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THE

Canadian Medical Review.

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Original Communications.

Syphilis and Its Treatment.*

BY DR. A. R. ROBINSON, OF NEW YORK.

He said his paper was only fragmentary, but he would discuss the question on broad lines; he would endeavor to show that energetic, continuous treatment should be employed throughout the whole period of the contagious stage from the time the disease could be earliest recognized, followed by interrupted treatment during life, so as to procure as far as possible immunity, to prevent the formation of lesions and injury to the tissue in any part of the body. The aim of treatment should be to avoid or minimize dangerous structural changes in important organs, to give a benign character to the disease, and to leave the system in about as normal a condition as it is after such acute diseases as scarlet fever, variola and the like; to leave the system in much the same condition as a mother is left who has received immunity without receiving the specific organisms from the fœtus, not being able to acquire syphilis, and hence not acquiring the

*Read at a meeting of the Toronto Medical Society.

secondary and tertiary lesions. Syphilis, the essayist held, was an acute infectious disease, with anatomical lesions either visible or invisible and general intoxication from toxines, and was capable of bringing immunity about directly or indirectly. It was a disease of limited duration. Why was syphilis a serious disease? Many held that it was not. He believed it was. In certain acute infectious diseases, as typhoid fever and variola, death resulted usually from intoxication by toxines. In some of the more chronic that do not give immunity, as tuberculosis and leprosy, death usually results from injury to important organs in consequence of some inflammatory change. The loss of strength, pains in the muscles and joints, and concurrent symptoms are due to the intoxication from the toxines, not from the organisms direct. Considerable stress should be laid upon this intoxication by the toxines. A considerable number of writers oppose this view. Syphilis is a serious disease, because of the deformities which sooner or later may cause fatal conditions such as meningitis, myelitis, etc. In addition, often where there are no lesions to be observed by the eye, the microscope shows changes in the tissues. The smallest amount of intoxication necessary for immunity may leave some impress on the tissue sufficient to show that the dyscrasia exists, the less intoxication the less injury to the tissues. This was important to remember, because often lesions occurred, owing to tissue vulnerability, ten or twelve years after all the syphilitic poison had left the system, such as syphilitic palmar psoriasis, patches on the tongue, etc.

Text-books had stated that the contagious stage existed for a period of three years. They divided the disease into three stages. Too much stress had been laid upon this matter. The disease had no stages, but was a continuous process. The length and severity of the attack were not dependent on the length of incubation nor on the character of the primary sore, except in a general way. The so-called secondary stage was ushered in by certain cutaneous manifestations. Fever was present, the lymph glands, the spleen and the liver were enlarged, the nervous system was affected, neuralgia being marked. The malignancy of the disease depended on the soil, not on the amount of inoculation. It was to be remembered that dangerous conditions might exist without any severe external lesions being visible.

An important point in treatment consisted in preventing, if possible, the untoward results of lesions by pushing the remedies, although no outward signs were visible. These toxines were sure to leave their impress on the tissues. The absence of cutaneous lesions was no

proof that lesions were not present in the internal organs and damaging them. The lesions of the skin were of slight importance as compared to those of internal organs.

In answer to why existing lesions should be treated, the speaker said it was to lessen the danger of contagion, to remove deformity and to save tissue, and to abort the normal duration of the contagious stage. It was much better to prevent lesion formation than to wait until the lesions had formed and then commence treatment for their removal. During the contagious stage contagion may occur from the lesions, the blood, and probably from the physiological secretions. To lessen the contagiousness was important.

The essayist then discussed the anatomical character of a syphilitic lesion. There was first the papule. The first pathological change was an arteritis, accompanied by a small-celled infiltration, very dense. The cells were poisoned by the virus and were no longer able to advance to a higher state of development; they underwent fatty degeneration and absorption if there was no mixed infection. The virus acted so strongly that there was complete destruction of the normal histological elements of the part. This could only be replaced by scar tissue; so where syphilitic lesions once existed the destruction was permanent. For instance, if a physician got a chancre on the finger, it could be recognized twenty years after, even with the naked eye. The speaker laid emphasis on the fact that a lesion once formed, the part is irreparably damaged. The lesions which occur twenty and thirty years after inoculation are not due to the syphilitic organisms or their toxines, but to other influences at work upon the soil rendered vulnerable by the ravages of the early disease.

Treatment should be directed toward diminishing the amount of the virus produced, and to aid in its elimination or to render it inocuous as long as the organisms are present. Besides, the lesions should be removed. The life activity of the organisms may be greatly lessened, if not removed. As far as was known now, only two drugs had any special action on this disease mercury and the iodides. Mercury was directly antagonistic to the organisms. A solution of the bichloride of one thousandth per cent. strength added to a drop of pus from a hard chancre destroyed the organisms. Iodide of potash would not do this; but had this effect: it aided in cell metabolism and in some way or other assisted in the elimination of the virus. The mercury should be pushed until the gums are touched. If it was not shoved to this extent there was no proof that enough was being given to produce its physiological effect. It was necessary to keep the mouth in a good condition. Smoking was to be prohibited and the

teeth were to be kept clean. The mercury had the best effect and was least harmful when given by inunction. Where prompt action was needed, this was the best mode of administration. Contraindications to this mode were where there was too much adipose tissue, or in persons with tender skins. The essayist referred to a certain proprietary remedy. Its value lay only in its value as an eliminant. It had no definite antagonism on the toxines.

During treatment an important point to remember was to prevent irritation of any part of the body or the over-determination of blood to any particular part. This tended to prevent the formation of lesions. Hence, a student should not read too much ; and care should be taken by those whose work exposed them to avoid injury.

Regarding the initial sore, he said its character was not a positive guide as to the prognosis. As far as intoxication was concerned, there was no doubt a large lesion would be a hot bed of infection. A better guide to go by was the character of the ground. And it was to be remembered that a patient in excellent physical condition, even a pea-sized chancre with little signs of breaking down, may get very soon in a bad condition, if such precautions as the avoidance of drink and the like be not enforced. The speaker reported the case of a man who had a chancre about the size of a fifty-cent piece on the middle of the penis. In spite of all treatment he died of syphilis, the ground was so favorable.

Can syphilis be aborted by treatment of the primary sore? was the next question the doctor discussed.

It took about twenty days after infection for the primary sore to form so as to be recognized. It took about ten days for the inguinal glands to enlarge; consequently, ten days before the sore was recognized there was infection of the glands, so it would be seen that it was useless to excise the primary sore. This did not counteract the view held that, if there was a hot-bed of infection, and one could diminish the size of the sore and make certain applications to inhibit the action and life of the organisms, the amount of intoxication from this hot-bed would be lessened ; but it was perfectly useless to excise the primary sore for the purpose of aborting the disease. This proved that it was a continuous process. Treatment should commence at once. The appearance of the secondary eruptions should not be waited for; enlargement of the inguinal glands was sufficient. Some persons suffered more than others in the secondary stage. The ground accounted for it. Persons with a lowered condition of health suffered more than the robust. This latter condition should be maintained, if possible. Good hygiene, food of the proper quality and quantity,

and the avoidance of excesses should be enjoined. A good action of the excretory organs favored the elimination of the toxines.

Mercury, Dr. Robinson went on to say, had an inhibitory action on the life of the microbes. It, perhaps, killed many of them, as shown by the experiment he had described. It was not possible, judging from clinical experience, to kill all the organisms in the body; they were scattered through the whole system. But their action could be inhibited, their toxines lessened. It was possible to postpone, or entirely prevent, the formation of lesions. If the secondary lesions were entirely prevented during the secondary stage, treatment after this was unnecessary. The stage is present, although one may see no cutaneous lesions. The doctor stigmatized that plan where the patient went under active treatment for thirty days, and was allowed to go untreated until symptoms reappeared and was then treated again. This was not correct, because, as he had shown, a reappearance of the signs meant serious tissue injury. In this sort of treatment one was simply repelling attacks, not carrying on offensive warfare against the organisms. Such treatment would materially increase the danger of tertiary lesions. The rule was, the less secondaries the less tertiaries. Anti-syphilitic treatment after the contagious stage aimed at the prevention of gummatous formation. For this, mercury combined with the iodides was the treatment.

Gummata, the essayist thought, should not be regarded as syphilitic lesions, syphilis was just a predisposing factor. Energetic and continued treatment was called for in treating these tertiary lesions. Mercury might be given for a certain length of time, but it would lose its action. It was wise to change to the iodide. The iodide aided the mercury in its action. One must be careful how he administers the iodide at this juncture, because it might loosen up too much mercury in the system.

The speaker then drew attention to irritation lesions of the tertiary stage; these might be seen on the tongue and lips of those who used alcohol. Another example was the occurrence of parasitic lesions on the skin. Such were the result of the dyscrasia, not of the syphilitic poison. And they were not cured by antisyphilitic treatment. Their removal was aided by giving that which would bring about a normal condition of the system. Such remedies as the iodide, which aided in restoring a proper action of the glands, would aid in the removal of such lesions. Locomotor ataxia and similar lesions come under this category.

Referring to the value of Hot Springs, the doctor said their value lay in keeping the system in a good condition. The system underwent

good cell metabolism. Ten minutes after taking a hot bath the patient's temperature ran up to 100° to 103°, showing rapid cell metabolism. At home after such a bath there would be no elevation. He had seen a number of persons who had never taken syphilitic treatment go there, take no treatment, except the baths, and the lesions disappear entirely, showing these were irritation lesions from within and that they had nothing to do with the syphilis. The danger in the later stages was more from the lesion-formation than from the intoxication. A condition of the system should be brought about similar to that present in the mother who has obtained immunity through the fœtus. The placenta, if in normal condition, acts as a filter. The mother does not suffer from the secondary or tertiary lesions. Where these lesions do occur in the mother, it is only explained by some change in the walls of the vessels so that the organisms pass from the fœtus into the mother and cause lesion-formations. The toxines give immunity and the person throughout life would have no syphilitic lesions of any kind; he was immune.

So the object in treatment was to try to get this immunity which could be got without lesion-formation, so that the tissues, as in the case of the mother with the syphilitic fœtus, may escape injury. Treated on these principles there were no reasons why syphilis should be a dangerous disease to persons affected; danger to others was almost entirely removed. The disease itself was not only made less severe but the lesions less frequent.

Discussion.

Dr. Wm. Oldright—Where there are sufficient data to enable us to determine at what period does cessation of the action of the organism occur, what period may we look for arrest of the disease without treatment? If we meet with a patient in the later years and find the patient has had syphilitic lesions, and not sure he has undergone a thorough course of treatment, what is the latest period we would be justified in treating, what is the latest period we would look for manifestations?

Second, how long are the toxins in being eliminated after the micro-organisms have ceased to exist?

Third, has the reader of the paper met with those conditions of lardaceous disease simply from the syphilitic micro-organism without the long existence of purulent organisms?

Dr. Edmund E. King—I have listened with a great deal of interest to what Dr. Robinson has said. I feel that the intoxication idea of syphilis has a very able exponent. After these remarks, stating that

intoxication is the most active agent in the disease, I do not reconcile the fact that he is in opposition to the excision of the sore. While it might be impossible to abort syphilis by excision of the initial lesion when advanced, yet there must be a period when excision of that lesion could abort the disease.

The sore develops in a stated period, and from that period another stated period exists before the inguinal glands or nearest glands are affected; so if it be possible to see the chancre and excise it, it appears to me we should at that period abort the disease. I do not suppose we meet with these cases but exceedingly rarely; yet, theoretically, abortion should be possible. If we do not meet with the sore before the glands are affected, we see it as soon as they are affected or shortly after; if we excise that lesion, we are preventing a large amount of toxic matter from entering the system. If it is a fact that the size of the sore has a bearing upon the future disease in the patient, it seems to me that the sooner that area is eliminated the sooner there will be a lessening of the amount of toxins absorbed. As long as there is an active lesion, toxins are being formed and carried into the system. If the chancre be excised widely and freely, you are placing the patient in a much better position in regard to treatment; of course there are certain positions in which it is impossible to excise the sore. In such cases it is possible to destroy the sore by the actual cautery. I have looked into the matter with some degree of interest, and have records from cases in which I know that the excision has been followed by good results. I question the statement, if man is once affected and cured he is immune from a second attack. If it is possible to be cured of syphilis, it is possible to catch it again. If it is a self-limiting disease, there comes a period when it can be reinoculated.

Dr. F. OAKLEY—In case of a late lesion, such as general paralysis, occurring, perhaps, twenty years after syphilis has been acquired, does Dr. Robinson mean to say that if we see such a case in the beginning treatment is useless? That is not the position of authorities. For instance, in locomotor ataxia it is thought anti-syphilitics are beneficial.

Dr. J. E. GRAHAM—I have listened with a great deal of pleasure to the paper by Dr. Robinson. I feel especial pleasure in listening to Dr. Robinson, because he is a Canadian and a fellow-graduate. He is one of our honorary members, who has been an exceedingly useful one. I am sure he has never given anything of greater value than the paper given to-night. He has given us the modern ideas of syphilitic disease as well as its treatment. We have been too much governed by tradition in syphilis as well as in many other things in

medicine. We have been trying to recognize primary, secondary and tertiary stages. If the secondary stage was not present, we would have doubts that the case was syphilis. We have been expecting to have certain distinct lesions and sequence of lesions. The sequence takes place in the great majority of cases. We know there are many cases in which the sequence has been irregular. The doctrine taught us to-night will make us easily understand this irregularity, understand why some cases terminate fatally within a year, and why, in other cafes, the lesions may be very slight.

In speaking of the possibility of reinfection, I would like to mention two cases which came under my own observation, in which, unless I made a mistake in the diagnosis, syphilis existed twice; the patients became reinoculated. I do not see why, particularly taking the ground Dr. Robinson has taken, there should be always immunity in syphilis. In variola, for instance, immunity does not follow. I knew a gentleman who had variola twice, the second time more severely than the first. I do not see why the same sometimes should not occur with syphilis.

Dr. Graham, continuing, asked the essayist his opinion of treatment by mercurial inunctions while the iodide of potassium was being given internally. Such treatment had been condemned, because it was said that the iodate of mercury was formed in the system, which was very injurious. He had seen the reports of some cases treated in this way where serious results followed. The speaker further requested the reader of the paper to give his opinion of the intermittent treatment, the administration of mercury in the form of blue pill for ten days, then the iodide for ten days, and ten days without treatment. This treatment had warm advocates. The mercury after acted on the system; then elimination was favored by the use of KI.

Dr. Graham agreed in pushing the mercury, as the essayist had recommended, and emphasized the necessity for buccal cleanliness at this time. There were persons, however, who could not observe this rule; they take so large an amount of mercury before the gums are touched. A good point to remember was this: It was known that syphilitic poison has a deteriorating action on the blood—lessening the amount of hæmoglobin The mercury increases it. Rule.—Give mercury as long as the increment is kept up. When it is noticed to diminish, stop the mercury.

He would like the essayist's opinion on the use of intravenous injections of the bichloride.

There was no doubt about the importance of commencing treating the disease from its commencement.

Dr. JOHN HUNTER told of a case of secondary syphilis occurring in a young man engaged to a young lady who had been turned out of doors by a stepmother. Marriage seemed imperative. The doctor recommended the young lady to undergo treatment, and that careful hygienic precautions should be observed. If any symptoms arose an immediate report was to be made. The lady was put on treatment before marriage, the liquor hydrarg. perchlor. being administered. She never acquired the disease, and has had four healthy children. The husband recovered. Was it necessary, the speaker asked, to antedate the syphilis in this case? If so, why not protect everybody from it?

A second case had come under his notice. The patient, a very intelligent man, had acquired syphilis at twenty. Was treated at Guy's Hospital for three years, off and on. He then married and raised a healthy family, the youngest daughter being eighteen. During "the boom" he became financially ruined. With that, impaired health came on. The syphilitic lesions reappeared on the abdomen and other parts of the body. Brain lesions set in. There was, first, paresis of certain muscles, then psychical disturbance. In three or months the man died. Dr. Hunter asked the essayist how this re-appearance of the lesions in this case were to be accounted for.

Dr. R. A. REEVE inquired of the essayist in what respect he considered congenital syphilis differed from the ordinary acquired, as far as the evolution of certain symptoms were concerned. He asked this in view of the statement of the paper that the so-called late symptoms were attributable to the syphilitic virus in the system. There was one condition of the eye occurring in congenital syphilis six months, one year, two years, or even fifteen years after birth, the so-called interstitial inflammation of the cornea. The fact was noticed that when the second eye was involved (as a rule), though the patient was under mercury and in as good a hygienic condition as possible, not infrequently the inflammation involving the second eye was materially worse than that involving the first eye. As this occurred within a year after birth, and was a symmetrical lesion—affecting both eyes—and, in a sense, out of the category of tertiary lesions, the speaker asked in what sense the evolution of this symptom varied from the essayist's rule, and also whether he considered, if that characteristic of the disease appeared at fifteen or twenty, as it often did, the infective period still persisted. Dr. Reeve referred to the use of hypodermic injections of pilocarpine in conjunction with the mercurial and iodide treatment in iritic adhesions. His confrere, Dr. Burnham, had drawn attention to this form of treatment in a paper read before

the society, in which usual anti-syphilitic treatment had failed. The speaker pointed out that pilocarpine could not be used indiscriminately. He called attention to the plan of systematic diaphoresis by vapor baths bi-weekly during the so-called secondary stage, while giving mercury. This would act like pilocarpine and was much safer. He did not agree that the immunity obtained by treatment was similar to that obtained by the mother through inoculation from the fœtus. Dr. Reeve thought that emphasis should be laid on the dosage of mercury and the iodide. It was too often prescribed in a lakadaisical way, and in such doses that anybody could take year in and year out without harm.

Dr. T. F. McMAHON referred to a method of detecting whether the disease was present or not. It was held by some that sixty grains of pot. iodid. should produce iodism if syphilis was present. If it did not, the individual was free from the disease. He asked how certain cases of outbreak of syphilis at an advanced age were accounted for, barring the untruthfulness of the patient. If these cases were genuine, he would like to know if the essayist considered that these manifestatious showed increased vulnerability of certain tissues, or were they due to the specific organisms being present and making an outbreak at that time?

Dr. C. J. HASTINGS cited reports of treatment by intravenous injections. One case of Jacksonian epilepsy, where there were two epileptic seizures daily, after the second injection, was relieved for a considerable time. One man had reported four or five hundred cases with gratifying results. The effects were almost immediate. The syringe used was made of glass, so as to be rendered entirely aseptic. The technique of the operation was described. One-sixth of a grain of the cyanide of mercury was used.

Dr. A. McPHEDRAN said that the reader of the paper held a very optimistic view of the prognosis of syphilis. His opinion would give great hope to those affected with the disease; many practitioners in years past looked upon the disease as incurable. Quite a number of leading men to-day think it is incurable. He (the speaker) would like to go as far as Dr. Robinson, but would find a great deal of difficulty in doing so. Supposing all the mercury given in the contagious stage was not curative, but simply inhibitory, it did not destroy the germ—just inhibited its growth to a greater or less extent. In some persons the inhibitory action would take place rapidly, and they would show no signs of the existence of the disease for a long time. In other persons the lesions would appear during the administration of mercury, and with a virulence that would not be held down by mercury.

The proper dosage was that which would produce physiological effect. The rule of giving it while it produced improvement in the blood had been stated. Even then, perhaps, enough was not being given to do the most good. In some cases he had seen the virulence of the disease very little affected. The remedy could be looked upon as simply inhibitory, in some cases very slight. Some cases would resist the mercury and would show lesions in spite of treatment; therefore, some cases were incurable. The essayist had stated that a patient in the secondary stage might have serious internal lesions, though no external were visible. This must be taken as a matter of opinion, as probably impossible to demonstrate. Dr. McPhedran thought the two remedies, mercury and iodide of potash, had in the past been used very much at haphazard. Mercury was the drug during efflorescing phenomena, the KI being given for the grosser lesions. He thought the iodide was preferable in intracranial syphilis. It was generally considered by many neurologists that these late lesions were toxin lesions and not germ lesions. It was difficult to explain why the toxins should be there if the germ was gone.

Dr. ROBINSON replied. He said that he had stated that many cases were incurable. He quoted the experience of Hutchinson and others, which agreed with this. Others got well without any treatment. Great importance was attached to the condition of the ground. It must be paid attention to. That there were lesions of the internal organs many examples showed: disease of the eye in the early secondary stage without cutaneous lesions; women showed lesions of the vagina without another lesion; others have them in the mouth. If this was true of organs we could see it must be true of those we could not see. A case might be mild and there be no cutaneous disease; in another there might be nephritis. Microscopical examination of tissue showed changes before lesions have occurred on the skin. Physiological changes occur in the cutaneous tissue before microscopical changes are seen. They must take place if the toxins are there, causing fever, lassitude, etc.

Regarding the use of the remedies: KI had no effect directly on the life action of the organism, he repeated; it only aided by some action on the glands the elimination of the poison. It would cause absorption of the gummatous material, but would not stop the formation of lesions that would become gummatous. The only value of KI in a diagnostic way was where certain tumors were present, of the rectum, for instance, and the question was whether they were syphilitic or sarcomatous, carcinomatous, etc., KI might settle the question.

He had no objection to intravenous injections: he thought it was

preferable in many cases. But the patient would not come to one's office every day for weeks and months. It would cost too much and took too much time. The very same result would be attained in other ways. As to the question of the causation of general paralysis and other lesions, some men held it was caused by syphilis. An analysis of Isaac's cases, lately published in *Lassar's Journal*, showed that there was no reason for supposing these lesions were the result of syphilis. He (the speaker) referred to the value of baths. The duration of the contagious stage was not settled. He considered that three years was long enough to treat anyone who did not show signs, that is, if treatment had commenced with the appearance of the primary sore. He believed persons got immunity. He did not believe the organisms existed any longer when immunity was established. The immunity was got from intoxication.

Regarding excision of the primary sore, he said that in his paper he had pointed out that if the chancre was diminished in size by any means the amount of toxins was diminished; but that would not abort the disease, as the inguinal glands were affected before the primary sore forms. He believed in every case reported as aborted there had been a mistaken diagnosis. He did not think a positive diagnosis could be made until the inguinal glands were noticed as being affected. It was to be remembered, too, that the inguinal were glands that could be palpated, but there were others which could not be felt. It was difficult to destroy the chancre when it was large; and even if one could excise it, a large indurating sore formed very rapidly after excision.

THE TREATMENT OF PUERPERAL CONVULSIONS.—Dr. T. Burgess, of Nashville, in a paper read before the Southern Illinois Medical Association and published in the *Medical Review* of St. Louis, Nov. 7, holds strongly to the value of bloodletting in these attacks. He divides the convulsions into three varieties: the epileptic, the apoplectic, and the hysterical. In the first two varieties, venesection is of the utmost value, unless the patient is very anæmic or greatly exhausted from prolonged labor. Even then, a slight bloodletting is very frequently valuable. It is not of so much utility in the hysterical type of convulsions; but here also the writer has obtained benefit from the employment. In the epileptic and apoplectic varieties, the bleeding should be free. Enough should be withdrawn to render the pulse soft and well reduced in frequency.

Editorials.

Medicine as a Profession.

When youth is upon us and enthusiasm runs high, many a young man betakes himself to the medical colleges. But the choice is not one of ease or roses.

In the first place there is much hard and unpleasant work to be done before the portals of the profession are safely crossed. By the way, many fall out discouraged either by the severity of the trial or from the want of funds, or through failure of health. Some enter upon the study of medicine who have no adaptability for such a calling, and must, as a consequence, sooner or later fall by the examiner's hands.

A few, but very few, who have no marked ability, and who therefore struggle through the various examination ordeals in a most laborious and uncertain manner, make fair doctors. The rule, however, is that a student who either from lack of ability or application makes a poor showing at college makes a poor showing in after life.

Then, on the other hand, there are those who are brilliant as students, but who for some lack of tact never do well in practice. They may have large funds of book and hospital learning; but they know not human nature. They are totally devoid of those finer qualities that enable them to enter fully into the conditions of their patients. There is no rapport between them and those under their care. The want of these nice instincts causes many a learned doctor to fail utterly in practice.

But grant that he passes the ordeal of the examinations, that his health continues good, that his money holds out and he has the needed graces of head and heart to make him a really successful and popular doctor, what prize is there for him to win? No very great one we confess. He can make a living, but he cannot make wealth. His life, too, will be one of many constraints. His journeys from home will be few and far between.

From Germany, France, South Africa, Australia, Britain, the States, comes the news that the medical profession is fearfully overcrowded. Fancy Chicago, with 777 professors or lecturers on medical subjects. Our own knowledge of Canada enables us to state that there is as great a degree of overcrowding here as elsewhere. What the eight

hundred young men now studying medicine in Ontario see in the profession we fail to discover.

To talk of the nobleness of the profession, the great good one can do in it, and the chance of making some great discovery like Harvey, Hunter, Jenner, McDowell, or Simpson, is all nonsense. The prospects of nearly all those who are now studying medicine are nothing more nor less than those of the general practitioner in town or country, making his calls, and collecting his fees as best he can, and putting up with all the mean gossip his neighbors see fit to indulge in at his expense. This is the picture without the imaginary colors. What is the main cause for this terribly overcrowded condition of the medical profession? We think the School men are really at fault. The country is flooded with the announcements of the different colleges. There is a long list of names with a great many letters attached to these names, and all their many official positions. Then comes a long list of subjects to be learned, and pictures of the schools and hospitals, the whole being padded up with reading matter calculated to throw around the study of medicine a certain glamor. There is nothing in human nature more easily appealed to than its vanity. These announcements fall into the hands of young men throughout the country of some education, and forthwith they are seized by a desire to be a doctor. These announcements are capital mediums by which to catch the unwary in the drag-nets of the schools on the one hand, and to advertise the School men on the other without appearing to transgress the code of ethics. . . . . .

One more point of the utmost importance. The School men monopolize nearly all the hospital appointments. This is readily understood. In the larger cities with from one to three or four medical colleges, the medical gentlemen in connection with these combine to keep all the appointments within themselves. This has the affect of cutting off the general practitioner, however good he may be. It is not fair to regard these appointments from the school standpoint too much. The general public pay the taxes and the few reap all the benefit. We predict a change ere long. As far as we can learn the general practitioner is becoming year by year more restless under this state of affairs and eager for needed reforms.

By consulting the label on your paper you will see the date up to which your subscription has been paid.

Antitoxin in Diphtheria.

REPORTS on the use of antitoxin are still, in most cases, favorable to its use. Where unfavorable results have occurred, they have been traceable to the serum. The great object in view now is to procure the antitoxin alone, separate from its vehicle, the serum. This is reported to have been done. A good many sorts are now being advertised, and it behooves the profession to procure none except that produced by reliable firms. It seems to be generally conceded that this line of treatment has come to stay. The drug has proved itself not only curative, but also most valuable as an immunizing agent. Those who have used it say that large doses should be given, the earlier in the disease the better. In a recent series of cases reported in this city, where a bacteriological examination had confirmed the diagnoses in some twenty cases, marked signs of recovery showed themselves inside twenty-four hours, the membrane rapidly disappeared, the temperature and pulse markedly lessened, and improvement generally was noted. An ordinary large hypodermic syringe may be used, strict asepsis of hands, instrument and site of injection being observed. B.

A CHAIR of Massage has been established in the University of Berlin, with Dr. Zabloudovsky as professor.

* * *

RENIPUNCTURE FOR ALBUMINURIA.—Dr. Reginald Harrison, in the *Medical Record* of November 7th, claims good results for puncture of the kidney in some cases of albuminuria. He refers to some cases in his own practice, and quotes from that of others. He contends that the bad effects of inflammatory tension on the kidney is the same as in the case of the eye or testicle, where puncture has been of so much value. In some cases of nephritis, with suppression, there is a very high degree of vascular and tubular infarction. In these very acute cases relief can be afforded by surgical means. Again, if the albumin persists for some time despite treatment, it may be necessary to make an opening and puncture the organ. If the tension continues too long, structural deterioration is bound to ensue with cardiac disturbances. A moderate incision is made in the loin, so as to feel the organ both before and behind. Pressure on front by an assistant facilitates the operation on the kidney. Three or four punctures may be made in the capsule, and even an incision of the cortex. Pack the wound with gauze or use a drainage tube.

IMMORALITY IN CANADA.—The *Canadian Practitioner*, in referring to the editorial which we reproduced in our last issue from the *New York Record*, expresses itself thus: "The filthy rubbish to which the *Record* refers is in itself essentially nasty, while the direct charges against the women and girls of Toronto are simply infamous. To the *Record* we desire to say that its conclusion that our women are 'victims of a contemptible slander' is correct. The impure and immoral women of Toronto do not, as a rule, indulge in cycling. They might misuse the wheel in gratifying their baser passions, but other methods suit them better. The great majority of the profession in Toronto believe that cycling, under ordinary judicious limitations, is in all respects a healthful exercise for women, and quite as free from evil as any form of recreation can possibly be. In many instances our physicians have reached this conclusion after careful study of the subject, and after overcoming rather strong prejudices they had against the wheel in former years. We are surprised and ashamed to find that Toronto contains a physician who is capable of writing such an article as that which appeared in the *Dominion Medical Monthly*."

* * *

INTESTINAL AUTOTOXIS AND INSANITY.—Dr. Allan McLane Hamilton, of New York, in *New York Medical Journal* November 14, claims that many of the common forms of insanity are due to intestinal disorder. Fleeting illusions and hallucinations develop after insomnia, loss of appetite and constipation. These intestinal disorders are generally the cause of these attacks. The insanity in these cases is usually active and the delusions unsystematized. In some of these cases there is much excitement, or pronounced neurasthenia without special delusion. To this excited psychoses belong the short-lived varieties attributed to shock. A case is mentioned where a woman the day after an operation became restless, sleepless, and troubled with flatulence. She became very bad. The temperature went up, the urine rose in specific gravity and contained abundance of urates. The bowels were well cleared with calomel and soda. This was followed by naphthalin, four grains every two hours. Her condition rapidly improved. The thorough attention to the digestive organs was equally satisfactory in some other cases.

* * *

Now is the time to send in your subscription.

Book Notices.

Essentials of Physical Diagnosis of the Thorax. By ARTHUR M. CORWIN, A.M., M.D., Demonstrator of Physical Diagnosis in Rush Medical College, etc. Philadelphia: W. B. Saunders. Price, $1.25 net.

This is a very neat little book. The matter is arranged in a convenient tabular form. To the young practitioner who wishes to possess a thorough knowledge of the physical diagnosis of the thorax this would be a good book to buy and carry in the pocket. For such a purpose we strongly recommend the work.

* * *

A Vest Pocket Medical Dictionary. Embracing those terms and abbreviations which are commonly found in the medical literature of the day, but excluding the names of drugs and of many special anatomical terms. By ALBERT H. BUCK, M.D., New York city. New York: Wm. Wood & Co. 1896.

The large number of new words which have been introduced into medical terminology during the past few years, and the changes in signification which have taken place in a few of the older terms, have rendered it desirable that a new dictionary, and one of compact form, should be published. This little book meets this want. It is largely a compilation from the newer works, and it is a good one.

* * *

Anatomical Atlas of Obstetric Diagnosis and Treatment. With 145 illustrations. New York: Wm. Wood & Co. 1896.

Another of those handy, well-printed and bound atlases, the fourth in a series of five, by Dr. O. Schaffer, has reached us. The illustrations are simply beautiful, presenting pictorially all the various anatomical obstetric phenomena. The author points out how and why the processes of pregnancy, of the mechanism of labor, etc., are to be explained by the morphological conditions: he deals with anatomical conditions, formation of the diagnosis, and the indication for treatment. The books of this series are 5 x 7½ inches in size, and the descriptive matter is opposite the plates, a large portion of which are full page. We commend this volume to those who are interested in the scientific study of the obstetric art.

The Medical Record Visiting List, or Physician's Diary for 1897. New revised edition. New York: Wm. Wood & Co., Medical publishers.

This edition of the visiting list has been revised, to increase the amount of matter calculated to be useful in emergencies and eliminate such as might better be referred to in the physician's library. The most important change is in the list of remedies and their maximum doses in both apothecaries' and decimal systems, and the indication of such as are officinal in the United States of America. There is no better, more compact or handsome visiting list to be procured anywhere. A.

* * *

The Physician's Visiting List (Lindsay & Blakiston's) for 1897. Forty-sixth year of its publication. Philadelphia: P. Blakiston, Son & Co. (successors to Lindsay & Blakiston) 1012 Walnut St. Sold by all booksellers and druggists.

This ever-welcome production is before us, and as we have often said before, "one who makes use of this list wants no other." Its convenient size and arrangement commend it to every visiting physician, and its contents in the way of adjuncts on doses, tables, etc., are a veritable *multum in parvo*. After sixteen years' use of this book we can confidently recommend it to our readers. B.

* * *

A Text-book of Materia Medica, Therapeutics and Pharmacology. By GEORGE FRANK BUTLER, Ph.G., M.D., Professor Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Chicago, etc., etc. Philadelphia: W. B. Saunders, 92 Walnut St. 1896. Price in cloth, $4.00.

The book before us consists of 858 octavo pages. It is put up in the usual excellent form of this well-known house, the paper, type and binding being all that could be desired.

The general arrangement of the work is good, and well calculated to aid the student who for the first time begins the study of this important but difficult subject.

The work is comprehensive in its scope, as every possible drug is touched upon that has any bearing upon the physician's care of his patients. The physiological action and therapeutics of the drugs are well stated, and many useful remarks made on their toxic actions and contraindications.

Correspondence.

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

Ontario Medical Council.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—The editor of the *Canadian Practitioner* insinuates that, in these latter days, the Medical Council chamber has become a bear-garden, and assigns to me the honor of being chief performer therein. The insinuation is somewhat malicious, and the assignment is merely a very puny attempt to give me a "Roland for my Oliver." The Council debates are conducted with quite as much dignity and decency as are those of the University Senate to which the genial editor of the *Practitioner* belongs, and it is a matter of regret that he can thus permit himself to risk wounding the whole Council with the pitiful object of scratching the face of a single member. That there is indeed more warmth and life in Council debates than formerly obtained, goes without saying. The acts and contentions of the "Solid Phalanx" are now sharply criticised and reforms in the interests of the profession are, at least, attempted. There is, consequently, at times, a more or less marked conflict of opinion, and, occasionally, as in all other deliberative assemblies, there may be pointed attack and vigorous defence. But no one of our members, and no one who has attended our discussions will agree with the editor in question that these ever so transcend the limits of decorum as to justify even a spiteful person in levelling at the Council the insult thus deliberately and gratuitously offered to it. How unfortunate it is that any grown man, even though togated with the professorial gown and wielding the editorial "we," can still condescend, when his knuckles have been sharply rapped, to seek relief for his surcharged feelings by falling back upon the schoolboy trick of making faces and calling names!

The only semblance of an excuse for so vile and slanderous a charge, that can be found in the last two years' proceedings of the Council, is, perhaps, a short lecture on "The Proper Way to be a Reformer" which was delivered by my esteemed friend Dr. Williams for my especial benefit, and which may be found reported on page 35 of this year's Announcement. It was of course well understood in the Council that Dr. Williams' little effort was prompted not so much by

a desire that my efforts to reform the crooked ways of the Council should be successful, as by anxiety that those territorial representatives who, like himself, always vote with the "Solid Phalanx" should have, when brought to book by their constituents, what he would properly enough call a "plausible" excuse for so voting. The "Inner Circle" had evidently recognized the fact that the systematic blocking, by the aid of a few territorial votes, of every reform projected in the interests of the profession, is too phenomenal to pass unchallenged by the electorate. By charging that these reforms were urged in terms so offensive that no man with Anglo-Saxon blood in his veins could condescend to vote for them, howsoever right and proper, in themselves, they might be, Dr. Williams was thought to have supplied the *plausible* excuse required. I cannot, however, believe that the profession is to be thus taken in. The terms in which these reforms were urged in the Council by myself and others are set forth in the Announcement, and I earnestly invite my fellow practitioners to take nothing at second hand, but to closely and critically read the proceedings so as to see for themselves the hollow sham and silly childishness of the excuse thus suggested.

Not the least comical aspect of Dr. Williams' lecture is his artless recommendation that I should take a leaf out of his own book and be "plausible" if I "want my views to prevail in the Council." I am quite willing to accept without question his insinuation that with the "Solid Phalanx" to be "plausible" is to be convincing, but I cannot believe that the newer members are to be reached thus cheaply. In fact I can quite understand that plausibility has, heretofore, been, if not the whole stock in trade, at least the right bower in Council discussions. Dr. Williams is undoubtedly a man of much general ability, and both old associations and a strong sense of his personal influence and worth lead me to esteem him very highly. I deeply regret that, in Council debates touching the interests and welfare of the profession, he is uniformily against us instead of with us, but there are not wanting some indications that he may in time view matters from our standpoint. Meanwhile, much as I admire the eminent skill and success with which he uses plausibilities, which from the lips of a less astute man would appear childish, I must decline his invitation to seek success through the same or similar avenues. If Dr. Williams stops to reflect, he must surely know that the word "plausible" is almost invariably used in a bad sense as the synonym of "specious," while among average people it is looked upon as the equivalent of "humbug." Thus, Campbell says: "Fiction may be as *plausible* as truth." Whateley says: "All popular errors are *plausible*."

Locke says: "Liars may sometimes be successful in inventing a *plausible* tale, but they must not scruple to support one lie by a hundred more as occasion requires," etc. Thanks! Dr. Williams, but if, in the Council chamber, I can only achieve success as a reformer by being *plausible*, I must be content to remain unsuccessful. The cost would be too great. The old adage has it that in the end—not plausibility, but "*truth* is mighty and will prevail." Till then I propose to fight on and wait.

The cry for taffy instead of strychnine is the old cry of might against right. "Boys! Do not throw stones at us, they hurt when they hit. We would greatly prefer that, if you must pelt us, you would use as your missiles either thistle-down or feathers." When the Head Centre of either wing of the Inner Circle rises in the Council to make a motion which, in all probability, has already been adopted in arcanum, he does it perfunctorily—he does it with a smugness, with a flippancy that is always noticeable and often offensive, and which is due to the comforting persuasion that, despite the arguments and resistance of the Outer Circle, he is certain of being sustained by a majority of the Council. The support then being assured and amply sufficient—vigor of sentiment and warmth of utterance would, in his case, be quite out of place, and accordingly, except when trying to rebut a charge of subserviency, or inconsistency, or want of good taste, or right feeling, or inventing a *plausible* excuse for recreancy, his remarks are ordinarily not merely specious or inane, but as flat as dish-water, and as flavorless as tripe without onions. Members of the Outer Circle, on the other hand, are apt, when addressing the Council in support of any projected reform, to be stung into some piquancy of speech by the painful consciousness that they are beating themselves against a stone wall—that verities and suavities, logic and rhetoric are alike thrown away in the bootless effort to change votes already pledged to the Inner Circle. It is not at all surprising that this raciness of expression is at a discount with the "Solid Phalanx." Its fine sense of the "proprieties" is hurt whenever any of the outer barbarians venture to call a spade, *a spade*, or to speak of a section of representatives as being "ductile." Words or expressions of this kind sting, I suppose, only in proportion to their applicability—only in proportion to the amount of truth they incase. I am quite sure, for instance, that not a single feather of my plumage would be ruffled were the entire Council to charge me with being "ductile" or disloyal to my constituents or subservient to interests in the Council which are hostile to the electorate I profess to serve, simply because I know that I am *not* "ductile," or "recreant," or "subservient." Were I, however,

conscious of being either one or the other, I am satisfied that, whenever these terms were applied to the section or party with which I am identified, I should be quite as sensitive and as ready to fire up as my friend Dr. Williams has shown himself to be.

The inextinguishably funny feature of this episode in Council debates lies, however, in the fact that of all the members of the "Solid Phalanx" Dr. Williams should have been selected as the exponent of the views therein set forth. That he should so warmly recommend the use of plausibility in Council discussion is, as I have said, no more than one would expect from so consummate an artist in that peculiar and sadly unappreciated branch of dialectics—an art in which he is unapproached, and, probably, unapproachable by any member of the "Solid Phalanx," save, perhaps, one other. But Dr. Williams is recognized in the Council as the special advocate of coercion, the man who stigmatizes as dishonest some twelve or thirteen hundred of his fellow-practitioners who, on principle, refuse to pay an unjust impost, and who has not hesitated to draw parallels between them and such malefactors as thieves and murderers, and who, one occasion but a short year ago, was so moved apparently by a lively apprehension that an attempt was about to be made to establish a Chinese laundry in the basement of Micawber Castle for the purification of Council linen, that he was then in favor of having, in lieu thereof, a prize-ring formed in the back yard, wherein members of Council who were unconvincible by "plausible" means might be subjected to the *argumentum ad fisticufficum* at the hands of the muscular representative of No. 17, and thus have conviction pounded into them. And in point of fact, at Dr. Williams' suggestion, his accommodating Ottawa friend with the thews and sinews and inexhaustible wind did then and there challenge one of his opponents to "come outside for a few minutes." Again, if I remember aright, Dr. Williams' plausible mildness on another occasion took the form of describing more than half of the practitioners in this Province as being so pachydermatous that they could not be reached except through the courts of law. He it was also ———. But it might seem ungenerous to proceed, and I desist. I sat down, I confess, with the intention of having, for myself and readers, a little quiet fun at Dr. Williams' expense out of that lecture; but I have refrained. My pen is, perhaps, too prone to run into mild satire, and to a satirist this and some other episodes in the Council proceedings offer unlimited possibilities. Let my forbearance in this instance be taken as an evidence of my honest regard for the man. Had a less worthy opponent given me the same opening, I would probably have said something

severe, but, notwithstanding what, from the standpoint of loyalty to the profession, I conceive to be Dr. Williams' aberrance, I see much to admire in him. I would like to find him at one with us, and, in the short lecture reported on page 35 of the Announcement, there are several indications that we may ere long see things eye to eye. Notwithstanding his former averments to the contrary, he therein owns that we ought to believe our opponents "honest in their motives"—that "we can secure by mild methods what we cannot drive out of the Anglo-Saxon" (the annual tax?)—that "coercion finds but little favor with men constituted after the ordinary type of human nature," etc. These are just some of the truths the Defence Association have been insisting on for years past. If Dr. Williams now really believes what he says, and will act up to his belief, another short step or two will make our *rapprochement* complete, and thenceforth the territorial representatives in the Council will present as unbroken a front as the School men or the homœopaths. Meanwhile it is a far cry from advocating the use of the *argumentum baculinum*, to singing pæans of praise to the marvellous potency of plausibility. Yet Dr. Williams may not intend to thus run to such extremes. If not, were some of his friends—some whom he believes to be his friends—to call his attention to these inconsistencies, he might not be so prone to blow hot and blow cold, and we should better know just where to find him.

Yours, etc., JOHN H. SANGSTER.

Port Perry, November 9, 1896.

Loyalty to Alma Mater.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—We hear a great deal from certain School men that we should all be loyal to our Alma Mater. This is very fine from their standpoint, as they are on the hunt for students, and wish to use the graduates as so many propagandi. But just look. A short time ago when an appointment had to be made to the subject of anatomy the authorities had to go outside of the alumni and secure talent from the University of Edinburgh. This gentleman may be a friend of another Edinburgh man who has some pull. Will the Council of the Medical Faculty of Toronto University explain, and oblige

ALUMNUS.

Hamilton, Ont., Nov. 17th.

Medical Prodigies and the Status of Medicine.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—There is one peculiarity of genius : it may be born anywhere. Small places—very small, indeed—have seen the birth of *great men and been the centres of wonderful conceptions.* John McCully, the Kootenay Cure, the Viavi treatment, Perry Davis' Pain-Killer, and Munyon's Cures, all had their homes in places far removed from the maddening crowd. So in a small Ontario town is to be found a medical prodigy whose professional card reads : "Licentiate of the Royal College of Physicians and Surgeons, Edinburgh ; Licentiate of Midwifery, Edinburgh. Special attention to midwifery and diseases of women." Born in an unpretentious village, as a man working in a carriage shop elbow to elbow with other men, like them earning his day's wage, he developed ideas. A college course, a trip to Edinburgh, a few years of country practice, and presto ! he is a specialist, a wonder worker. He claims to turn at the seventh month and secures comfort to the mother and a safe delivery at full term ; diagnoses dropsy of the womb and discovers in young girls uterine complaints. Is not the man a *rara avis ?* Yet to the medical mind there is in all this something very like empiricism, something supremely absurd. Do your Toronto physicians manipulate at the seventh month thus with like effect ? Do you Toronto men meet with many cases of hydrops uteri ? It appears curious that although this man can explain concisely, clearly, convincingly symptoms and disease without his patient wasting words, yet *finds it necessary to examine very carefully applicants for life insurance.* Does not this seem peculiar ? At a particular time our students found it very convenient to go to the Old Country for examination, and many of them went to Edinburgh. Why do not they go there now ? Perhaps some of these graduates will answer. They advertise the fact. It must indeed be a great honor. The credulous public gape in wonder, and rate the Edinburgh degree equal with that of the Royal College of Surgeons of London. Are they in any sense equal ? Was there not a trouble in matriculation or in passing the Ontario Council that in some way explains ? Was the Edinburgh degree at the time of the exodus equal even to our own ?

Marvel and all as this graduate is, he does not equal a rougher and coarser specimen, a doctor, too—not by examination, but

by courtesy—who claims to have discovered "the herb from which mercury is made," "opened a closed woman and made her a happy mother," and "relieved by internal medicaments where the liver was covered by a growth an inch thick." Is not this equal to diagnosing hydrops uteri and turning a seventh month child by internal means? The learned blacksmith, "the whistler at the plough," "once a cobbler now a celebrated doctor," are simply not in it with these wonder workers.

If our Ontario system of free education has done nothing else, it has made it easy for plough boys, laborers and such ilk to get into the profession, has elevated the individual to lower the profession and has flooded the country with cheap-Jack doctors.

I am one of those who think that if free education makes the gentleman; if taking from the carpenter bench and plough and giving free education in the higher branches is right and proper, it should go farther. It should reach our universities; it should not only lead up to, but it should give degrees; it has already made it so easy that every man can be his own or anybody else's doctor. Every village, town, city, is filled to overflowing, and the Detroit Medical College is an example of overflow. To-day it numbers amongst its class as many Ontario students as it gathers from the whole United States. Educated by our vaunted free school system of education, yet too mean to continue their studies in Ontario; perhaps unable to graduate for want of means or ability; unable, if they did, to practice, where every place is oversupplied and lost to us now and forever. Is it not supremely ridiculous the number our colleges are turning out annually, and they must herd here, or, if they go to Quebec, Nova Scotia, New Brunswick, Manitoba, British Columbia, pass another examination. We cannot go elsewhere. The mills are still turning out medical grist. Open the doors wide for inter-provincial registration. Let the British graduate practice wherever his flag floats, or give free, unrestricted registration, and let the public who favor charlatanism have the full benefit. Do away with the absurdity of a Medical Council that costs the profession a large sum annually, and really gives nothing in return. The honorable, well educated physician is a thing of the past, and the card I have copied shows that the profession is reduced to a mere traffic. Let us have a free hand, a fair fight, if we cannot enlarge our field of labors. Advertise as a merchant does: "Special attention given to Midwifery and Diseases of Women," "Eye, Ear, Throat, Nose, Skin," "Secret Diseases," and have signs on top of our building twenty feet long like a livery barn. We had one like this here for years, and if one can do such things, why

not all? Do the public discriminate anyway? Mutual benefit, secret societies and life insurance companies, whom do they choose as medical advisers? Opportunities of study, college degrees, are all the same to them. A doctor settles in a new place. What does he do? Becomes prominent in one or more societies, joins a church, is a prominent member, prays or sings, and thus gets the pull with these bodies. He industriously hangs around itinerant insurance agents, and advertises just as much as he dare without offending too grossly the profession. As a result of this unseemly struggle, the personnel and character of the profession is lowered. Medical men some of these characters may think themselves by virue of examination. They are not gentlemen. They may enter society, but they do not ennoble it, and as a result the profession has suffered. The Grand Trunk Railway furnishes a fair example. Its decadence is but a type of the profession in general. Professor Scott, Rodgers, Hutchinson, with reward and emoluments in inverse ratio to merit, a mutual benefit association to which the members pay more annually for inferior services than do the same class of employe who is not connected with this cunningly manipulated machine. I do not know, Mr. Editor, in all these matters what means of correction you would suggest, but if you see the situation as I do, I think your feeling, like my own, would be one of disgust; disgust at the ease in which a credulous public are deceived by low charlatans, whose capital is wind, and plenty of it; disgust that our profession has become a thing to be bought and sold in open market; disgust at college rivalry which floods the market with inferior stuff. A free education that makes Tom, Dick, Harry equal at somebody else's expense; lifts into a position that nature and companionship does not fit them for, and worse than all, increases the number of non-producers in a country having fields, woods, mines, workshops and factories; fills the country with a class of men whose knowledge of medicine is of low grade, and who perforce must condescend to low and questionable expedients to procure practice.

I am, sir, yours truly,

July 16, 1896. P. PALMER BURROWS.

AN English paper reports the discovery of a real Mrs. Malaprop. She walked into the office of the Judge of Probate and inquired: "Are you the judge of reprobates?" "I am the Judge of Probate," was the reply. "Well, that's it, I expect," quoth the lady. "You see, my husband died detested and left me several little infidels, and I want to be appointed their executioner."—*Boston Budget.*

Miscellaneous.

Doctors' Experiences in the Gold Fields.

THE following is from a letter written by a physician located at one of the leading mining camps in the Selkirks, under date November 13th: "Everything here is snowed under. Yesterday thirteen of us went up to a mine where we had heard there had been an explosion and that it was feared a couple of men had been killed. After tramping and working our way up to the mine, where we had about six feet of snow, we found things all blown endways. Nothing except a few logs remained of the cabin. There were 150 pounds of dynamite in the place which had exploded. After a short hunt we found the body of one man minus his lower extremities; they had been torn off at the hip-joint. We also found pieces of flesh which I think belong to the second man, and two ten dollar bills. Then we returned home, having an eight-mile walk through three feet of snow on the level, reaching home about seven p.m. I was soaked through and dead tired. An hour later I saw that the Coroner had been notified. An inquest is to be held to-day. At present I am in the 'room with the stove in it' at the hotel. Besides me are, first, Dr. —— (coroner), dozing over 'Vendetta,' by Marie Corelli, and holding an extinguished cigar in his mouth; second, Mr. ——, mine owner of exploded property, reading a paper; third, a constable deeply engrossed in 'Boys on Coroners.' This delay is owing to the remains not having yet arrived, the pack horse and man having been seven hours away now and may be buried in a snow slide for all we know. I expect a search party will go and look for him if he does not arrive within an hour."

THAT BLOODY DUEL.

DR. DUNCAN'S CHALLENGE, AND THE REPLY OF DR. MILNE, WHO SUGGESTS SOME NOVEL WEAPONS.

From *Daily Columbian*, October 28.

Following are copies of the challenge, as published in yesterday's *Times*, sent by Dr. John Duncan, of Victoria, to Dr. Milne, of the same place, as noticed in these columns a few days ago, and the somewhat lengthy and interesting reply of the challengee:

THE CHALLENGE.

79 FORT STREET, VICTORIA, B.C.,
1 p.m., 24-10-'96.

To G. L. Milne, M.D.:

SIR,—My reply to the remarks made by you, during the attack of "temporary insanity" from which you suffered, in your office, a few minutes ago, is made in a very few words, and is that, if in your sane moments, and upon reflection, you stick to your before-mentioned remarks, you are a d——d liar.

Now this means pistols at twelve paces. There remains nothing for you to do but to apologize or name your second.

I will await your reply "forty-eight hours." Sincerely yours,

JOHN A. DUNCAN.

This challenge was sent by a district messenger boy, c.o.d.

THE REPLY.

VICTORIA, B.C., October 26, 1896.

John A. Duncan, M.D., C.M., V.S., Victoria:

SIR,—I have the honor to acknowledge receipt of your letter of Saturday's date (as per messenger, c.o.d.), conveying the sad intelligence that I have but forty-eight hours to live unless I apologize for having remarked in your presence that you were not a gentleman.

In reply, I beg to say that the gracious charity which permits you to ascribe "temporary insanity" as the producing cause speaks volumes for your keenness of perception in diagnosing your own character. May I ask you to further enlighten me as to all the general characteristics of a "gentleman?"

One I observe in your letter, and it certainly gives me new light upon the subject: Whenever differences of opinion exist, write and say to your opponent, "You are a D—— liar!" The big D followed by a —— indicates, I am fain to confess, such a boldness of conception and expression as satisfies me, "upon reflection and in my sane moments," that no ordinary man can carry all the qualities of a gentleman daily and pay rent and taxes.

A second I also note, and it is that in sending challenges a gentleman always forwards them by a district messenger boy, c.o.d.

This evinces superior nerve and a determination not to be baffled by small obstacles, besides allowing one's opponent to "settle a little" if he receives it. If he does not it presents elements of safety not be lightly overlooked.

I sincerely trust you will not neglect ordinary creature comforts during this agonizing period of forty-eight hours, the termination of which you are so patiently awaiting before perforating my diaphragm with bullets.

At best I am but a poor hand at duels, not having had the advantage of the early training or the many years of experience gained by yourself while an officer in Her Majesty's service, and engaged in active warfare on the gory heights of Beacon Hill or the blood-stained levels of Macaulay Plains, and your many "moving adventures by flood and field" with dog and rowboat—not to speak of the calm courage engendered by daily contact with the perils incident to travelling to and fro between "C" Battery barracks and your office on Fort Street—yet I feel I must steel myself for this fray and adhere to the code, notwithstanding that your very surroundings breathe a military fire that, I confess, appals me. My recollection of the ancient history teaches me that it has always been the privilege of the person challenged to select the weapons of combat. As the challengee I claim this privilege, and must positively decline to assent to your assumption of a right to challenge and name weapons at one and the same time. Such a proceeding would be contrary to all the ethics of the code. Lest, however, you should deem it a too rigid adherence to the code incompatible with your "bodily comfort and peace of mind," I am willing without prejudice, to name several sorts, in order that you in turn may take choice from a limited number. I beg, therefore, to submit to you my election and the weapons of my choice:

First—Short range pea-shooters at nineteen thousand yards (Marquis of Queensberry rules).

Second—Syringes, charged with Florida water, at fifty paces. (No smelling salts allowed for faints or funks.)

Third—Toss up, loser to take winner's prescription (patent medicines barred).

I shall expect an answer by ten o'clock this evening.

I have the honor to be, sir,

Your obedient servant,

GEO. L. MILNE.

Although the reply was sent on Monday, up to last evening no answer had been received from Dr. Duncan.

Dr. Milne came over from Victoria yesterday, to Vancouver, and, whether he was fleeing for his life, or searching for a second, or merely sampling some of the Terminal City Florida water, is not known."

GEO. MORE, M.B. Toronto '96, has settled in Hawkesville, Ont.

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6. **TAKA-DIASTASE** is economical, owing to its small dosage. Necessarily large dosage renders malt extracts expensive in comparison.

Correspondence upon this subject respectfully solicited.

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