Hutchins records a case in which the patient, who had been frightfully distended from anasarca, was reduced to a skeleton in 48 hours. He refers to the experience of Dr. Jewett, of Canandaigua, in confirmation of his own. Dr. Armor, of the Long Island Medical College, relates similar experience in the use of the drug.

BRITISH MEDICAL COUNCIL vs. WOMEN.—Although there was a strong feeling in the British Medical Council against the physical unfitness of

women for the duties of the medical profession, yet by a majority of two to one, they passed the following resolution :—"The Medical Council are of the opinion that the study and practice of medicine and surgery, instead of affording a field of exertion well fitted for women, do, on the contrary, present special difficulties which cannot be disregarded, but the Council are not prepared to say that women ought to be excluded from the profession."

CONSTIPATING EFFECT OF TR. FERRI.—It is well known that in most constitutions tincture of iron has a tendency to produce constipation of the bowels. This may be in a great measure counteracted by the addition of a few drops of tincture of belladonna to each dose. It is worthy of trial.

The John McConnell mentioned in the proceedings of the Medical Council is not John McConnell, M.D., of Thornhill.

ELIXIR FERRI ET CALCIS PHOS. CO.—This is a combination of great reliability and efficacy. It has been very highly recommended by the medical profession both at home and abroad, wherever it has been tried. We have used it in many cases of indigestion, nervous prostration, chlorosis and anæmia, and we have no hesitation in giving it our unqualified recommendation. We have therefore great pleasure in calling the attention of the profession to a preparation so worthy of confidence and so reliable in the treatment of convalescing patients, and all diseases attended with debility of the nervous and muscular system.

PROF. SAGER ANN ARBOR.—Prof. Sager of Ann Arbor, Dean of the medical department of the University of medicine, has resigned his position in consequence of the addition of two Homœopathic lecturers to the staff over which he presided. In his letter of resignation he says: "A sense of professional duty, of self-respect, and that just *esprit du corps* which implies a willingness to make any sacrifice when demanded, compel me to withdraw from any alliance or affiliation tending to defame, demoralize, and, finally, to crush out a hitherto loved and cherished institution."

SIMCOE MEDICAL ASSOCIATION—The third quarterly meeting of the County of Simcoe Medical Association was held in Barrie on the 15th ult. A

large number of the medical men of the county were present. In the absence of the President, Dr. Blackstock was elected Chairman. Dr. Morton, of Barrie, read an excellent paper on "*Post partum Hemorrhage*." The following were elected officers for the ensuing year:—President Dr. Hamilton, Barrie; 1st Vice, Dr. Lund, Churchill; 2nd Vice, Dr. Blackstock, Hillsdale; Treasurer, Dr. McCarthy, Barrie; Secretary, Dr. Ramsay, Orillia. The meeting adjourned until the middle of September, then to meet at Lake Couchiching Hotel.

ZIEMSEN'S CYCLOPÆDIA OF MEDICINE.—On page 290 of vol. iii., second text line from the bottom, the word "ounces" should read "drachms." As the error might lead to serious consequences, we would thank our exchanges to give publicity to this notice.—*N. Y. Medical Record*.

COLD PACK.—Prof. Flint, (*New York Medical Record*) recommends the following method of using the cold pack: Wrap the body in a sheet wet in cold water, and then sprinkle with a watering-pot, and continue the pack from ten minutes to half an hour, according to the temperature and conditions of the pulse. Thus employed, he believes that we can obtain all the benefits of the bath.

Books and Pamphlets.

MEDICAL CHART OF TEMPERATURE PULSE, Respiration, and Regions, by the Cincinnati Case Record Co.

These charts are on single leaves which are about the size of an ordinary hospital case-book. The sheets are ruled on one side in small squares, and margined, for marking the temperature, pulse and respiration daily, morning and evening. There are also four diagrams of the human form at the bottom of the page divided into regions for locating the existence of any morbid process. On the other side of the sheet is a form for recording the personal and family history of the patient. Price, per doz., 50 cts., or \$3 per hundred.

BRAITHWAITE'S RETROSPECT OF PRACTICAL Medicine and Surgery, Part LXXI., for July, 1875. Toronto: Willing and Williamson; Price \$1 50 cts., post paid.

The July number is replete as usual, with valuable and interesting articles on medicine, surgery, and the allied sciences. All orders sent to the above publishers will be immediately attended to.

APPOINTMENTS.—William Henry Johnson, Esq. M.D., of Fergus, to be an associate coroner for the County of Wellington.

Tecumseh Kingsley Holmes, Esq. M.D., of Chatham to be an Associate Coroner for the County of Kent.

Dr. Sparham has been assigned to the position of book-keeper in the laundry department at Kingston Penitentiary, Greaves to the black-smith shop.

Dr. Waddell, who is retiring from the Superintendency of the Provincial Lunatic Asylum, New Brunswick, has been presented with an address and a silver service by his subordinate officers.

"PUNCH" ON HOLLOWAY'S ASYLUM.—*Punch* furnishes this inscription for the front of the idiot asylum founded by Mr. Holloway, who made his fortune in "patent medicines":—

"Not oft is fate so just—see wealth restored
Back to the simple source from which it poured."

Births, Marriages and Deaths.

At Chesley, on the 13th ult., the wife of Dr. Gillies, of a son.

At West Garafraxa, on the 9th ult., the wife of Jas Tamblin, M.D., of a daughter.

In this city, on the 12th ult., the wife of Dr. Greenless, of a daughter.

At St. John's church, Norway, on the 14th ult., by the Rev. W. S. Darling, John Nation, M.D., of Uxbridge, to Katharine, daughter of the late Mr. William Arthur Stanley.

At his residence, Brantford, on the 9th ult., Edward Hipkins, M.D., in the 38th year of his age.

In this city, on the 22nd ult., Trevor Castlemaine, infant son of Dr. Temple, aged 7 months.

At Ingersoll, Lambert F. Crawford, M.D., late of Hamilton, Ont, in the 37th year of his year.

At Simcoe, on the 31st May, Robert M. Wilson, M.D., of Niagara, in the 46th year of his age.

** The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps, with the communication.

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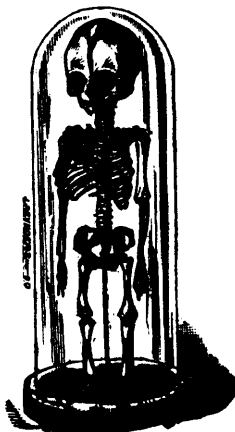
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" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

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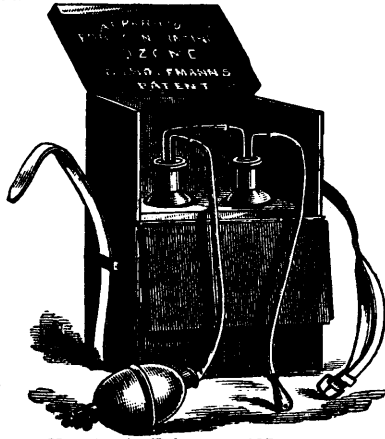
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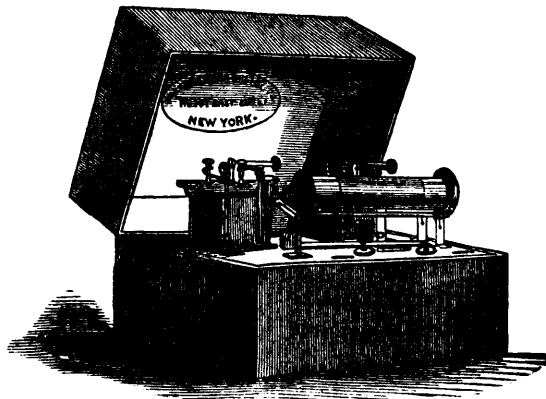
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THE SPRING SESSION is principally of a practical and clinical character, and affords particular facilities to students who have already taken one course in schools where such practical advantages exist to a less extent. The course consists also partly of lectures and examinations on the subjects necessary for graduating in medicine, conducted by the Professors of the regular Faculty and their assistants. These examinations will be addressed to both first and second course students. For the purpose of making the visits to the wards of the Hospitals as available as possible, the class is divided into sections. One division at a time is instructed in Practice, Diagnosis, Prescription, and Treatment of Patients. The course begins early in March, and continues till the middle of May, when the SUMMER COMMENCEMENT is held. During the Summer the College Clinics are kept open.

THE PRELIMINARY WINTER SESSION commences September 15, 1875, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION occupies four and a half months—commencing on September 29th, and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of Out-door Medical Charity, and the Hospital Post-mortem Rooms are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals. Besides the Hospital clinics, there are eight clinics each week in the College building.

THE POST GRADUATE COURSE is to consist of lectures delivered by the Professors of the several departments in the College building during the regular Winter Session, illustrated by clinics held both in Hospitals and at the College. After an attendance of one Session on these lectures, any candidate who is already a graduate of a recognised Medical College can obtain a Diploma Certificate, countersigned by the Chancellor of the University and the Dean of the Faculty of the Medical Department, and by four or more Professors of the Post Graduate Course, to the effect that the candidate has passed an examination by them in their respective branches of special medical instruction. The fee for the Diploma Certificate is \$30.

The Faculty desires to call attention particularly to the opportunities for dissection. Subjects are abundant, and are furnished free of charge, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

FEES FOR THE WINTER COURSE.

For course of Lectures	\$140 00
Matriculation	5 00
Demonstrator's fee, including material for dissection	10 00
Graduation Fee	30 00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30; and, should they decide to become pupils for the Winter, the \$30 thus paid will be deducted from the price of the Winter tickets. For the purpose of assisting meritorious individuals, the Faculty will receive a few *beneficiaries*, each of whom will be required to pay \$43 per annum and the Matriculation Fee.

For further particulars and circulars, address the Dean.

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.

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New York.

Fig. No. 3, is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.



The Improved Body Brace.

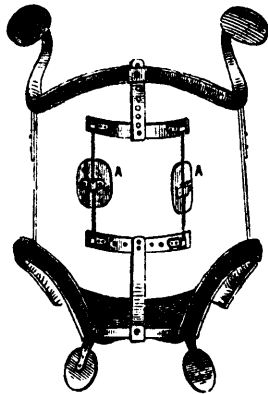
Abdominal and Spinal Shoulder and Lung Brace.



Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so [particularly in spinal and uterine affections], the corresponding attachments are required.

Fig. No. 18.

Improved Revolving SPINAL PROP.



Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

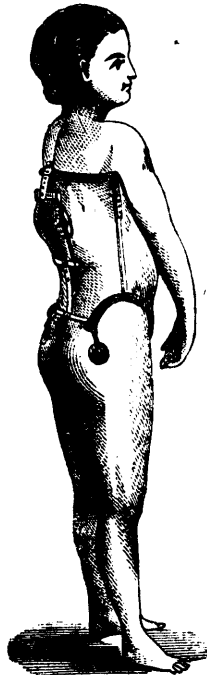
Fig. No. 12.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

SPINAL PROP APPLIED.

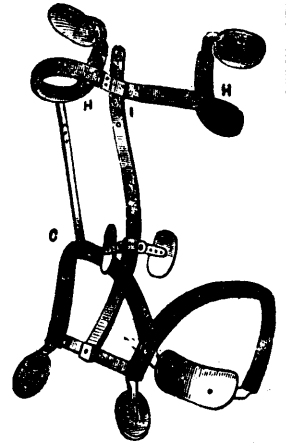


How to measure for any of these appliances.
1st Around the body, two inches below the tips of hip bones.
2d Around the chest, close under the arms.

3d From each armpit to corresponding tip of hip bone.
4th Height of person. All measures to be in inches.
Measure over the linen, drawing tape measure moderately tight.

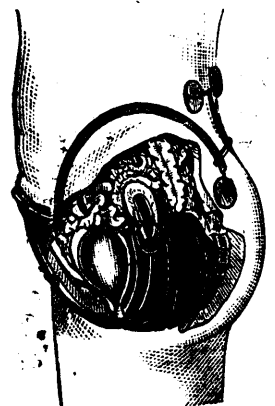
Fig. No. 14.

Improved Centripetal SPINAL LEVER.



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the trunical bearings, while its attachment, BANNING'S IMPROVED EFFROATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus (without touching it) to its normal position.

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N. B.—The numbers of the above Figures refer to Pamphlet Nos., NOT to Descriptive List Nos.