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THE  
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

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PRESIDENTIAL ADDRESS, ONTARIO  
MEDICAL ASSOCIATION.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S.

*Gentlemen*,—I owe you my best thanks, not only for the honor you conferred upon me in electing me your President, but also for the pleasure you have enabled me to feel as I rise to welcome you to our tenth annual meeting. And however great and sincere a pleasure it may be to welcome my friends from Ontario, they will pardon me if I experience an even keener satisfaction in offering, in their name and my own, our warmest greeting to our guests from the United States and from the sister Provinces. We owe them a deep debt of gratitude for coming to take part in our deliberations and discussions. We cannot but highly appreciate the honor they bestow on our association by their membership during their stay. To all of you, gentlemen, I will express a hope that at the expiration of my term of office I shall in no way have forfeited your confidence, and that the interests of the association will not have suffered under my care.

We have to lament that several of our number have been removed by the hand of death since we last met. To two of them I will briefly allude as being very worthy and distinguished members of the association—Dr. Mackay, of Woodstock, and Dr. Yeomans, of Mount Forest. Both had occupied the position of Vice-Presi-

dent, and took an active interest in all that tended to the welfare of the association. In the neighborhoods where they lived they enjoyed the confidence of their patients, and were generally respected for their talents and honorable career. They were foremost in all undertakings that aimed at our well-being as a body, and you will remember with what attention and pleasure we used to listen to them here. Our deep sorrow for their early death can be lightened only by the thought that they have left an honorable record behind them to keep their memory green, and to be an inheritance for the profession they loved and served so well.

A resolution was passed last year to memorialize the Hon. Minister of Finance that all surgical instruments should be admitted free of duty. Acting on that resolution, I wrote to the Minister at Ottawa, setting forth in as strong language as possible the desirability of having the duty abolished. I regret that we did not meet with success, as you have already learned from the reply to our communication which has been read by the Secretary.

Another point, raised by the Committee on Registration, was in reference to the registration in Canada of English registered practitioners. I have made very full enquiries of Dr. Pyne, the Registrar of the C. P. S., Ontario, and I find that the college has been in constant correspondence on the subject with the English authorities. The C. P. S. is quite willing to register English graduates in this country, provided that a similar privilege of registration in England is

accorded to graduates of the C. P. S. of Ontario, and it is a matter for regret that an agreement of this kind has, so far, not been arrived at. The English authorities, while fully recognizing the high standing of our examinations, are not willing to place our graduates on the English Register. They offer us a Colonial Register, which, in my opinion, the C. P. S., Ontario, was justified in refusing; for we should, by accepting it, have the appearance of placing our men on a plane of inferiority. While we cannot well agree to reciprocity on other than an equal footing, we may yet hope that a way out of the present difficulty will be found. When we consider that for one Canadian who desires to register and practice in England, there are probably five or more Englishmen who come to practice in Canada, it is evident that the English graduate has more to gain from a satisfactory settlement of the question than has his Canadian fellow.

With reference to the examinations as conducted by the Ontario Council, I may venture to speak without presumption. After fifteen years' experience in medical teaching, I do not hesitate to say that there is no country, not even England, in which a higher standard is required of the medical student than in ours. The diploma of the C. P. S., Ontario, is a guarantee that its holder is fit to practice in any part of the world. Indeed, our system of examination and graduation might well be taken as a pattern both in England and the United States.

I trust, gentlemen, that we shall not close our present session without appointing a committee to memorialize the authorities to have the law so amended, if possible, that in all suits for malpractice, security for costs shall be given before commencement of action. It is scandalous that we should be obliged to pay not only our own costs in defence, but also in a majority of cases the costs of the other side. To render keener the injustice under which we suffer, it is notorious that in many instances where these actions are brought, the services of the physician have been given gratuitously, because the patient was too poor to pay for them.

I would also suggest that some action be taken towards securing a uniform license for the Dominion. It borders on the ridiculous that a man who has graduated before the Council here, and wishes to settle in Manitoba, should

be obliged to pass before the Manitoba Council as well. If each Province were represented on the Board of Examiners it could be easy to set this right, to spare the young student a hardship and his pocket an expense that he may be in no position to bear after the final outlay on his medical course. In thus pleading the cause of the student, I feel confident of your sympathy and support.

There is one more subject I would wish to bring to your notice, in the hope that some united action may be taken to rectify what I believe to be a positive injury to our profession: I mean the practice of attending lodges and clubs for an annual fee of so much per head. I regret to say that this custom is becoming more widespread every day in our midst. I do not speak from motives of jealousy or personal interests, because I myself have none of it to do, but because I have always condemned the practice as one lowering the standard of our profession. I sincerely believe that the man who indulges in this practice does himself a great injustice, by giving his services for a fee far beneath their value. He injures his fellow-practitioner by depriving him of the legitimate means of making his living, and he lowers his profession in the eyes of the public by allowing them to buy his services at their own price. Surely if the laboring man by united action can raise the price and value of his labor, and declines to work unless he gets what he believes he is worth to his employer, we as a profession ought to be able to sustain a uniform standard of fees. It is a subject I would earnestly commend to your most careful consideration, and see if some means cannot be devised to rectify the present evil.

I will now ask your permission to review, in a few words, the career of the Ontario Medical Association. It was founded in 1881, with 132 members, under the distinguished presidency of our venerable and esteemed fellow-practitioner, Dr. Workman, and nothing short of success could be predicted for an association to which so learned a gentleman lent his aid and ability. Further, it is not to be wondered at that the association has steadily grown and prospered under the management of such worthy men as Drs. Covernton, of Toronto, Macdonald, of Hamilton, Clark, of Toronto, Worth-

ington, of Clinton, Tye, of Chatham, Richardson, of Toronto, Rosebrugh, of Hamilton, and last, though not least, Henderson, of Kingston. I assure you, gentlemen, my nerve and heart failed me when I found that I was to follow such distinguished men; and I felt, after my election, that I was rash indeed in undertaking the responsibility which it was at once a duty and an honor to accept.

At our last meeting there were 219 members present out of a total of 568. This was a proof that the objects of the association commended themselves to the profession, and we may hope, as time goes on, to have on our roll the names of every registered practitioner of good standing in Ontario.

You will see by article 11 of our by-laws that the promoters of the association had six objects in view. Let us consider them briefly, and judge how far the founders' wishes have been realized.

Firstly, as to "The cultivation of the science of Medicine and Surgery." During his student days a young man finds his time fully occupied in preparing himself for his examinations. After graduating, he may decide to practice in a city where he has the advantages of libraries, public meetings, and debates, where he is brought into contact with his fellow-practitioners, to keep pace with whom he is obliged to read and study. But another, less fortunate, settles in some remote district, where perhaps opportunities rarely, if ever, present themselves of exchanging thoughts with his fellows. Possibly he may have carried off the highest prizes at examination. His ability may be rare, and, had an opportunity been afforded him, he might have become a factor in the growth of medical knowledge. The force of circumstances alone renders his energy sterile, and the promises of his future unfulfilled. We have to-day, gentlemen, some really brilliant men in Ontario who are not our members. We ask them to join us. Their attendance at our meetings will give them the opportunity of contributing their own ideas and of discussing those of others. They will be stimulated to the study that is necessary if we would keep up with the strides of knowledge, for the science of medicine and surgery can only be successfully pursued by constant and persistent daily application, and the man who

neglects this will live to find that he is left behind in the race. If we seek for proof that our yearly gathering has accomplished much for the progress of our science, we need but listen to the members who, while their College days are in the more or less distant past, discuss for our benefit the most recent discoveries and theories of medicine with that consciousness of mastery that can only come from observation, from reading, and from thought. The longer we are in practice the more clearly we realize that the class-room does not end our education. When we leave it we are but on the threshold of our practical life, of that life that must make the most careless man perceive, when he enters upon it, that it is more incumbent on him than on men in most other walks in life, to gather in the knowledge of past centuries, and more especially that of his own time.

As a natural sequence to these remarks, I may follow the good example of my predecessor in commending to your notice and appreciation the efforts of the gentlemen connected with the Ontario Medical Library Association. Although the undertaking is still in its infancy, it is already a credit to its promoters, and we should all contribute to its success by the gift of books and by becoming members. It is no small privilege to be able to borrow for purposes of reference the books that we may well hesitate to buy, from motives of price, or because of their only occasional utility. By working together in this matter, we might acquire a library, in time, equal to that of the Legal Society.

The second aim of our association is "The advancement of the character and honor of the Medical Profession." It is an honorable thing in itself, gentlemen, to belong to our profession. For my part, I cannot conceive a greater pleasure than that of saving a valuable life by a skillful stroke of the knife, or by the judicious administration of a properly selected drug. I can imagine no higher reward than the gratitude of husband and children, for whom you have snatched from death, by prompt and decisive action, the mother and the wife. The existence of our association is an added bond of union between us, and must tend to foster the *esprit de corps* that will, if anything can, keep the profession free from quackery. If I

only refer indirectly to the wolves in sheep's clothing who disgrace us, it is because I might be tempted to use unparliamentary language, and because I know that, in this at least, we think alike.

In speaking of our responsibilities, I might remind you that no men are more generally the recipients, willingly or unwillingly, of family secrets than ourselves. I might expatiate on the sacredness of this and other trusts that weigh upon us, but again, gentlemen, I am pleased to feel that you must realise them as I hope I have striven to do. The character and honor of the profession is in our own hands, individually as well as collectively, and just in proportion as we strive to raise it in public estimation will be the measure of our success. Since, then, we are alone its custodians, we cannot afford to debase or let others debase the character of our honorable calling, by trading upon its name; a name that, in the light of the recent achievements of surgery, never stood higher in the world than now; a name that we confidently expect to shine still more brightly in the achievements of the near future.

To those who have watched the progress of medical education in Ontario during the past two decades I need hardly enlarge on our advance along the lines laid down in the third of the headings under our consideration: "The elevation of the standard of medical education." The candidate for matriculation twenty years ago was expected to be able to read and write, and that none too correctly. The need of improvement in this respect soon made itself manifest to those engaged in matriculation, and the present examination is a fair test of a man's preliminary education. I do not say that it is perfect, but we are rapidly advancing in the right direction, and I hope to live to see the day when medical and law students will be obliged to take a University degree before entering on their purely professional studies. There can be no question of the after benefit of a thorough education, and one reason, in my opinion, why more of our men do not contribute to the medical press, is that they feel weak in their ground work. While the improvement in the standard of preliminary education has been decided, although not all we could wish, the progress in purely medical training has been so rapid that the

student of the present time finds himself in an enviable position, when compared with that of his less fortunate brother of a few years ago. The attention given to clinical instruction is a credit to Ontario institutions. The teachers are apt, competent, and eager to impart knowledge. The wards of our hospitals afford abundant material for the learner, who has only himself to blame if he does not make use of it.

In addition to our present clinical advantages we shall shortly have another hospital, thanks to the munificent gift of the late Senator Macdonald. I hope his generous act will prove an incentive to others. There is room for some of our wealthy citizens to follow the example set them in Montreal, by joining together to endow a hospital that shall be a credit to our city, and materially increase the facilities of acquiring a medical knowledge. There is no doubt, gentlemen, that our meetings have done much to stimulate the advances that I have referred to as being desirable, or as already in part accomplished, and the larger the society grows the more widely will its influence be felt.

To proceed to the fourth object of the society, "The promotion of public health." The growth of this branch of our science has done and is doing a vast amount of good in the Province, while, from another point of view, it has undoubtedly aroused public interest in our behalf, and added to the dignity of the profession. It teaches the young physician that his first duty is not the curing of disease, but rather its prevention. It may seem paradoxical that we should use our best efforts to minimise the existence of the very thing, the treatment of which we have chosen to supply our means of livelihood. Well, gentlemen, we can, at least, in the pride of self-satisfaction, meditate on the example of our legal friends who, when we have the misfortune to consult them, far from pouring oil on the troubled waters of litigations, are not averse to advising us to go on with our case.

Joking apart, this prevention of disease is but one example of the many noble, self-denying acts of the honourable physician. We find more gratification in warning the public of their danger beforehand, than in treating them for some dread disease.

Through the length and breadth of the Province we have established our health offices

under the charge of competent physicians, who give their energy, and the time they can often spare, for the benefit of their fellow men for a reward far below its value.

The fifth desire of our founders was for "The furtherance of unity and harmony among the members of the association."

As to our success in this aim there cannot be two opinions. Our annual coming together has been invaluable in promoting good-will among us. The social element of these gatherings affords opportunities for friendly chats and explanations, that might not otherwise occur. We may possibly come to a meeting with a feeling of bitterness against a brother doctor, arising from a report that he had said this or that about us. It only needs a few words of explanation to persuade us that our supposed enemy is not an enemy after all; that the story that troubled us was a pure fabrication, or at most a misconstruction of what was really said. We are unfortunately aware that differences between medical men do exist, particularly in small places. Such things should not be. It is our duty surely to cultivate a kindly feeling of brotherhood with one another. It is incumbent on us never to do or say anything behind the back of a fellow practitioner that we would not do or say before his face, and the man who tries to build up his own reputation at the expense of another will succeed in injuring himself only in the end. Differences of opinion must occur. But because I differ from you it does not necessarily follow that I am right and you are wrong. We ought to be able to arrange such matters privately between ourselves. Above all things, the sacredness of the consultation room should be held inviolate; and when we find that a fellow practitioner has committed an error of judgment, it is our bounden duty to use our most strenuous efforts to rectify it and to shield him from harm.

We now pass to the sixth and last object of the promoters of this association: "The forming of a connecting link between the various city and county societies and the Canada Medical Association." Under this clause the secretary will submit for your consideration the applications of various bodies for affiliation, which I trust will receive your sanction. In addition to the direct benefits, to them and to us, arising from

their affiliation, it will also tend to bind together the members of the several societies who for various reasons cannot be with us here.

After this hasty and too brief review, I may say without fear of contradiction that the intentions of the promoters of the association have been adequately realized; more fully realized, perhaps, than they could have reasonably hoped.

I wish to express my thanks to those members of the various committees who have kindly aided me in the discharge of my duties; and I particularly wish to thank our very efficient secretary for his uniformly kind attention, and prompt and efficient discharge of his duties. In him, gentlemen, the association possesses a most valuable officer.

The President concluded his remarks by referring to the subject of the prevention of puerperal fever. This will appear in the next issue of THE CANADIAN PRACTITIONER.

#### ANIDROSIS AND BROMIDROSIS; PELLIOSIS RHEUMATICA; ECZEMA OF HANDS, OF FACE.

Abstract of a Clinical Lecture delivered at the Toronto General Hospital.

BY A. M'PHEDRAN, M.B.,

Lecturer on Clinical Medicine in the University of Toronto.

*Case 1.*—A boy, aged eight years, was brought some days ago, on account of a dry, somewhat harsh, scaly condition of skin of all parts except the feet. His mother said he had shown no signs of perspiration since infancy with the exception of the feet, from which there has been a profuse, badly-swelling sweat for two or three years. The child, though not robust, is not unhealthy looking; he is rather anæmic. Appetite and digestion fair. To the deficiency or absence of perspiration, the term anidrosis is applied, and bromidrosis to the condition of the feet.

Anidrosis is rarely primary, but is symptomatic in many diseases, as in diabetes, Bright's disease, fevers, and in the affected parts in many skin affections.

Bromidrosis affects most usually the feet only, but may affect also the axillæ and perineum; it may also be general. The sweat may be offensive as secreted, or only become so from alteration after secretion. The existence of these two

conditions in the one person is, so far as I know, unusual.

For the anidrosis we gave, you remember, pilocarpine mur., gr.  $\frac{1}{16}$ , to be taken at bedtime, to be increased until sweating was produced. It required gr.  $\frac{1}{4}$  to cause a slight perspiration, and this dose has been continued nightly for some days. The skin is much healthier looking and softer. Syr. fer. iod. m. 20, syr. fer. phosphi. co. in 40, after each meal.

For the offensive sweating of the feet, the mother was directed to bathe them with hot water, dry thoroughly, and then dust freely with finely pulverized boracic acid. She was also to place in the clefts of the toes pledgets of boracic salicylic cotton, and the inside of the stockings were to be dusted freely with boracic acid. The case not being a severe one, we hoped this would be sufficient, and we have not been disappointed, as the offensive odor has quite disappeared, and the feet remain dry. Had this failed, other means could have been adopted. The insides of the boots could be dredged with the boracic acid, and cork soles put into the boots, the soles to be washed daily in solution of the same acid. Internally precipitated sulphur,  $\mathfrak{z}$  i, morning and evening, is highly recommended. Hebra's plan, which he said never failed, was: After washing, to apply ung. plumb. vasilini., made of equal parts of lead plaster and vaseline, and adding about  $\frac{1}{2}$  per cent. salicylic acid. The unguent is applied by spreading on lint or old soft linen; this is torn in strips, and wrapped round the foot, pledgets being placed between the toes; the dressing to be renewed twice a day (*Diseases of the Skin*; Radcliffe Crocker). The effect must be watched lest too much irritation result.

*Case 2.*—This man æt. 60, suffered from a rather rare affection—*peliosis rheumatica*. He says he first had pain in the left knee, which swelled somewhat, and is so still. He was feverish. A day or two afterwards an extensive hemorrhagic eruption occurred, being uniformly diffused from the lower third of the thigh to the toes. You see that its hemorrhagic, from its color not disappearing on pressure and from the greenish-yellow staining of the skin of the thigh above the seat of eruption, the same kind of staining as occurs in bruises. On the outer leg, the body and arms are numerous

small hemorrhagic spots, none of them are raised above the level of the skin, nor are their margins well defined. Their color becomes a dark brown. It lasts usually four or five weeks and then gradually fades. Careful examination with a lens shows the vessels in the margins of these spots thrombosed. Such eruptions as this occasionally occur in acute rheumatism; and on the other hand, disease of the valves of the heart may occur in just such cases as this in which the symptoms of rheumatism are very slight. The disease is classified in erythema muliforme or exudativum. The simple erythematous rash was possibly prevented by the hemorrhage. The hemorrhage is due, some say, to changes in the vessel walls; others, to changes in the blood itself. Both may be at fault. The treatment is simple. It is important to keep the patient in bed lest relapses occur. He should be fed liberally, his general health attended to as may be required in each case. As in all cases of rheumatism in the debilitated, iron is probably the best remedy.

*Case 3.*—The next patient is a man aged 55, is suffering you see from a dry scaly eczema of both hands. He has had it for some weeks, he says, and the thickening of the skin from infiltration proves the truth of his statement. He has been employed in soap-making many years, and handles the caustic alkalies, grease, etc., so that doubtless the eczema is due to the irritants he handles. He is not inclined to agree with that opinion, as he has only lately had eczema, though employed as at present for many years. His former immunity was probably due to his better health and strength; at present he is rather ill-nourished.

The first step in the treatment should be the removal of the cause, *i.e.*, have him give up his work. He cannot do this, he said. Then he must protect his hands with rubber gloves. If these cause too much maceration of the skin by retaining the sweat, a kid glove may be substituted. As a local application I have had most satisfaction from salicylic acid and the most elegant way of applying it is in a glycerine jelly as recommended by Unna of Hamburg.

R. Gelatine	15 parts.
Zinci oxid.	10 "
Glycerine	30 "
Aquæ	40 "

To be carefully combined and two parts of acid salicylic added. If dispensed in a tin, it can be easily melted when required, by standing it in hot water. It is painted on with a small brush and covered with a very thin film of absorbent cotton. The acid tends to cause the gelatine to crack, but I have found it to work well. It is easily removed daily by heating in hot water which has also a good effect on the inflammation. Taylor, of New York, recommends balsam of peru ʒj., diachylon ointment, and oxide of zinc ointment, each ʒj., to be applied to the hands. If the glycerine jelly were found to be cumbersome, a paste consisting of lanoline, vaseline, zinc oxide and powdered starch, each ʒj., to which is added 5 grs. acid salicylic or 10 to 30 grs. resorcin, may be applied. The hands should be cleansed without soap, and when water is used it had better be hot.

His general health needs attention, as without improvement in it a cure will not be permanent.

*Case 4.*—A washerwoman with general chronic eczema of the face. The skin is very rough; there are several slight fissures from which there is a little oozing of the characteristic sticky serum. The steam, her face is exposed to, over the washtub, is doubtless the chief exciting cause. It will be best for her to give up work, and come into the hospital for a short time. The glycerine jelly will make an excellent mask for the face. With its use a very bad case we had in the hospital a short time ago made a most satisfactory recovery.

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## Selections.

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**SALICYLATE OF SODA BY INJECTION.**—Stein relates the history of a woman who had been suffering for some weeks from a severe attack of articular rheumatism, and whose digestive powers were so feeble that he decided to prescribe salicylate of soda in the form of rectal injections, giving two or three grammes of salicylate of soda in 200 grammes of starch solution, and repeated three times a day. The result was excellent; the patient retained fifteen injections, and failed to retain only three (one after half an hour and two after an hour).—*Ther. Mntsh.*,

*Feb., 1890—Journal de Medicine de Paris, May 11, 1890.*  
G.A.F.

**TRICHLORACETIC ACID.**—Trichloroacetic acid is one of the best and most reliable caustics for warts, corns and indurated chilblains; and these can be readily separated from the non-affected tissues three or four days after the application. The formula is  $\text{CCL}_3\text{CO}_2\text{H}$ . The crystals are rhombohedral in form, deliquescent, easily soluble in water. Melting point,  $52.3^\circ$ ; boiling point,  $195^\circ$ ; density at  $46^\circ$ , 1.617.—*Berichte von E. Merck, Journal de Medicine de Paris.*  
G.A.F.

Dr. B. W. Richardson, of London, England (*The Asclepiad*, 1890), states that when a patient is lying in collapse from chloroform or other cause, let no one attempt to resuscitate by means of the direct action of the galvanic current, either through the respiratory or the cardiac organs. If by the current we call forth active movements, either of the respiratory muscles or the heart, it is like a whip to a jaded horse at best, and merely exhausts more speedily a failing centre of force which it does nothing to re-supply, and, as we now see, with a possible antagonism of action between the effect produced on the diaphragm and the heart. The whole value of treatment in cases of the kind named, rests exclusively on the teachings of experiment, and if experiment with the galvanic current is opposed to the method specified, the practitioner who knowingly employs that method in a desperate extremity, is not only acting perversely, but wrongly and foolishly. Better do nothing till knowledge shows the right, than do the wrong thing for the sake of doing something.

**A NEW METHOD OF IRRIGATING THE NOSE.** By Dr. Pins, of Vienna.—I have been struck, says the author, by the fact that among all the methods employed for nasal irrigation there is not a single one absolutely free from objection. Most frequently the danger consists in the fluid finding its way into neighboring cavities (sinus, Eustachian tubes, etc.), which entails the temporary suspension of the treatment, and at times causes an extension of the lesions. I have sought therefore for some better mode of procedure. I use a bottle of moderate size, into which dip two glass tubes. The first reaches



the bottom of the vessel, the second terminates a little above the surface of the contained liquid. To the first is attached a rubber tube, terminating in a mouth-piece, which the patient holds firmly between his lips. To the second is attached another rubber tube, terminating in an olive-shaped extremity, which is introduced into one of the nasal fossæ. The patient then makes a forced expiration, which on the one hand brings about a complete closure of the posterior nasal fossæ, and on the other forces into the nasal cavity the liquid contained in the vessel. The fluid makes its exit by the other nasal opening. The stronger the expiration force the more complete is the occlusion of the posterior fossæ; the pressure of the fluid can thus do no harm. I have tried this method in thirty cases, and have been very well satisfied with it. The only contra-indications depend on the presence of serious disease of the heart vessels, or of the lungs.—*Le Mercredi Medical*, April, 1890—*Lyon Medical*, May, 1890.

G.A.F.

A NEW APPARATUS FOR INFANT-FEEDING, BASED ON THE INFANT'S WEIGHT INSTEAD OF ITS AGE (by Dr. August Seibert).—The apparatus, he said, was intended for sterilizing the milk or fluid food of artificially fed children, and while the principle was not new, this particular apparatus possessed certain advantages over others which made it specially desirable. The other apparatuses with which he compared his were those of Escherich and Soxhlet. The chief objection to these was that the size of the bottles was based on the age of the infant instead of on its weight. The bottles were too large, and led to the administering of more food than the stomach was capable of digesting. Dr. Seibert had constructed bottles of six different sizes, to contain three, four, five, six, seven, and eight ounces respectively, the first for infants weighing, irrespective of age, six to eight pounds, the second for infants weighing from nine to ten pounds, the third for those weighing from eleven to fourteen pounds, the fourth for those weighing fifteen to sixteen pound, the fifth for a weight of seventeen to eighteen pounds, and the sixth for a weight of nineteen to twenty pounds. Eimer & Amend were the manufacturers, and sold a set for one dollar, with a

castor-like apparatus to stand them in, the whole being placed in a covered vessel with a little water at its bottom, which boiled thirty to forty-five minutes, and sterilized the milk by the steam surrounding the bottles. As the child increased in weight the set could be exchanged for a size larger, by paying an additional twenty-five cents. The stopper consisted of rubber, with a notch cut in the side at the lower end, through which the steam could escape during sterilization, and could be pushed down at the close of the sterilizing process, so that the bottle became air-tight. The neck of the bottle shaded into the body, and the bottom was oval, making it easy to clean. The card of directions for the nurse also stated the number of hours to intervene between the feedings—two hours for the smallest, three for the largest named. The point upon which the author laid particular stress, and which he desired to have discussed, was the propriety of regulating the quantity of the child's food by its weight instead of by its age.—*Archives of Pediatrics*.

INTUSSUSCEPTION SUCCESSFULLY TREATED BY INJECTION OF AIR.—On May 9th I was asked to see a child aged 10 months. The mother stated that, about seven hours before I saw it, the child woke up suddenly from sleep and commenced screaming. Sickness occurred very shortly afterwards, and within three or four hours blood and mucus were passed from the anus. When I saw the child it appeared very restless, tossing about in its mother's arms and then apparently dozing off for a few minutes. It was unable to retain any food; pulse small and very rapid; blood and mucus without any fecal matter, were passed from the anus during my examination. On examining the abdomen, I noticed a mass in the left hypochondriac region, which appeared to be connected with the intestine, and which the mother said she was sure had not been there early in the day. Feeling confident that it was a case of intussusception, I procured a long rubber tube. I may mention that, being without tubing, I had to do the best I could with tubing used for keeping draughts from penetrating windows and doors. Under chloroform, with the help of the mother I passed two to three feet of the tubing, and by means of a Higginson's syringe I pumped into

the intestines as much warm water as they would retain. I then manipulated the mass through the abdominal wall; this, of course, expelled the water. This process was repeated several times, but without much success. I then proceeded to pump in air with the same apparatus, blowing the abdomen as full as possible, and then manipulating as before. Under this treatment I was rewarded with feeling the mass gradually decrease, and finally, after an hour and a half, I distinctly felt the gut slip into its right position. Within five minutes about an ounce of loose faecal matter was passed. The child was practically well within a few hours without further treatment. I was interested to learn that the parents had lost a child a few years ago with exactly the same symptoms. The child died on the fourth day. No examination of the abdomen was made, and the cause of death was certified to be "inflammation of the bowels."—*Edward P. Furber, in British Medical Journal.*

**THE HOT-AIR TREATMENT OF PHTHISIS.**—Probably no disease has had more remedies suggested for its cure than phthisis. Very few of the new methods introduced, however, have proved of any use, and have one by one been discarded. One of the latest, suggested by Halter and Weigert, seems likely to follow the fate of its predecessors, if, indeed, it has ever been seriously considered. Halter maintains that the tubercle bacillus will not live in a temperature of more than  $41^{\circ}$  C.; and therefore suggests that if patients can inhale air at a temperature above  $41^{\circ}$  the bacilli will be killed, or at any rate be rendered harmless, and thus the course of the disease stayed. Mossi and Rendelli have already shown that in dogs, when the inspired air is at so high a temperature as  $150^{\circ}$  to  $160^{\circ}$  C., the temperature in the large bronchi is only  $39.3^{\circ}$ . In the *Deutsche Medicinische Wochenschrift* for April 10th, Dr. Ernest Schrwald of Jena publishes some interesting experiments that he has made on dogs with regard to "lung temperature." Thermometers were introduced between the costal and parietal layers of the pleura on each side. By means of an ingenious apparatus the air could be introduced through the nose or directly into the trachea, and the temperature of the inspired

and expired air carefully ascertained. After an elaborate series of experiments, Dr. Schrwald came to the following conclusions: 1. Dry air can be inhaled through the nose, while the temperature of the air is gradually raised from  $50^{\circ}$  to  $350^{\circ}$  C.; the temperature in the pleura at the same time only rises  $1^{\circ}$  C., even although the experiment be prolonged for one hour and a half. 2. An equal rise can be obtained by rapid and forced respiration. 3. The mucous lining of the trachea is much more sensitive to hot dry air than is that of the mouth and nose, for in the former the temperature of the air cannot be raised above  $80^{\circ}$  C. 4. When hot dry air is inspired, the frequency of the respiration rises from 80 to 144 in the minute. 5. The temperature in the lungs rises at the same time, but only  $1^{\circ}$ . 6. Halter's view that the tubercle bacilli are killed by a temperature of  $41^{\circ}$  is not proved to be correct. Even if it were, the mass of bacilli embedded in the lung tissue would only be affected by heating the tissue itself, and by his (Schrwald's) experiments it has been shown that a sufficient rise of temperature within the lungs cannot be obtained by the inspiration of hot dry air, and that therefore this treatment is useless in phthisis.—*London Lancet.*

**THE TREATMENT OF TUBERCULAR ABSCESSES.**—Billoth has again made a great impression on the surgical world by an article published a few days ago. Tuberculous abscesses have long been studied and treated unsuccessfully. For the past four years Billoth has been steadily experimenting with different means of treatment till now he has reached a conclusion, which, as it is based on his enormous clinical experience, cannot fail to excite great interest. Contrary to the usual method, he cuts down upon the abscess and lays it widely open; draws off the pus and cleans out the remotest corners; follows up any fistula to its point of origin, and scrapes the lining surface of the abscess until all the so-called membrane is removed. Sometimes it is necessary to open a thigh from the popliteal space to the tuberosity, but thoroughness in regard to the fistulæ is absolutely necessary. He then waits until the bleeding has ceased, of course removing the Esmarch, if one has been used, and when the wound is glazed by the serum he fills the abscess cavity with an

emulsion of 10 parts of iodoform in 100 parts of glycerin. The edges of the wound are then brought together and stitched very carefully, so as to close the cavity perfectly without an opening for drainage. Thoroughly antiseptic dressings are applied and left on for several days. In most cases he gets primary union and the abscess heals, the iodoform emulsion being slowly absorbed as granulation goes on. Sometimes when antiseptics has been imperfect sloughing results, but even then the abscess generally heals from the bottom without recurrence. In a few cases the results were not good, but in these the operation was not sufficiently thorough, as some of the recesses were left untouched. Strange as it may seem, iodoform poisoning has been noticed in only a few cases, and in a very slight degree. Billroth has used the same method in tuberculous caries with equally good results, and now asks the profession to try the method. How does the iodoform act? It is known that iodoform is not a perfect antiseptic, but a most powerful stimulant of granulation. To use Billroth's words, "Iodoform exerts a great formative influence on the smaller vessels, and these soon begin to grow out and multiply in an extraordinary manner by constant production of offshoots and capillary loops. This energetic growth of the living tissue seems to rob the microbes of their nourishment; in the struggle for existence they succumb to the growing cells of the vessel walls." As granulations secrete pus only when diseased, drainage is unnecessary. When the method is used in caries the action is the same, the osteophytes in this case being stimulated.—*Vienna Letter, Medical News.*

#### EPILEPSY CAUSED BY IMPERFORATE HYMEN.

—L.K. An intelligent, well-educated girl, about medium height, of slight build, and dark complexion, æt. 21., had for some three years suffered from falling fits. No history of fits or any cerebral infirmity on either side of the house. No history of any fall or blow upon the head. Four years ago she had what were thought to be dyspeptic attacks, at which time she suffered from backache, sickness, constipation, flushings, loss of appetite, abdominal pains, swelling and general discomfort, frequently from headache, and after a while from frequent desire to mictur-

ate. Prescribed: Pil. aloes et ferri. R Decoc. aloes co., mist. ferri aromat., spt. am. ar., aq. camph. ad ʒ viij.; ʒ j. c. i. pil. ter die; and ordered her to put her feet in mustard and warm water at bedtime, and place a large linseed and mustard poultice over both breasts at least one night in the week, at the same time to have a liberal diet, with plenty of milk. This, instead of relieving, seemed to aggravate the symptoms, which now assumed an intermittent character. She was completely prostrated for four or five days at a time, then she appeared to improve, and was, comparatively speaking, pretty comfortable for about three weeks, when the symptoms invariably returned in an aggravated form. On the night of May 10, 1886, she had been in bed about three hours when her mother was startled by hearing her scream; she immediately hastened to her assistance, and found her working in a fit; her eyes were fixed and staring, and she frothed considerably at the mouth. Before the nearest medical man arrived she had regained consciousness, and felt quite herself again, with the exception of a slight headache. The next day and the day following she was seized with similar attacks, and was then free from them for about five months; after that time the fits became more and more frequent, and during the last twelve months she has been attacked for a few days at the beginning and end of each month. Last month she has had as many as five fits in two days. Her appetite was bad, her bowels costive, urine clear and healthy-looking, but passed frequently in small quantities. She suffered frequently from headache, fulness after meals, flatulence, heart-beat, and a short dry cough, which was very troublesome at times. She had never menstruated, but thought it must have something to do with her present illness, as she suffered more at the beginning and end of each month than between times. I accordingly examined her in the dorsal position, and on inspection found the abdomen symmetrically enlarged and very prominent. On palpation, I could detect a central firm tumor well defined, evidently the uterus enlarged. On vaginal examination, I found the orifice obstructed by a distinct fluctuating swelling, which felt uncommonly like the unruptured membranes in labor, and which I had little doubt was an im-

perforate hymen distended by some fluid in the vagina. I had scarcely concluded my examination when the patient was seized with an epileptic fit, which lasted for over a minute; her features became distorted, the eyeballs turned up, the eyelids wide open, and the pupils dilated; the thumbs were shut close in the palms of the hands, and the limbs agitated by convulsive motions. This was succeeded by a kind of stupor and general feeling of lassitude.

Having cleansed the parts well with strong solution of Condy's fluid in warm water, I divided the imperforate hymen by a free incision, which immediately gave exit to a thick sanious discharge, and allowed me to wash out the uterus and vagina with a solution of permanganate of potash, after which I placed a firm pad over the hypogastrium and retained it in position with an obstetric binder. A plug of absorbent cotton saturated in a weak solution of carbolic acid in glycerine was placed in the vagina, and an opiate administered. The patient was kept in bed and ordered a low but nourishing diet. The uterus and vagina were well cleansed with Condy's fluid twice a day, the plug of absorbent cotton being changed each time. She made a wonderfully quick recovery, and at the end of ten days was allowed to get up. Though fourteen months have elapsed since the operation she has had none of her old troubles, and is perfectly free from anything like fits. Seven weeks after operation she menstruated for two days, but since that time the catamenia have been quite regular. She has gained weight, strength, color, and spirits to a wonderful degree, and may now, I think, be considered well.—*Lancet*, May 10, 1890.

A. ROTHROCK, M.D., McVeytown, Pa., says: I have prescribed Aletis Cordial in a case of threatened miscarriage. The woman had had three miscarriages in five years. Some six weeks ago she, being in her fifth month of pregnancy, was attacked with hemorrhage, bearing down pains, and all other symptoms of threatened miscarriage. I prescribed Aletis Cordial, which subdued the hemorrhage, bearing down pains, and all nervous symptoms that foreboded the old trouble, and at this time she promises to go to full term.

THE  
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS  
OF THE MEDICAL SCIENCES.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.*

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TORONTO, JULY 1, 1890.

TRINITY MEDICAL COLLEGE AND  
THE UNIVERSITY OF  
TORONTO.

An open letter was sent to the Minister of Education in March last, by one who was speaking in an official way, on behalf of Trinity Medical College. The writer criticized the actions of the members of the Senate of the University who organized its Medical Faculty in terms that were both rigorous and offensive. Under such circumstances, we are surely not assuming too much in contending that a reply should be allowed. In answer to that letter the PRACTITIONER published an editorial which Trinity's Dean characterizes, in a letter which appears in this issue, as a "very gross, absolutely unfounded, and most unwarrantable personal attack" upon himself. We have not made a personal attack, but have simply discussed his purely official words and acts.

The Dean's letter, though sufficiently lengthy, scarcely touches the main points we raised. A simple, absurd statement that an injustice to Trinity is acknowledged by nine-tenths of the profession is valueless, unless some proof of its correctness be given. The further statement that it is "not in accordance with sound political economy, directly or indirectly to aid in educating men for lucrative professions" is so marvellous that it scarcely deserves a serious answer. Surely no one will contend that our great Universities in all parts of the world are to absolutely close their doors to all young men who commence the study of law, engineering,

agriculture, or medicine. The old contention of 1850-1853, did not include such views, but simply the opinion that public moneys should not be spent in the endowment of purely professional chairs such as medicine, surgery, and the like. In the original Medical Faculty of the University such chairs were endowed; in the re-established Faculty they are not, and no one has asked that they shall get any assistance whatever from the Government.

The statements with reference to the teaching of chemistry and biology go to show that Trinity is placed at a disadvantage with reference to these important subjects. We quite agree with such statements. This was the general view of the members of the Senate in 1887, and this opinion was freely expressed to Trinity's representatives at that time. Such, we believe, is the opinion entertained by many members of the Senate at the present time. There is a strong feeling among the friends of higher education that the University should be absolutely open to all who are willing to avail themselves of its grand facilities in the department of science. The authorities have done all in their power to place these advantages at the disposal of all students in medicine. They are likely to pursue this broad and conciliatory policy in the future. They show no disposition to take a retrograde step; they evince no inclination to shut out any class of students from their lecture rooms and laboratories. Why does not Trinity treat Toronto's offers with at least ordinary courtesy, instead of indulging in endless rubbish about "traps," schemes, etc.

The Dean gives certain statistics which would apparently prove that while the whole percentage of the rejected by the Ontario Medical Council in the primary subjects was fifty this year, the percentage from one of the independent medical colleges was only twelve and a-half; and he thinks the other independent colleges can show very similar results. If this be true, Trinity will have nothing to fear. The students will soon see where they will get the teaching which will enable them to pass their examinations, and the University will have a poor chance. It is perhaps easy on the part of some to make such statements; but it is certainly very easy, on the other hand, to contradict them. We think it would be a good idea to get from the Registra-

of the Council the figures showing the comparative results from the different colleges at future examinations, and then we might discuss such details intelligently.

The Dean's references to his utterances respecting salaries of \$2,000 with retiring allowances are certainly remarkable. He seems to have almost forgotten that there was ever anything said on the subject. Certainly others heard enough of it during the negotiations. Trinity's representative urged this aspect of the case very strongly. It was directly in consequence of his contentions that the following words, to which we have before referred, were inserted in the original report of the Committee of the Senate: "The present salaries of Professors shall be maintained *pro rata*; and for the purpose of defining what is understood by salaries, the scale at present existing in Trinity's medical school shall be taken as the basis; and a practicable scheme for retiring allowances for the Professors shall be arranged." The Trinity atmosphere appeared to be impregnated with this idea. The Dean was deeply impressed with it—so much so that he was impelled to write it out and send it to a newspaper; and there it stands as evidence of the motive power that influenced Trinity's decision respecting questions connected with scientific medical education.

Some rather strong language is used with reference to an allusion to the Dean's attempt to destroy the Kingston Medical School some years ago, and our statement is called a "falsehood." We quoted the words of some of the authorities of that college, and if they ever discovered that they were indulging in falsehoods, it is about time they published a suitable apology. Unfortunately for the falsehood theory, the words of Trinity's telegram to the rebellious students will ever remain in the memories of the Professors of the Kingston College, and the humiliation to which the Faculty was subjected in consequence of that despatch, will never be forgotten. We have no desire to discuss now the details of that unfortunate episode, but have simply referred to it to show the absurdity of the Dean's position in pretending to speak for Kingston and London, and persistently endeavoring to create a spirit of antagonism on the part of these worthy institutions towards Toronto.

We sincerely hope that Trinity will soon learn sufficient wisdom to change her course. If she succeeded in making the "independent colleges" inimical to Toronto, no good could be accomplished thereby. If she recognizes the great advantages of the chemical and biological departments of the University, why does she not show a willingness to participate in the benefits to be derived therefrom? They have been offered to her—we believe they are still free to her. It is as certain as anything can be in this world that the University of Toronto will never close her doors against any class of young men because they happen to be medical students. Let Trinity Medical College accept the situation! If she chooses to remain aloof, that is her own affair. No outsiders have a right to complain. If she decides to avail her of the advantages which are and should be open to all, we think that no difficulties will be thrown in her way. Let her abandon her cries of "utter meanness and gross unfairness," and express her wishes in temperate and intelligent terms. If her students desire to come up to the University for certain courses, we think it would be easy to arrange matters connected with the question of fees from her students in a satisfactory manner. We cannot speak with any authority about such details, but we believe it to be the policy of the University, to avoid even the slightest appearance of injustice towards any of the educational institutions of this country.

#### THE MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

The Ontario Medical Association, though young in years, shows a remarkable amount of vigor. The tenth annual meeting, held in the building of the Ontario Medical Council, June 11 and 12, was in every respect a pronounced success. The attendance was large, exceeding in numbers that of any meeting of physicians previously held in any part of the Dominion. The interest was sustained without intermission from beginning to end. The proceedings were so smooth and even as to run like a machine. We have never seen so large a meeting where so many discussions were carried on with so little friction.

This success was, to a large extent, due to

the enthusiasm manifested by the members of the profession from all parts of the Province. The doctors were there—from Ottawa to Sarnia, from Muddy York to Waubashene—from the east, the west, the south, and the north. Our distinguished visitors from the United States, especially from New York and Buffalo, contributed much to our intellectual enjoyment. While we have to acknowledge the valuable assistance derived from these various sources, we must not omit to give due credit to the executive management. The arrangements made before the meeting were simply complete. We had occasion to refer to these in a former issue, and we are pleased to know that our prognostications were absolutely correct.

A special reference in this connection is due to the President. He worked persistently after June of last year to bring this meeting to a successful issue. His opening address, a portion of which we publish in this number of the PRACTITIONER, was an admirable one. As a presiding officer he showed an unusual amount of tact and ability, which contributed much towards the success of the meeting. His conduct was such as to leave absolutely no opening for adverse criticism; on the contrary, it was worthy of all praise in every respect. He was ably assisted by the regular officers of the Association, and by many members of the various committees. The Secretary, Dr. Wishart, was a host in himself, and his untiring efforts were of great assistance to the President. The Assistant-Secretary, Dr. W. P. Caven, helped materially in the various arduous labors.

There was a sufficiency of papers, many of which were above the average, and the accompanying discussions were frequently interesting and instructive. There were three sessions per day, and, as a consequence, the pleasure of a constant attendance became sometimes almost a labor. Some think it would be better to abolish the evening sessions, but the majority appear to be well satisfied with the present arrangements. It can hardly be said that the reading of the reports of the numerous committees on the last night created any unbounded enthusiasm; but they did no harm—perhaps they did good—we are not sure.

The next meeting will be held in Toronto. It appears to be a matter of course that that city

is to be thus honored for some time to come, if not for ever. From the list of officers, which will be found in this issue, we have every reason to look for another successful meeting next year.

### NOTES.

POST-GRADUATE classes have of late years been conducted successfully in Edinburgh. This autumn, classes of a practical character in connection with the hospital and laboratories, will be held. In most instances the attendance will be limited, and a definite fee payable. The success of the limited practical classes last year was so great as to warrant the expectation of a large increase in the coming autumn.

AN attempt is being made to afford efficient means for the medical education of women in Scotland. The University of Edinburgh will not admit women within her walls, nor will the medical faculty of Glasgow University extend its privileges to women; we note however, in a recent number of the *British Medical Journal*, that the authorities of the Queen Margaret College, Glasgow, are busily engaged preparing for a new departure, to be made in October, when the first session of a fully equipped medical school for women will be begun. The guarantee fund deemed necessary has been raised, and the other chief difficulties, that of a dissecting room and that of hospital accommodation, seem to be in a fair way of being solved.

## Meeting of Medical Societies.

### THE MEETING OF THE ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council commenced June 10th, in the Council Chamber, Toronto. The following were elected as officers for the ensuing year:

President—Dr. Moore, Brockville.

Vice-President—Dr. Williams.

Registrar—Dr. R. A. Pyne.

Treasurer—Dr. W. T. Aikins.

Committees—The various standing committees were appointed.

June 11.

Dr. Philip gave notice that he would move in the matter of the appointment of a prosecutor for the Council for the ensuing year.

Various communications and petitions were read, and referred to the respective committees.

Dr. Bray moved and Dr. Bergin seconded the following resolution: That the matter of decreasing the didactic lectures be referred to the Education Committee. The resolution was adopted.

Moved by Dr. Harris, seconded by Dr. Russell, that the Finance Committee take into consideration the question of increasing the salary of the registrar. Carried.

A motion by Dr. Rogers referring the tariff of fees adopted by the Bathurst and Rideau divisions to the Finance Committee, was also carried.

It was moved by Dr. Rogers, and seconded by Dr. Bergin, that the Committee on Finance be directed to investigate the case of one Merkim, and that the registrar shall receive from the solicitor of the Council a copy of the agreement entered into by his firm in this matter, a copy of the agreement entered into by Merkim and his solicitors, a copy of the evidence from the Police Court in Ottawa, wherein the said Merkim was fined in the sum of \$75, together with a copy of all communications or other papers bearing on the question, all of which papers to be placed before the said committee, who shall forthwith report thereon to the Council. The resolution was adopted.

Dr. Rogers made enquiry whether the clause on page 125 of the announcement of 1890 regarding British licentiates was correct. The registrar was instructed to reply that it was correct in the announcement of 1890-91.

The Council then went into Committee of the Whole, with Dr. Bergin in the chair, to consider the report of the Education Committee. The report stated that at the final spring examinations, 182 candidates presented themselves, of whom 125 passed. At the primary examination 208 candidates came up, of whom 106 passed. The Board of Examiners had sent a recommendation to the committee to the effect that it was desirable that gross mistakes in spelling should be taken into account in valuing the papers of the candidates at the examinations. The committee advised the insertion of a clause

in p. 17 of the rules dealing with the whole matter.

*June 12.*

Mr. W. Webb was re-appointed prosecutor for the Council for the ensuing year. On motion of Dr. Fowler, seconded by Dr. Johnson, a by-law was read and passed authorizing the Council to appoint a committee of discipline to carry out the provisions of the Act of the Ontario Legislature of 1887. The following were appointed the members of the committee: Dr. Day, Toronto; Dr. Bray, Chatham; and Dr. Logan, Ottawa. Dr. Henry moved, and Dr. Orr seconded, that this Council desires to place on record its entire disapproval of lodge and contract doctoring, believing that such practices are beneath the honor and dignity of the profession, and further express the hope that members of the medical profession of Ontario will see their way clear, in their own interests and that of the profession, to sever all connection with said institutions. The motion was withdrawn on the ground that the Council had not the power to deal with the matter. On the motion of Dr. Logan, seconded by Dr. Henderson, the following resolution was adopted: That this Council takes steps to ascertain on what conditions medical reciprocity can be had with the various provinces of the Dominion of Canada.

*June 13.*

On the recommendation of the Committee on Education, it was resolved that one year's notice should be given to students of any changes in the curriculum. If any candidate in the future disregards the rules under which the examinations are conducted, at the discretion of the Council he may be debarred from further enjoying the privileges of the Council.

Henry Macklen was declared to have taken a sufficient number of marks to warrant his being placed in the pass list of the recent examination in operative surgery.

The following were appointed examiners for the ensuing year:—

Dr. F. Grasett, Toronto, Descriptive Anatomy; Dr. Saunders, Kingston, Theory and Practice of Medicine, Therapeutics and General Pathology; Dr. W. J. Wilson, Richmond Hill, Midwifery, operative and other than operative, with Puerperal and Infantile Diseases; Dr. Anson S.

Fraser, Sarnia, Physiology and Histology; Dr. Burt, Paris, Surgery, operative and other than operative; Dr. W. Waugh, London, Medical and Surgical Anatomy; Dr. Oldright, Toronto, Theoretical and Practical Chemistry and Toxicology; D. A. McKinnon, Guelph, Materia Medica and Pharmacy; Dr. W. H. Emory, Toronto, Medical Jurisprudence and Sanitary Science; Dr. C. O'Reilly, Toronto, Assistant Examiner to the Examiner on Surgery; Dr. E. Hooper, Kingston, Assistant Examiner to the Examiner on Medicine and Pathology; Dr. F. D. Caufield, Ingersoll, Homœopathic Examiner; Dr. Pyne, Registrar; and Drs. Thorburn, Bray, Bergin, Johnson, and Oliphant, were appointed a committee to enter into communication with Canadian and other Universities with a view of obtaining all the information possible regarding the curricula and standing of these institutions.

The report of the Finance Committee showed that a balance of \$57.71 was in the Bank of Commerce to the credit of the Council, and the assets amount to \$46,240.58 more than the liabilities.

The salary of the Registrar, Dr. R. A. Pyne, was placed at \$1,800 per annum.

At the night session it was moved by Dr. Bergin, and seconded by Dr. Bray, that this Council do petition the Legislature of Ontario for power to increase the annual fees payable by each member of the college, and for power to erase from the register the names of all members who fail to pay the annual dues, such names to be restored upon payment of the fees due.

Some discussion arose over this resolution, but the speakers directed their remarks chiefly to the manner in which members of the Legislature had privately received some of the proposals of the medical men, who acted at the Legislature for the Council when the last Medical Act was before the House. It was stated that some of the members of the Provincial Parliament were of opinion that the requests of the Council tended towards class legislation, and that if these were passed they would move to sweep away all such special powers, and make "free trade" in the medical profession. The doctors in the Legislature, it was said, were the chief opponents of the proposals of the Medical Council.



The motion was adopted on the following division :—

Yeas—Drs. Bergin, Bray, Campbell, Day, Fenwick, Fowler, Henderson, Logan, Lutin, Oliphant, Thorburn, Williams, Rogers.

Nays—Drs. Britton, Geikie, Harris, Russell.

Drs. Bergin, Day, Thorburn, and Oliphant were appointed a committee to endeavor to carry out the terms of the resolution.

On the report of the Committee on Discipline, the Council deferred taking any action on its complaints against Dr. B. H. Lemon until the next meeting, and on resolution also suspended proceedings against Dr. Nelson Washington until same time. The complaint against Dr. James Cook Bright was allowed to stand in abeyance, and it was reported that no action could be taken against Dr. John McKeown, as he could not be found.

The Council then adjourned at half-past ten o'clock, to meet again on Saturday morning at ten o'clock.

*June 14.*

Dr. H. H. Wright was appointed Warden of the council buildings, and Dr. Oldright was appointed Examiner in Chemistry, instead of Dr. George Acheson. Dr. J. MacArthur, a member of the Council, tendered his resignation as representative of Tecumseh Division No. 2.

According to the Ontario Medical Act, "Any graduate or any student, having matriculated in any university in her Majesty's dominions, shall not be required to pass the preliminary examination of the Medical Council." It is felt by some of the medical men that this section of the Act would hamper the Council if an attempt were made to raise the standard of the preliminary examination, as candidates would then write on some university matriculation examination.

Dr. Rogers moved, and Dr. Campbell seconded, that this section in the Act be so amended as to read, "Any graduate in Arts in any university in her Majesty's dominions shall not be required to pass the preliminary examination." The motion was carried and placed in the hands of the Legislative Committee.

DR. C. MAGLACHLAN (Tor., '89) is practising in New Rockford, N.D.

## THE ONTARIO MEDICAL ASSOCIATION.

Toronto, Wednesday morning,

June 11th, 1890.

The President, Dr. Temple, in the chair.

The meeting was called to order, and Dr. Wishart read the minutes of the last annual meeting; the reports of several of the committees were presented, after which the ordinary work of the session was proceeded with.

Dr. Trow, of Toronto, read a paper entitled  
THE DIAGNOSIS AND LOCAL TREATMENT OF TUBERCLE, OR SO-CALLED PHTHISIS OF THE LARYNX.

The paper dealt fully with the symptoms and signs in the laryngeal affections, and the author advocated such remedial measures as have been found useful by specialists of large experience in these diseases. Criticisms were advanced by Dr. Price Brown and Dr. Palmer; the former emphasized the statement that amelioration could and ought to be attained for the unfortunate victims of this distressing condition, and further, he believed that in some cases actual cure could be accomplished. He also stated that the voice-changes, such as the occurrence of a falsetto character in phonation, were a help in diagnosis. Dr. Palmer deprecated the use of the ordinary curette, and advocated in preference the double curette, on the ground that the latter cuts and does not injure or bruise the tissues.

Dr. Ryerson stated that, in his opinion, the prognosis was always bad; amelioration was possible, but not cure.

Dr. Osborne, of Hamilton, advised that in patients suffering from dysphagia, the individual should be fed whilst lying on the back with head extended.

Dr. Jenner, of Kingsville, read a paper entitled

### MORTON'S METHOD IN SPINA BIFIDA.

He related a case of spina bifida in a child whom he treated when three weeks old. The result was satisfactory, leading to considerable diminution in the size of the tumor, and to solidification of its contents.

Dr. Burt, of Paris, related a case in which he had successfully ligated the tumor and cut off the sac.

## AFTERNOON SESSION.

Dr. Temple delivered his Presidential Address, which appears at page 295 of this journal.

Dr. Emmett, of New York, read a paper on LACERATIONS OF THE CERVIX UTERI, AND THE INDICATIONS FOR ITS RESTORATION.

This paper will appear in full in the columns of THE CANADIAN PRACTITIONER.

Dr. Roseburgh, of Hamilton, never had succeeded in treating lacerations of the cervix by mere local applications; he only succeeded by operative procedure.

Drs. Temple and J. F. W. Ross, who also spoke, thoroughly concurred with Dr. Emmett in the views expressed in his paper.

## SURGICAL SECTION.

Dr. Burt, of Paris, in the chair.

Dr. Dupuis, of Kingston, presented his paper on

## TRAUMATIC TETANUS AND ITS TREATMENT.

He had come in contact with five cases of this terrible disease during fifteen years of surgical practice. The cause of the malady is obscure. Dr. Dupuis favors the view that reflex nerve irritation, set up by an injury, is the chief factor in its development, and he does not think that the presence of micro-organisms is accountable for its occurrence. A case successfully treated was narrated; various drugs were administered during a long struggle of 58 days duration; the treatment which benefited him most was that of large doses of bromide of potassium, assafoetida, tincture of aconite, and chloral hydrate, together with the free hypodermic use of morphine, and free purgation with calomel and jalap.

Dr. Lovett, of Ayr, referred to the difficulty of diagnosis which sometimes arises between so-called idiopathic tetanus and strychnia poisoning.

Hon. Dr. Sullivan referred to the statistics of the American war, where it was found that tetanus most frequently occurred on the first day after the injury was received; next in frequency from the fifth to the eighth day.

Dr. Bowlby, of Waterford, related a case where tetanus followed in a few hours after a slight injury to the foot; the symptoms threatened for two days, but were successfully combated.

Dr. Cronan, of Buffalo, places traumatic tetanus among the incurable diseases; he never saw a case recover. Idiopathic tetanus is, however, sometimes cured.

Dr. Britton, of Toronto, instanced a case which he judged was one of true idiopathic tetanus.

Dr. B. E. Mackenzie, of Toronto, then read his paper on

## THE MANAGEMENT OF TALIPES.

This paper was an exhaustive account of the condition, more particularly of talipes equinovarus; the anatomy of the deformity was fully discussed, and the operative treatment in cases of exaggerated deformity and of long standing was very fully considered. Two cases recently operated upon were exhibited, one of which, a boy, 16 years old, had been submitted to an extensive operation; division of all the structures tense on the inner side of the foot had been fully made, and the foot then put up in plaster of Paris.

Dr. A. B. Osborne, of Hamilton, read a paper on

A CASE OF CONVERGENT STRABISMUS WITH  
CROSSED DIPLOPIA,

and the section was adjourned after Dr. Welford had read his paper on scrotal tumors, in which he related some cases of hydrocele, presenting some peculiar characteristics.

## MEDICAL SECTION.

Dr. Sheard in the chair.

Dr. Gillies, of Teeswater, read a paper on

RHEUMATIC HYPERTYREXIA, which elicited discussion from Drs. McPhedran, Saunders, Sheard, Hunter, and others.

Dr. McPhedran, of Toronto, read a paper on

## ARTHRITIC HÆMOPTYSIS.

The author in this paper referred to hæmoptysis in elderly people in absence of tubercular and cardiac disease. Sir Andrew Clark had described the condition; he found changes in the vessel walls similar to those changes found in the vessels of diseased articulations, and hence he suggested the name of arthritic hæmoptysis. Dr. McPhedran narrated a case which probably belonged to this interesting class—a patient, aged sixty, the subject of repeated hemorrhages. The bleeding in such cases is aggravated by large doses of astringents and other means

usually followed in hæmoptysis. The indications for treatment are elimination from the blood of waste products, which the hard pulse and scanty urine show to be in excess in that fluid, and which in all probability were largely, if not wholly, the immediate etiological factor in the production of the hemorrhage. With this object in view, sulphate of magnesia was given freely and nitro-glycerine to relax the arterial tension. This treatment is followed by marked benefit.

Dr. Saunders, of Kingston, read a paper on

PAROXYSMAL HÆMATURIA.

A case was quoted in which microscopic examination failed to detect any blood corpuscles in the urine. The patient had a marked icteric tint, which seemed to indicate that free hæmoglobin was present in the blood, and that dissolution of the blood corpuscles occurred in the systemic circulation, and was not confined to the kidneys. The urine readily gave the blood reaction on applying the guaicacum test. The attacks of hæmaturia occurred with variable frequency, sometimes daily, sometimes not for several days. The patient became the victim of the prevailing influenza in January; an attack of hæmaturia was succeeded by oozing of blood from the gums and frequent passing of black, tarry stools; this persisted for several days, in spite of treatment, and patient died. A post-mortem examination revealed the left kidney twice its natural size, the pelvis filled with soft fat, which nearly obliterated its cavity; nearly the whole of the medullary and the greater part of the cortical substance was infiltrated with fat, and few small patches only retained their normal appearance.

(To be continued.)

## Hospital Reports.

### EPITHELIOMA OF THE EAR, FOLLOWING FROST-BITE. AMPUTATION OF THE PINNA.

UNDER THE CARE OF A. H. WRIGHT, B.A.,  
M.D., M.R.C.S., IN THE TORONTO  
GENERAL HOSPITAL.

W. W., æt. 55, male, farmer, a strong, well developed man, admitted into the wards of the hospital on June 18th, with the following history:

His ears were both badly frozen twenty-eight years ago, and they remained somewhat thickened and swollen ever since. Eight years ago a little depression appeared at the upper and posterior portion of the tip of the right ear; this was of the color of a mole, but was rough like a wart; a scab would form and come off occasionally. The ear remained in this condition for four years, at the end of which time it looked like a small wart with little round "seeds" in it. Three years ago removal of the growth was advised, but it was allowed to remain until November, 1888, when the diseased portion of the pinna was cut out. The wound healed well. It began to re-appear in August, 1889, and, three months after, discharge began to come away from it. A caustic paste was applied for four months, but the condition became worse under treatment. The disease having extended considerably, the patient decided to come to the hospital for operation.

The family history is good, no cancer among the patient's relatives.

On admission, the right pinna presented a peculiar appearance; it was purple in color, as if engorged with venous blood, the tissues were thickened very considerably, and felt like a piece of leather, when grasped between the finger and thumb. The whole pinna presented these unhealthy features, with the exception of the tragus and the lobule, which were perfectly normal in appearance. There was a notch in the posterior and upper portion of the pinna, the seat of the former operation. The tissues at the base of this notch were ulcerated, presenting a raw, uneven surface, and a portion of the helix both in front and behind the notch was in the same condition. On the inner aspect of the pinna, just below the notch, was a small sloughing surface about the size of a fine cent piece. The thickening of the tissues was very much greater at the base of the notch than elsewhere in the pinna. There were no glandular indications detected. The left ear, which had also been frost-bitten, was somewhat thickened and dark in color, but there was no ulcerative process nor marked growth in it.

Amputation of the pinna was advocated, and was performed by Dr. Wright, on June 19th, in the following manner: A vertical incision was carried through healthy integument at the bottom

of the concha, one-quarter inch behind the external auditory meatus; this was carried vertically upwards over the helix, and down on the inner aspect of the ear, close to the bottom of the sulcus, between the pinna and the scalp. The incision was then continued through the posterior portion of the lobule until the starting point was again reached. The integument was now dissected up towards the meatus anteriorly, and towards the scalp posteriorly, and the cartilaginous portion of the pinna was then completely cut through, and the amputation thus completed. The greater part of the lobule was left, and the tragus, these portions being quite unaffected by the disease. The flaps were now brought together accurately by interrupted suture and an antiseptic dressing applied. Bleeding was remarkably profuse during the operation; the cut vessels were, however, readily secured, and either twisted or ligated. The wound healed readily by first intention.

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## Correspondence.

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### TRINITY MEDICAL COLLEGE AND THE UNIVERSITY OF TORONTO.

*Editor of CANADIAN PRACTITIONER:*

In your issue of June 2nd, you have a long editorial based on a letter addressed by me in March, 1890, to the Hon. the Minister of Education. The *very gross, absolutely unfounded* and *most unwarrantable* personal attack which you made upon me, I shall notice no further than to remark that it shows not only very bad taste, but also a very *weak* cause, which has to resort to personal detraction of a writer, who complains only of a gross *public* injustice done to all our independent chartered Medical Colleges. This injustice is acknowledged with regret by nine-tenths of the profession, and by as large a proportion of the public interested in such matters. The letter referred to was a reply to an official communication received shortly before from the Minister of Education, and *pointed out* the wrong complained of, as well as *proved it*, by reference to printed parliamentary records and by figures, the correctness of which cannot be contradicted.

The injustice done to all the independent Medical Colleges of Ontario has arisen from the restoration, in 1887, of a Medical Department to the University of Toronto, without these institutions having been fully and *separately* or even *at all* consulted beforehand, as they certainly should have been. If, when the restoration was effected, there had not been several long-established chartered Medical Colleges in full and successful operation, there would have been less cause for complaint. Under such circumstances the restoration would have been required, the public and the profession would have asked for it, and it could not, by any possibility, have affected injuriously the vested rights and privileges of sister institutions, which on that supposition would have had no existence. But the very reverse of all this was the fact.

It is well known that the Parliament of Canada in 1853 abolished the medical department of the University of Toronto, on the express ground *that it was not in accordance with sound political economy, directly or indirectly to aid in educating men for lucrative professions, as this was done even at that early day to a sufficient extent in Colleges and Schools conducted entirely by private enterprise.* And up to 1887 the Government of Ontario continued to carry out this same policy, and for the very same reasons; and since 1853 several teaching medical corporations have been established and have incurred very heavy expenditure in the erection and equipment of suitable buildings and laboratories, and have attained to a very high degree of efficiency and success, reached after many years of very ill-remunerated work on the part of their teachers.

I said in my letter to the Minister, and here repeat it, "that the change made in 1887 was not asked for by the country at large. It is emphatically true, that beyond a very few personally interested individuals, chiefly in Toronto, and notably several members of the late Toronto School of Medicine, who were on the Senate at the time, and all of whom became members of the new 'Faculty,' which they gave their influence to create—the changes made were neither asked for nor needed by the profession or by the public. There was no dearth of well educated young doctors to meet

every possible want of the Province—indeed, then as now, large numbers of our young medical men look to the United States and to other countries in search of a wider field in which to practise.” In your editorial, you allude to a proposal made to Trinity Medical College in 1887 to suspend her charter, and amalgamate with the Toronto School of Medicine to form the new “University Faculty.” For many good reasons this was declined. The entire Faculty discussed the scheme fully, and unanimously reached the conclusion that it was “unpractical” and “impracticable.” Indeed, not a few members of the Faculty, who knew all about the *proposal* and its *origin*, considered it a mere trap, falling into which would have destroyed the identity of Trinity Medical College, to which institution, in his letter to me, the Minister pays the warm tribute of having “*already contributed greatly to the improvement of the medical education of the Province.*”

You find fault with me for using the term “trap” in reference to the “amalgamation” proposed to Trinity Medical College by a Committee of the Senate of the University of Toronto, and most incorrectly speak of this expression as casting a slur upon many very honorable and well known gentlemen who were members of that Committee. Now, I am quite certain that *most* of the gentlemen you name regarded the proposal in question as an excellent one, and that they had not the remotest idea of anything being in it which was not, in their opinion, calculated to promote the best interests *of the University, first, of course*, but likewise of all concerned.

But the plan proposed was a “scheme” nevertheless, editorially advocated in your journal at its rise, then persistently pressed upon the Minister of Education by gentlemen, several of whom are now members of the restored “*Faculty*,” and it was so pressed, not at all in the interest of Trinity Medical College nor of her Professors, but simply in promotion of their own, which, by an easy and most natural process of reasoning, they soon came to regard as identical with those of the University of Toronto.

For Trinity Medical College to have become a party to the proposed “scheme” (for this was the term constantly made use of in private con-

versation by its promoters), would have been simply not only folly, but annihilation, suicide, or any other stronger term, if such can be found, to express self-destruction.

You quote with great gusto the concluding sentences of another old letter of mine, to the effect “that it will be time enough to give full consideration to the subject of amalgamating the two Medical Colleges in Toronto when the Government and Legislature of Ontario shall have fully decided to ‘create, equip and liberally endow a new Medical teaching body,’ giving a salary of not less than \$2,000 a year, and a good retiring allowance to each professor, when from age or ill-health, he is no longer fit for duty.”

On first reading your article, I could not remember having written thus; but quite accidentally I have since come across a letter I sent to one of the city papers, dated March 28th, 1887. At that time we had heard that a good deal was then being said and done by the promoters of the “scheme,” but this was just before Trinity Medical College had heard officially from the Senate’s Committee on the subject. Now, *could* you not, *should* you not, have been ingenuous enough to say, in giving the closing sentences of that letter, that it was the end of a communication written for the sole purpose of showing, from every possible point of view, how *unwise* and how *undesirable* it would be to *restore a Medical Faculty to Toronto University*, and thus reduce that institution in Medicine from the truly *Provincial* position she had so long occupied, as a centre round which many distinct affiliated Medical institutions may cluster, each sending up to her from time to time, its quota of candidates for examination and degrees, to that which she now holds, of a mere local Medical College, competing eagerly for students, as would inevitably be the case if the proposed “restoration” should ever become an accomplished fact? In this very letter are all the words, and why did you not quote these as well as the others? Supposing the “Medical Faculty” to have been “restored,” I add: “All other Medical Schools may not subside at once as expected, and its policy (that of the supposed ‘Faculty’) would, indeed must, be to belittle, and if possible to *destroy*, other schools, by virtue of the supposed over-

shadowing auspices under which it would be set agoing, and the *public aid* it would count upon receiving."

I ended this letter as I did because I regarded, *and this too on very high authority*, the conditions supposed by me as to "endowing and equipping," and the giving of the salaries and retiring allowances referred to, as just as unlikely to occur as would be the appointment of the Editor of THE CANADIAN PRACTITIONER as Accoucheur-in-Chief to the Royal Family of Lilliput or of Brobdignag.

I never have, and never will, cherish other than the kindest feeling towards all sister institutions, including under this term not only all our Medical Colleges, but *all* our Universities as well. It is for the good of our country at large that all of them should continue to prosper in the highest degree, and I would not wrong or injure one of them by doing or suggesting anything which I would not be quite willing to have carried out in my own College. But, as head of one of our Medical Colleges, I do very strongly object, and will continue with all the energy I have to protest against any *one teaching Medical College or Faculty* in the Province having, or trying to secure, any undue advantage over the others, such as that arising from its being constituted an integral part of the state-supported Provincial University. I do so because in Ontario, with her several independent Medical Colleges in operation, it is very unjust to these institutions that, after an interval of nearly forty years, during which all our Medical Colleges have been, as was right, on a footing of perfect equality, one of them (it matters not which) should be placed in a position which may be looked upon by some as having a certain prestige connected with it. This is manifestly most unfair to all the rest.

Further, it *can* and *has been* proved that *public funds have been* and *are being* largely used, although not *openly* or in a *direct, straightforward* way, to promote medical education for the benefit of this one medical teaching "Faculty" in the new position in which the "restoration" has placed it. For it is well known that the new lecture rooms and laboratories in the Biological Department of Toronto University are very largely used for medical teaching purposes. Every medical student who attends

classes in this building (which, as part of the Provincial University, is supposed, as it should, to belong as much to one Medical College as to another) is enrolled as a *student of the Medical Department of Toronto University*. And, further, by University statute, *approved of by Government before it could come in force*, all fees paid by medical students attending the Biological Department go into the funds of the "Medical Faculty" and *not* into the "general funds" of the University. All the instruction these medical students get in this department is given by teachers belonging to the *Arts* Department, who are paid entirely by salaries, drawn, as in the case of all the other *Arts* professors, from the latter source. Thus certain *Arts* professors earn a large amount of medical students' fees, which amount goes *not* to the University, the needs of which are said to be great, but to be distributed in a proportion to be fixed by University statute, to various members of the Medical Faculty who do not earn any part of it, and who do not teach the subjects for which it is paid. (For the Statute, and the proportions given to each, and the list of *names* of those who share the fees, see Ontario Sessional Papers, 1887, No. 52, page 110.)

How largely this University "Medical Faculty" is subsidized in this way, it is easy to show. (For the fees, see University Medical Calendar for 1889-90, page 30.)

A class of 240, including all the *four* years, would be a moderate estimate. This will give 60 medical students in each year. Total fees paid by each first-year student, \$73. Of this sum, \$12 is paid for Physiology, \$12 for Chemistry, \$5 for Practical Chemistry, and \$5 for Biology (including Zoology and Botany). The teaching in the branches named is *all done in the Biological Department by University-salaried professors*, who receive no portion of these fees, amounting to \$34 for each first-year student.  $\$34 \times 60 = \$2040$  is this paid into the *University Medical Faculty Fund* by first-year students, for work not done by the purely medical teachers, though they get *all the fees for it*.

In the second year, it is much the same. \$76 is the total amount of fees payable. Of this, the branches taught in the Biological Department are: Chemistry and Physiology, \$12 each; Histology, \$8, and Medical Chemistry,

\$5, in all  $\$37 \times 60 = \$2220$ , paid into Medical Faculty funds for second-year's fees, all earned by University-paid (Arts) teachers.

\$2040 first year's fees.

2220 second "

\$4260 paid into the *Medical Faculty Funds* each year, from first and second years' men alone.

This is positive proof, therefore, that the Biological Department of the Provincial University is hard at work earning a large yearly *bonus* for this one Medical Faculty, which *bonus* the fees of every medical student, wherever he may come from, goes to swell, while for the *other* Medical Colleges it does absolutely nothing, but is used as a bait to draw away their students if possible. Even the Women's Medical College in Toronto, where the Faculty get nothing, or next to nothing, for their hard and good work, had, last winter numbers of her students thus drawn off, their fees going to increase the *Medical Faculty bonus*, and their names to swell the numbers in attendance.

It will be observed that all the "subsidizing" and medical teaching in buildings erected with *public funds* just referred to is in connection with some of the *primary branches* of the curriculum. It is consoling to the independent medical colleges to know that at the recent medical council examinations, where the competition is perfectly fair, and between students from all colleges, the standing taken by students coming from these colleges was such as to prove that while the *subsidizing* referred to, and the *buildings erected out of public funds* is a glaring injustice, the teaching given in these independent colleges, who build and equip their own laboratories, etc., etc., is fully abreast of any in the Province. For the one candidate who took honors *this* year and the *two* who took honors *last* year came from an independent medical college; and while the *average* percentage of *rejections* in the primary examinations of the *council* this year was 50, the percentage of primary students from the only independent college regarding which I have been able to procure accurate information who failed in their examinations was only *twelve and a half*; and I have no doubt that the other independent medical colleges can show very similar results. This fact

alone not only speaks volumes *against* the great *wrong*, the manifest *unfairness* which is done these independent colleges on the one hand, and in favor of the *great excellence of their teaching*, despite this injustice, on the other.

Your assertion as to my having "attempted" years ago "to destroy the Kingston Medical School" is absolutely without any foundation. In March, 1883, THE CANADIAN PRACTITIONER published a full explanation of the circumstances you allude to. At that time, also, one of the then Editors of THE PRACTITIONER, who was every inch a gentleman, called upon me and asked me regarding the matter. I showed him and told him all I knew, which was exceedingly little, and he expressed himself disgusted and surprised at any one having tried to stir up strife by attempting to make *something* out of *nothing*. I have a copy still by me of the letter published by THE PRACTITIONER, either in the March or April number, 1883, and to this letter I refer anyone who wishes to know anything further about an old falsehood, which long ago was shown to be such. Your object in reviving it is evidently the amiable one of trying to kindle unfriendly feelings towards my colleagues and myself amongst the Kingston faculty; but happily this cannot easily be done, and not at all, by a method which all will agree with me in characterising as most contemptible.

As this is a purely *public*, and in no sense a *personal* matter, I have calmly, and without any personalities, fully answered all that seems to call for notice in your editorial.

Your reference to "Hysteria," "Hyperaesthesia," etc., are entirely out of place, as is also your use of the term "Valley of Despair." I have no anxiety or fear of any kind for the future, for I think far too highly of the innate sense of justice on the part of the public, the Legislature, and the medical profession of Ontario, to be in the least afraid that the wrongs now complained of by our independent medical colleges will be of long duration.

I think highly enough of the University of Toronto also to hope that at no distant day she will again be in medicine an examining and degree-conferring body only, having every one of our medical colleges affiliated with her, each of these having *one*, and by law (like the law of the medical council) *only one* representative on

her Senate. *Then* the University would be equally interested in *every* medical college, and the interest would be reciprocal, and a far better state of things would be established than the present, which by seeking to have unfair advantages secured to one teaching body has given rise to much ill will and heartburning, which, but for this, never *would*, as it never *should*, have arisen. Under such circumstances, any public laboratories which the Government may erect would be conducted, as they should be, by teachers just as much interested in one medical college as in another, and be thus truly *Provincial* in their scope and work.

These changes could be readily effected without injury to the recently constituted "Medical Faculty" of the University. This was formed, as you say in a recent number of your journal, by taking in the old Toronto School of Medicine, and that corporation can easily go back once more to its former and normal position. In 1854 or 1855 this same corporation became the *Medical Department of Victoria University*, and in 1856 it reassumed its old name, and continued, as a teaching medical school, working cordially with other teaching colleges up to 1887, when it became once more a "University Faculty," this time that of the University of Toronto.

In law, the corporation of the Toronto School of Medicine is still in existence, and any day a majority of their members might, if they saw fit, make still another change, and set up the old school on an independent basis under its own name—and who knows but some day in the near future this may happen again, as it did before.

Faithfully yours,

WALTER B. GEIKIE.

June 17th, 1890.

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## Personal.

DR. JOSEPH CARBERT, formerly of Orangeville, has removed to Toronto.

DR. G. R. CRUICKSHANK, (Tor. 1886), formerly practising in Ellesmere, York Co., has recently returned from England, where he spent a few months, and has settled in Windsor, Ont.

DR. ALICE MCGILLIVRAY, formerly of Hamilton, is now practising in Chicago.

DR. WM. MCGILLIVRAY, (Tor. 1890), has commenced practice in Whitby.

DR. HORACE A. YOUMANS, (Tor. '89), has commenced practice at Deseronto.

DR. H. W. ARMSTRONG (Trin., '89) has gone into partnership with Dr. Gerald O'Reilly, of Fergus.

DR. A. R. GORDON, (Tor. 1890), has gone to the Old County. He will spend some time in Edinburgh and London.

DR. T. S. COVERNTON and Dr. Low have been appointed assistants to Dr. Spragge, the Surgeon of the Police Force of Toronto.

AT the recent election for the Provincial Legislature in British Columbia, Dr. G.L. Milne was elected as one of the members for Victoria.

DR. J. L. BRAY, of Chatham, has been honoured by his Alma Mater by being made a Fellow of the Royal College of Physicians and Surgeons of Kingstown.

DR. F. R. ECCLES, of London, left home for England May 16. He is spending some weeks at Birmingham, where he is acting as assistant to Mr. Lawson Tait. He will probably leave Birmingham some time in July.

DR. OLDRIGHT, of Toronto, on being notified of his appointment as examiner in Chemistry for the Ontario Medical Council, very promptly and very properly refused to act.

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## Births, Marriages, and Deaths.

### BIRTHS.

MEIKLE.—At Mount Forest, on June 20, Mrs. T. D. Meikle, of a daughter.

WILSON.—At Edmonton, Alberta, N.W.T., on Saturday, June 1st, the wife of Dr. H. C. Wilson, Speaker of N. W. Council, of a daughter.



## MARRIAGES.

CARR-ANDERSON.—At 82 Hunter street, Hamilton, on June 17th, by Rev. A. Anderson, Dr. Leeming Carr, of Stoney Creek, to Kate, eldest daughter of Mr. Duncan Anderson.

HALLIDAY-SHAW.—On Wednesday, June 25, in St. John's Church, Port Perry, by the Rev. J. McMechan, A. H. Halliday, M.D., of Bellwood, Ont., to Miss Lottie Shaw, of Port Perry.

HAULTAIN-DENNISTON.—At "Castleknock," Perterborough, on Wednesday, June 25th, 1890, by the Rev. E. F. Torrance, M.A., Henrietta Eleanor, eldest daughter of the late James F. Dennistoun, Q.C., to Charles Selby Haultain, M.D., of the North-west Mounted Police, and second son of Major-General F. M. Haultain, of London, England, late of the Madras Staff Corps.

## DEATHS.

ROSS.—On Friday, June 20th, 1890, Anne Jane, wife of Dr. James Ross, sr., 92 Sherbourne street, Toronto, aged 62 years.

## Miscellaneous.

## STIMULATING EFFECTS OF BROWN-SEQUARD ELIXIR.—

A man in St. Paul,  
Quite feeble and small,  
Having lost all his gaul  
Could not pummel his wife.  
Now, through "Sequard's elixir,"  
He beats and he kixer,  
And sometimes 'elixer  
Within an inch of her life.

—Kansas City Globe.

A DEJECTED CANDIDATE.—The examiner in art anatomy at South Kensington sends us the following pathetic refrain, which had been placed at the end of a candidate's paper :

"Fytte I.  
I'm a miserable muddler;  
I don't know any more.  
You've hit my very weakest point,  
And my heart is very sore.

Fytte II.  
knew the arm, I knew the leg,  
But you have not come near it;  
So I deserve to fail, I s'pose,  
And try and grin and bear it."

WYETH'S LIQUID MALT EXTRACT.—It is claimed that this liquid malt extract contains all the nutritive virtues of the best malt liquors, while free from any stimulating effects. It is

especially adapted for administration to nursing mothers and children, to persons suffering from nervous exhaustion, and to those unable to digest starchy food.

THE YALE HOME HOSPITAL.—It is proposed by Dr. Seaver, of New Haven, to erect a students' hospital at Yale College. The annual attendance of students has now increased to such proportions that there are always more or less sick ones, who need better attention than it is possible for them to obtain in their own rooms. The college physician estimates that the initial running expenses can be met by a fund, which will yield \$700 or \$800 per annum, in addition to such moderate charges as can be paid by the invalid students, who are brought to the hospital.

## A TOUCH OF NATURE.

The doctor says I'm careless,  
And Bridget says, "That's so,"  
And nurse says I am naughty,  
And mother says, "Oh, no!"

I know I shan't get better;  
I think I'm going to die;  
I have a dreadful ear-ache  
That almost makes me cry.

I don't know how to bear it;  
I really can't! O dear!  
I think I'd stand it better  
If it were the other ear!

—St. Nicholas.

BICYCLING FOR YOUNG PEOPLE.—Dr. W. B. Richardson discusses this subject in a recent issue of the *Æsclepiad* (*Med. Record*, April 5th 1890). He admits that since he first warned the public of the dangers of immoderate cycling, changes have taken place in the construction both of bicycles and tricycles, which materially modify the old drawbacks. He is still, however, of opinion that cycling should never be practised by boys and girls, since it differs from other exercises in the facts that it moulds the bodily framework, as it were, to its own mode of motion; and riders in course of time almost invariably acquire what he calls "the cyclist's figure," which is not graceful, and is not indicative of the possession of perfectly balanced powers. Of two things at least he is satisfied. They are that the temptation of competition is to an earnest and practiced cyclist a "demon of danger," and that the systematic pursuit of cycling should never be fully commenced before the age of twenty-one.