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CANADA
MEDICAL RECORD

JUNE, 1902.

Original Communications.

A HALF CENTURY OF PRACTICE.

On the 7th of May the Medical Profession of Montreal honoured three of its members, who had completed fifty years of active practice, by a Dinner at the Place Viger Hotel. These gentlemen were Dr. J. P. Rottot, Dean of the Faculty of Medicine, in Montreal, of Laval University, Dr. D. C. McCallum, Emeritus Professor of Obstetrics in McGill University, and Sir William H. Hingston, Professor of Clinical Surgery in the Medical Faculty (Montreal) of Laval University. One hundred and fifty sat down to the best dinner the celebrated Place Viger could produce. The tables were beautifully decorated with flowers, plants, etc. The Chair was occupied by Dr. Francis W. Campbell, the Dean of the Medical Faculty of Bishop's University, and he was supported on either side by the guests of the evening. The *menu* card was made an appropriate memento of the occasion, the front of the card having the photos of the three gentlemen in whose honour the dinner was given. A fine orchestra discoursed beautiful music during the entire evening, and Mr. Labelle, a magnificent tenor engaged for the occasion, sang several solos. After dinner the chairman proposed "The King," which was enthusiastically received, and the national anthem was sung. The chairman then rose and proposed the toast of the evening. He said:

"GENTLEMEN,—In proposing the health of 'Our Guests' permit me to express my personal gratification at being

present upon an occasion which will ever be memorable in the medical history of our city. This gratification is, I am sure, felt by every one who now surrounds this festive board. An event like the present does not often occur, for the opportunity is somewhat rare. So far as my memory serves me, only twice in this city within a period of fifty years have similar banquets been held, the recipients being the late Dr. George W. Campbell and the late Dr. D'Orsonnens. Our profession does not seem to tend toward longevity, and green old age is somewhat rare. But to-night, gentlemen, we have met to do honour to three of our *confrères*, Dr. Rottot, Dr. McCallum and Sir William Hingston, who, in the Providence of God, have been permitted to see this green old age—have been permitted to see the turning point of fifty years of active medical work. What is even still more to be thankful for is the fact that their hands are still on the plough, the furrows are still well made. The hands that direct seem to-day as steady as when, in the first gush of youthful enthusiasm, they won their first innings in the race for professional position. Long, I say, may this green old age continue.

"Gentlemen, our guests have contributed much to the medical history of Montreal. Each has done his part to make this city the centre for medical education in the Dominion. Dr. Rottot graduated in 1847 from the Montreal School of Medicine, which after a time became the medical department of Victoria College, and now is a branch of Laval University. He, early in his career, became a teacher in this Faculty, and for years has been its Dean. Dr. Mc Callum graduated from McGill in 1850, and in a few years, after serving an apprenticeship in several minor chairs, took charge of the important chair of obstetrics, which he held for many years. Sir William Hingston took his degree from McGill in 1851. His career as a medical man—of late years in the surgical line and as professor of clinical surgery in Laval—is well known. Unlike his brother guests, who have held strictly to professional work, Sir William Hingston entered the arena of public life. Many of us can remember when he occupied

the position of Mayor of this city, and the sanitation he then commenced. To-day he is a grave and reverent 'Senator,' doing good work, let us hope, by arresting, as occasion demands, the impulsive and sometimes ill-matured work of the democratic 'Commons.'

"Gentlemen, I have occupied perhaps too much time in introducing this toast. If so, forgive me; for out of the fullness of the heart the mouth speaketh. I have known our guests during all my professional life—my term is only a few years beyond theirs; and I close by saying the city of Montreal is proud of our guests, the medical profession of Montreal is proud of our guests. Long may they be spared to us. I give you Dr. Rottot, Dr. McCallum and Sir William Hingston—Our Guests."

Dr. E. P. Lachapelle then rose and spoke in French as follows:—"It is with pleasure, gentlemen, that I rise on behalf of my French-speaking brethren, to add a few words only to the health which has just been so eloquently proposed by the worthy president of the banquet.

"The occasion which has brought us together this evening is not one which happens every day. We entertain to-day the three oldest doctors in active practice; we celebrate their medical golden wedding. And in order to give to this feast the character which it deserves and to make it in every way worthy of those whom we wish to honour, we have called together to the one banquet the representatives of the various nationalities who, in Montreal, divide the field of professional work.

"We forget our rivalries of every day in order for a moment to join together in making this unique offering of sympathy and admiration.

"Our rivalries! Is that the proper word to use? Are we not all fellow-workers in the same work, directing our efforts day by day towards the same end? And do we any the less practice the same profession because we speak a different language? Is our profession for that reason any the ess enlightened or the less humane?

"Let me tell you, gentlemen, that I, for one, do not think so. Indeed, the occasion which brings us together to-night is one that does not occur often enough, for it serves to show better than words that we are not actuated by a spirit of rivalry, but rather by emulation, and that we are brothers who, in spite of all that may be said, belong to one family—the family of medical men. Is it not, moreover, this brotherly spirit which makes every one of us so happy to-night in joining together to do honour to our distinguished guests, Doctors Rottot and McCallum and Doctor Sir William Hingston? The lives themselves of our honourable brothers, are they not beautiful examples of brotherly love? Have they not, side by side for fifty years and more, exercised their art with the same assiduity and the same devotion, all three of them consecrating their talents and their strength to the same purpose; to teach the principles of an art, to relieve suffering, to heal disease and to help the poor. And think you that when they thus contributed all that was best in them, of both heart and health, they were acting as Canadians, Englishmen or Irishmen?

"No! gentlemen, they acted so because they were men of learning, because they were charitable, indeed, because they are medical men. It is for this reason that we are so proud of them; this is why we honour them to-night, this is why they will always remain for us—models to imitate and masters in whose footsteps we must follow.

"Is it not that which has filled their lives with which we should fill our own? The mission which they laid out for themselves, and which they have so well fulfilled and the duties of which they are still performing—should we not endeavour to accomplish in our turn, each in the feeble measure of his capacity, if we wish to attain to the full height of our vocation? What better or more recent proof could be given to all of the identity of our lives, or to the unitedness of the medical family.

"Yes! gentlemen, the reason for coming together is a beautiful one. Members of the same family and fellow abourers in the same field, we have for a moment laid ou

work aside and, moved by the same spirit of sympathy and admiration, come to salute our leaders and elder brethren in the profession, and to proclaim what all the world already knows, that they have deserved well of our profession and of our country.

"We raise our glasses with emotion, for we are honouring fifty years of study, of hard work and devotion to duty, when we drink to the health of Doctors Rottot, McCallum and Sir William Hingston. Yes! let us drink to their health, that for many long years to come they may remain among us the personification of professional success obtained by their application to duty, perseverance in devotion and integrity of character.

"Rise! gentlemen, and drink the health of our honoured guests."

The toast was received with great enthusiasm.

Dr. Rottot was first called upon to reply, which he did in the following terms:

"Mr. Chairman and Gentlemen:—

"With my thanks deign to accept also my most hearty congratulations for the complete success of this magnificent banquet to which you have summoned the three oldest physicians of Montreal, in order to do them honour and to reward them for, in the words of a dear Jesuit friend, having triumphed over death for more than seventy years. It is both discreet and prudent for me not to give the exact age of my comrades, as they might not be pleased if I did. We doctors so seldom triumph over our old enemy, Death, that we may feel tempted to accept these congratulations and to glorify ourselves for having so long succeeded in escaping death. But no! Let us rather bow down before the only Giver of all good and thank Him for the victory which is His alone and Who alone can make it last.

"This is, indeed, a rare sight—to see the professors and graduates of three different Universities assembled together on the same day and around the same table, in order to celebrate the golden wedding of three of their brethren,—a unique celebration in the history of our country. The twentieth century had reserved for us this surprise and this re-

joicing. But, if the habit of diagnosing has given me any certainty, I feel sure, after casting my eyes about me, that I am not mistaken in predicting that there will be many others to imitate us.

"We appreciate very highly the delicacy of your proceedings and your efforts to procure for us a moment of happiness; you wished to make us forget the worries and cares of life; have you attained your object? You would have attained it perfectly, I might say, you would have succeeded in bestowing upon us more than the mere illusion of happiness; yes, you would have rendered us perfectly happy if, by a good nature beyond measure, you had undertaken to prepare for us the speeches that we were to make to-night. In this, however, I am only speaking for myself; for what would have been kindness to me would have been cruelty to others, to deprive them of the pleasure of charming us by their eloquence. But, though I would have preferred to have spoken through you and would have heartily thanked you, still, since you wish it, I will sacrifice myself and conform to the established practice. I had, for the occasion, prepared two pieces of eloquence: one very long and the other very short; in the first I would have interested you in giving an account of the changes and the progress of medical science which have taken place in Montreal during fifty years; in describing the modest beginning of our first medical school, its struggles and the obstacles which it had to vanquish before it became the Faculty of Medicine of Laval University; or in describing the student life of those days, so different from that of the present time. But at a banquet of this kind should we not have a pleasant time? My long and accurate discourse would have tired you, if it did not, indeed, send you to sleep; so I suppressed it. As for the other and shorter one, I suppressed it too, and I am glad to see what pleasure this announcement seems to give you. You feel relieved to hear that those two speeches have been suppressed, but believe me, you are not more relieved than I am.

"Now, Doctors Hingston and McCallum must allow me to speak to them freely, and you, gentlemen, allow me to detach myself for the moment from my venerable brothers, so that I may speak to them as though I were one of you. I also wish to express to them my esteem and sympathy Besides, if I accepted your invitation it was with this object in view: I did not wish to share with these gentlemen, in silence, the praises which they deserve for so many reasons; for their labours, their science, their sc varied and numerous successes, as well as for their venerable age. I feel that I am too young to be placed on an equal footing with them.

"In saying this I am only proclaiming a truth which is evident to the eyes of all—you have only to glance even discreetly at us three to see that the hair of my friends is as white as snow and that there is very little at that. Compare those two with the third! It is all very well for Sir William to say that he is the youngest and that he can prove it by his certificate of baptism; but he will not tell you that he was three years old when he was baptised.

"Since I have suppressed my speeches I will replace them by an enigma like in the time of Esop, with this difference, however, that Esop, in making his enigma, had an object in view which I have not—he wished for fame and glory. His great reputation, as you know, is due to the fact that no one could explain his enigmas, which proved that he was more clever than any of his comtemporaries. Unfortunately I am not in the presence of his contemporaries, otherwise I might have attempted his experience, but I have to address my own and this makes me more circumspect. This is my enigma: What is at once the most beautiful and the most rare thing on the earth? You see this enigma is very easy. If you cannot solve it at a single glance let me come to your aid; don't let your imagination run wild; you need not even go outside of this room; be satisfied to run your eyes around this table and you will soon discover that of all the things that you have ever seen worthy of your admiration there is nothing more beautiful or at the same time more rare than old age.

Not the old age which appears stooped and decrepit in a body bent towards the earth, with faltering gait, with a dimmed intelligence, but the old age we admire in an active and vigorous frame, with a forehead free from wrinkles; with the strength and vivacity of a mind in full activity;—in short, that beautiful and noble old age which shines with such rare and incomparable brightness in our two Doctors, Sir William Hingston and Dr. McCallum."

Dr. D. C. McCallum then rose and replied to the toast as follows:—

"Mr. Chairman and Gentlemen.—I thank you sincerely for your kindness in associating me with my friends, Dr. Rottot and Sir William Hingston, in the reception of the great honour which you have conferred upon us by this fine banquet, on the attainment of our Jubilee year in the practice of medicine. For the cordial manner in which you have responded to the toast to my health, I return you my heartfelt thanks.

"Fifty years is a long time to look forward to, but how short it appears when we take a retrospective view of the same period of time. At the beginning how slowly the years pass and we then look hopefully forward to being able to make good use of our opportunities and to accomplish much important work in the world. The backward look, however, reveals to us that although we have personally done but little to advance our own interests or those of our fellow-men the world moves on, and that during the progress of the fifty years great and important changes have taken place in our country and in the profession to which we belong.

"What was the condition of Canada in the year 1850? and how does it compare with the condition of the country fifty years after?

"In 1850 it consisted of two provinces, Upper and Lower Canada, with an area of about 550,000 square miles; having a single Parliament, migrating at stated periods from one province to the other; with separate and often conflicting provincial interests, becoming rapidly more acute and threatening seriously the peace and prosperity of the country.

"In 1900 instead of two provinces it was, by the Act of Confederation passed in the year 1867, made to include the provinces of Ontario, Quebec, Nova Scotia and New Brunswick. To which were subsequently added Manitoba in the year 1870, British Columbia in 1871, Prince Edward Island in 1873; and in 1880 all British possessions on the North American Continent (excepting Newfoundland) were annexed to Canada by Imperial order in Council. So that Canada now extends from the Atlantic to the Pacific Ocean, 3,500 miles from East to West and 1,400 miles from North to South, and embraces an area of nearly 4,000,000 square miles.

"In place of one migrating Parliament, as in 1850, Confederated Canada has now an established Federal system of government consisting of a central or Federal Parliament which is invested with the authority to originate all measures and to establish all regulations and laws for the development, stability and interests generally of the Dominion; and each separate province has its own legislature to which is confided the management of its own local affairs, thus minimizing, if not entirely removing, the danger arising from a clashing of provincial interests. If any province considers that it has a grievance it can invoke the British America Act and lay the grievance before the Federal Parliament or carry it to the Privy Council of England.

"In 1850 trade relations between the two provinces and between Canada and foreign countries were very limited. In addition to coasting craft only a few sea-going sailing vessels visited Canadian ports during the summer months. In 1900 sea-going shipping—British, Canadian and foreign—entered and cleared from Dominion ports, numbered 28,546, with a registered tonnage of 22,800,000 tons.

"In the beginning of the half century scarcely any attempt had been made to develop the mineral wealth of the country. Iron and copper were the only metals that attracted attention, and operations for their development were established at Lake Superior, in the Eastern Townships, at St. Maurice and the Moisie. At the end of the

half century the mines of non-metallic and metallic minerals had been developed to such an extent that the value of the minerals extracted in one year amounted to the large sum of $63,775,000.

"In 1850 communication between widely separated parts of the country was maintained by means of stage coaches and steamboats. There was not a single mile of railway in Upper Canada, and in Lower Canada there was but one short line between Laprairie and St. Johns, Que., and, it is said, the first rails laid were made of wood. Fifty years after there were 196 railways in Canada, their lines intersecting the country in every direction. These railways being furnished with luxurious palace, sleeping and buffet cars, and supplied with every convenience to render travelling easy and enjoyable. Besides these steam railways there were twelve lines operated by electricity.

"In 1850 there were no telegraph nor telephone lines. To-day we can be placed, by means of the telegraph, rapidly in communication with the most distant parts of the Dominion, and we can converse with our neighbours and transact business verbally at a distance of hundreds of miles through the telephone.

"These few instances which might, did time permit, be greatly increased in number, suffice to shew the more than satisfactory progress that our country has made during the last fifty years. This progress has attracted the attention of business men and capitalists the world over, and the future of Canada may be considered as now secure and promises to be even more brilliant and successful than the most devoted and optimistic of her citizens anticipate.

"While we must admit that the respect and approval with which we are now regarded by the mother country and by foreign communities are due, in a great measure, to the energy and wisdom displayed in the development of our material resources, I do not hesitate to say that the main cause of Canada's popularity at the present day and the favour with which Canadians are everywhere regarded, is to be found in the exhibition of Canadian prowess in the war

now being waged between Great Britain and the Boers in South Africa. Man is by nature combative, and few things attract his attention and evoke his enthusiasm more than courageous deeds.

"Our young men who have taken part in this war have by their resourcefulness, endurance and great courage, made for themselves a name that will always occupy an honourable place in the annals of Britain's wars. Paardeburg and Kleinhart's River will not be readily forgotten, and the daring, unflinching advance of the men in the fighting line of Canadians, on Cronje's position, in the former, and the magnificent courage and "no surrender" in the face of great odds, of the men with Bruce Carruthers in the latter, stamp them with the hall mark of heroism. Heroes all of the purest metal. Heroes *sans peur et sans reproche.* All honour, then, to our brave lads who have so nobly done their duty to the Empire, and who have by gallant deeds imparted so brilliant a lustre to the renown of their country.

"The profession of medicine in Canada has advanced during the last fifty years *pari passu* with the profession in Europe and America in the great progress and development that have taken place during that time in the science and art of healing.

"Previously to the year 1847 the profession in this province was imperfectly organized. There were then three examining boards—one for the district of Quebec, a second for the district of Montreal and a third for the district of Three Rivers. An Act was passed by the Parliament of Canada in 1847 incorporating the profession under the name of "the College of Physicians and Surgeons of Lower Canada." All the members of the profession living at that time, French and English, united their efforts to secure that great and desirable measure. The provisions of this Act, wisely conceived and judiciously carried out, have for the last *fifty-five* years regulated the examination of candidates and their admission to the ranks of the profession, and have secured the registration of all persons legally entitled to practice medicine, surgery and midwifery in the province.

"The same Act, revised as occasion demanded, is in force at the present day. The license it issues, however, authorizes the recipient to practice his profession merely within the limits of the Province of Quebec. He cannot pass into another province of the Dominion and there establish himself in practice. He cannot even pass over the line separating Quebec from Ontario and prescribe for a suffering patient without exposing himself to arrest or to the infliction of a fine. This applies equally to the licentiates of different provinces of the Dominion. The license issued in one province does not confer *ad practicandum* rights in another province, nor are such rights recognized in Great Britain. If the licentiate desires to practice in another province than that in which he has already qualified, he is obliged to submit to an examination as to his qualifications.

"An effort is now being made by our esteemed friend, Dr. Roddick, Dean of the Faculty of Medicine of McGill University, which has received the warm approval and support of a large majority of the profession, to have this embarrassing limitation to the work of the medical licentiates of the provinces of the Dominion removed, and to secure for them the right to practise their profession in any part of the Dominion or in any part of the world where the British flag flies.

"The measure he has proposed to secure this inestimable privilege to the profession of Canada is to establish a Dominion Medical Council for the examination of candidates and their admission to the profession, whose diploma or license would entitle the holder to practice in any part of the Dominion, and lead to his recognition and enregistration by the British Medical Council, which enregistration would secure for him the right to practise his profession in any part of the British Empire.

"The Act which he has drawn up and laid before the Federal Parliament, and now awaits its decision before it, can be submitted to the Local Legislature, provides that the existing Provincial Examining Boards shall retain their

integrity, and preserves all the rights and privileges to which they have heretofore been entitled.

"The autonomy of the provinces in the matter of medical education is not to be interfered with.

"If this movement can be conducted to a successful issue it will increase materially the sphere of action and field for practice of the Canadian licentiate; place him in a more commanding and satisfactory position, and open up to him the possibility of obtaining professional appointments in the civil and military services of the Empire.

"Gentlemen,—As a Canadian and as a lover of my country it has afforded me great and unmixed pleasure to see members of the two great races in whose hands rest the destinies of Quebec meeting together on an occasion of this kind in friendly and sociable intercourse.

"It is a striking and soul-comforting evidence of the respect, esteem and good feeling which these races entertain for each other, and which every patriotic Canadian ought, to the best of his ability, to endeavour to perpetuate.

"Let us, gentlemen, cultivate in ourselves and take every favourable opportunity to kindle in others a spirit of patriotism. Canada is a country of which her sons may well be proud. A not-unimportant part of the greatest and most liberal Empire of the world, with self-government secured to her and with no old-world class distinctions among her people, she is at present the freest, happiest and most desirable place on the surface of the globe in which to dwell. And if that government be considered the nearest to perfection which confers the greatest personal freedom on the individual consistent with perfect security to life and property then have we in Canada a government as near perfection as any government in the world."

Sir William Hingston replied as follows :—

"Gentlemen,—I have had many marks of sympathy and kindness from various sources. I had a marked evidence of your kindness a few years ago, when Her Gracious Majesty honoured the members of the Medical Profession in Canada

in my humble person—and when you noticed the circumstance by a banquet.

"You were good enough, on that occasion, to endorse as it were, Her Majesty's action; not that it required endorsation, for the Queen can do no wrong, as Blackstone puts it; still it was to me a matter of great gratification to hear from the lips of your distinguished Chairman on that occasion, and from the lips of many around the festive board, so many tokens of good will.

"This evening it is somewhat different. My colleagues and myself are feted and toasted;—and what for? Because we have not seen fit to allow ourselves to be buried or cremated within fifty years of our graduation in medicine.

"And here I should wish to disabuse your minds of the possible thought that fifty years in medicine are, with the addition of the minimum of to-day—the necessary 21 indicates a certain age. My colleagues graduated in the forties;—way back in the forties—I somewhere in the fifties. You see what possibilities that circumstance opens to our contemplation. Then there is another circumstance to which I wish to direct your attention: My Alma Mater was modelled, in part, on the Universities of Edinburgh and Dublin and Glasgow. Now, in the first of these, it is related by Graham, in "Social Life in Scotland," in the 18th century, that it was not unusual for bright youths—bright youths, mind you—to enter the University at a very tender age and to graduate long before the age demanded in this country. He mentions the name of Colin McLaurin, who afterwards became the celebrated mathematician, famous throughout the world. He entered at *eleven* and graduated at fifteen. The same is said of Hume and Robertson and Hill, afterwards Principal of the University. Now, if these bright youths could enter the University under the shadow of Arthur's Seat, and graduate at so tender an age, why could not the same privileges have been extended to another youth by the University here,—modelled after that of Edinburgh—to which we point with pride, under the shadow of Mount Royal?"

During the evening Drs. Desrosiers, Craig, Guerin and others enlivened the banquet with songs.

Dr. Girdwood in a neat speech proposed the health of the Chairman, which was most enthusiastically received. Dr. F. W. Campbell replied briefly, giving some interesting incidents of medical students' life in Montreal almost fifty years ago; after which God Save the King was sung, and a very pleasant and memorable banquet was closed.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS AT THE 31ST ANNUAL CONVOCATION OF THE MEDICAL FACULTY OF THE UNIVERSITY OF BISHOP'S COLLEGE, APRIL 23, 1902, BY WILLIAM E. DEEKS, M.D., LECTURER IN MEDICINE.

The members of the Faculty of Bishop's College unite in extending to you their heartiest congratulations on the completion of your college curriculum course, which you have so diligently pursued during the past four years.

It requires no small amount of courage to initiate a course of study fraught with so much laborious work, and extending over such a long period of time; and he who has successfully accomplished what he began, deserves not alone the formal congratulations of his friends, but more, he deserves that degree of success in life which falls to the lot of the talented, ambitious student. For who knows better than he, "Over rough roads indeed, lies the way to medical glory."

You have reviewed to-day, in your valedictory address, your college career, have shown grateful appreciation to those who have so strenuously laboured in your behalf, have said farewell officially to the old halls which you have learned to love so well, and which have so oft re-echoed with your college songs, have closed, so to speak, one epoch of your existence, and completed the preliminary training, preparatory to launching forth your boat on the great sea of practical life, in the "struggle for existence," which must terminate in success or failure. We sincerely trust and hope the former. With that end in view we cannot do better now than offer you a few sug-

gestions which, we trust, may be of service to you in the practice of your profession.

It appears to me that the first question each one of you should ask yourself is:—"Am I in the right profes- best exemplify my talents; where I can be happy and con- best exemplify my talents where I can be happy? You may have been impelled thereto, through the pet whim of some doting parent, or misguided, wealthy aunt, or because the respectable calling of the profession induced you to enter in view of imaginary, pecuniary advantages; or not knowing what else to do, and morbidly curious, you entered its ranks Gentlemen, let me tell you, now, that unless your motive for entering the profession of medicine is ulterior to these, unless you have an enthusiastic love for the work, a burning scientific desire to do good to your fellowmen, unless the vocation be congenial in every respect, stop right here, correct your mistake, disregard the adverse criticism of idle gossip-mongers, and enter that business or profession where your talents lie, where you can be enthusiastic in your work, happy and contented. "Be sure you are right and then go ahead." Even should you enter another profession, your time has not been wasted; you have gleaned a scientific knowledge over a large range of subjects, have been taught unselfishness, true manliness and to sympathize with the sufferings of others. Better far to have erred for four years and been corrected than to live a life of one constant grand mistake.

You must next consider whether you will begin now actively your practice, or first enter a hospital for an indefinite period. Those of you who can afford it cannot do better than spend some time in a hospital (if a position be obtainable), as you will then be able to digest and assimilate the knowledge you have been persistently cramming. It begets confidence in yourself which is so essential. If you have no confidence in yourself, how can you expect others to confide their lives in your hands? Hospital training does that, and helps to fix in your mind a large number of practical little things which the ordinary student has no opportunity of obtaining.

Our methods of training the student, clinically, are in some respects grievously at fault.

The clinical material in the out-door departments is not utilized as it should be. It is this class of cases that you will meet with in your every-day practice; you are sent into the wards to study pneumonia, typhoid, pleurisy, tabes dorsalis, and a variety of rare conditions gathered from the four corners of the earth, and know nothing about the treatment of a common cold or colic or the application of a mustard plaster. This you must acquire from your own experience, or humiliatingly accept your lessons from an old housewife or nurse, who usually will communicate your inexperience and ignorance to the neighbours, and this will not redound to your advantage.

If this be true of the medical department, how infinitely worse is the surgical. You are expected, yea, are compelled to sit on the benches for hours at a stretch, watching the skilful manipulations of surgeons, day after day, on operations which you would never pretend to attempt without a special training, instead of hearing surgical clinics on differential diagnosis. When you have once learned the technique of an operation, which is readily acquired, you will only profit by remaining through it if you are taking a practical part. Otherwise, your time is better employed in assisting in the simpler things one sees in the out-door departments.

In this way, then, you would be the better of a hospital training by seeing the practical little things, oft the forerunners of great ones, and dealing with them.

The next point you have to decide is location. Will you undertake a country practice with its arduous, though healthy life and promise of quick returns, or will you go to the city, where the profession is now overcrowded The guiding principle it appears to me is, to seek that life, country, town, or city, most congenial to your nature, that place you would best like to live in and go to work. You cannot be happy and successful living any place if your mind is constantly reverting to some other locality.

Having decided those points, your attitude towards your fellow practitioners, members of irregular schools, and your patients must be your next consideration.

Do not delude yourself into thinking that you will be a welcome visitor in any community by your fellow practitioners. You will engender a certain amount of jealousy and animosity. They will resent your entrance into a field considered peculiarly their own. They know that by your coming their incomes will be curtailed and their bread-winning powers interfered with.

Let your manner, however, toward your seniors be dignified, courteous and respectful, and know well that though you, fresh from the college halls and pathological laboratories, may know more about the microscopical aspects of pathogenic bacteria, liver cirrhosis, or compounded-mono-syllabic tumours, still, he may, "with a face like a benediction," carry in his head experiences which years only can acquire, a sympathy and wisdom which ripens as did McClure's, a dignity and self-possession which will put crude foppishness, snobbish dilettanteism and blind egotism to shame, though you may seem from your pedantic, linguistic expressions as though you had been at "a great feast of languages and stolen all the scraps."

Your instincts, coupled with the training you have had of human nature, will soon enable you to know where merit lies, where science ends and charlatanism begins, whom to select as your professional companions, in whom you can confide and trust, who will prove helpful to you and whom you can reciprocally help.

"Be to their faults a little blind and to their virtues wondrous kind," and you will find in the end that it pays.

Of irregular schools of treatment what shall I say? Is their very existence not an unfavourable comment on our own narrow-mindedness?

We should remember that the medicine of to-day is a developing, not a developed science, that as marvellous things have been from time to time revealed, stupendous in their far-reaching effects upon disease, so just as marvellous will yet be discovered, that there may be and undoubtedly is a grain of truth in every system that prevails irrespective of its nomenclature. Had we not physicked and bled our patients a few years ago almost to death's door, homoepathy with its infinitesimal dosage

would never have sprung into existence, had we realized a little more the advantages of massage in this modern, fortune-making, indolent-living age, osteopathy would never have been heard of; had we appreciated fully and been able to find the proper sphere for suggestibility in those cases, particularly where idleness in a restive disposition begets the habit of introspectiveness and leads to all sorts of functional neuroses, then Mrs. Eddy with her Christian science would have been unknown, and another human flower, now notorious, "born to blush unknown."

Let us, gentlemen, be tolerant, broad-minded, receptive, acknowledging merit wherever found, and endeavour to separate the germs of truth from the mountain of chaff, no matter how colossal the disproportions. Nothing will help to spread a false science more than to decry it, especially if that science can show results. These schools do show results for each and all of them, are the handmaidens and recognized methods of treatment of the regular schools, under different names, but not utilized or appreciated as they should be. No amount of ranting and talking will convince a man that he was wrong to be cured of rheumatism by an osteopath, when you, by all your nostrums, failed to do so. Novelty attracts credulous humanity, and osteopathy may do more to restore an individal than massage, though the methods are almost the same and the latter infinitely cheaper.

Now, what attitude must you adopt towards your patients? You will not long be settled in a community before the public will begin to feel your pulse even before you feel theirs; they will want to know your politics, your religion, and whether you are sporty. Give certain classes of individuals a little latitude, and they will want to contaminate your office with smoking, gossip, and perchance a friendly game of cards; but be warned that just as soon as you permit your office to be the resort of idlers, loungers, gossip-mongers, jockey and baseball enthusiasts, just so soon have you driven the first nail in your professional coffin.

Never allow that class of man to become familiar; "familiarity breeds contempt." He will not only waste

your time, but superciliously look askance when you seek reward for your services. He will soon call you "Doc.," and disgrace you. The man who dubs you that insults you, and if it calls forth your immediate resentment, you will keep yourself free from the meanest, most contemptible stigma that attaches to a professional man, detracting from his dignity and degrading to his moral tone and self-respect. If your aim be to attract the best class of practice, do not Tim, John, Jessie, Kate anybody, Such is justifiable only on terms of the greatest intimacy, or to your servant or lackey.

If you would be respected, preserve your self-respect. "Never seem a saint and play the devil," be straightforward, honest and honourable, and don't forget that you are gentlemen by profession as by training." "The successful man knows nature as well as his profession." If you would succeed, you must be able to do more than diagnose a case and prescribe some nauseating dose, you must study your case on its own merits, and realize that you are treating a human being with intelligence, and not an animal. No two natures are alike. "What's one man's meat is another man's poison." Be tactful as well as skillful, never jump at conclusions or make snap diagnoses. If not certain, keep your mouth shut till your judgment is formed, remembering that "the silent man has much in his favour." Never exaggerate the gravity of a case. Some physicians make themselves ridiculous and think they magnify their own importance by doing so. That may be swallowed by men gullibly ignorant, but not by men of common sense who can see through deceit so obviously and odiously transparent.

Be frank and take the patient or the patient's most intimate friend into your confidence. If the case be serious, never be ashamed to acknowledge it; if uncertainty exists, then seek a consultation. It will beget confidence in them for you, and they will be more reliant on you and your judgment in future.

Never gloat over big operations as though you revelled in blood and cutting, and were devoid of feeling, the butcher element predominating.

Man is an animal, but one of the highest order, endowed with a delicate, nervous organism, acutely sensitive to pain and external impressions. His whole nature resents and revolts against a cruel action or an unkind word, particularly if laid on a bed of sickness, but appreciates sympathy, kindness and consideration. Never forget, also, that wealth or position in life never makes us more sensitive to pain or suffering. The squalid hut of poverty may be the home of the most delicate and timid creature. Be kind, considerate and tender in your manipulations where suffering is, and you will receive gratitude in return. Particularly is this applicable to the fair sex. "Woman, fairest of creatures, God's last and best gift to man." Sensitive, modest, retiring, acutely intuitive, craving for sympathy and hope in suffering, for consideration and respect in health. In your relations with them never forget that "immodest words admit of no defence, for want of decency is want of sense." The medical profession is undoubtedly a grand profession, carrying with it enormous responsibilities, not alone of life, but of the happiness and characters of individuals which it is your duty to safeguard and protect. You are the guardian of inviolable secrets sacred as God's laws. Be not their betrayer. A word, a thought, an action from you may be the ruination or the salvation of a life. Yours it is to relieve pain, restore health, bring comfort, console and cheer, and though your remuneration be but the look of gratitude, your duty must never be slighted, never shirked. You need never expect to amass wealth from your profession. Many and many physicians are spending their lives "Dropping buckets into empty wells, and growing old in drawing nothing out," Instead of that, however, you may confidently expect, and will assuredly receive from many what to some natures is infinitely sweeter far, absolute confidence, implicit trust, grateful appreciation and undying love. And when your faculties begin to dim, and the sunset of life with evanescent ray lights up the gray hairs of declining years, and hoary age, ripened with deeds of love and charity, beckons you to your last resting place, you will have the keen satisfaction of being surrounded by those whose lives you have

gladdened and perchance have saved, whose hearts comforted, and sorrows soothed, pouring benedictions on your head, and then you will feel that you have not lived in vain, and will welcome the "Eternal hope which, like a rainbow of summer, gives a promise of Lethe, at last."

The Faculty unite in wishing you farewell and God-speed.

THREE CASES OF VAGINAL HYSTERECTOMY, WITH REMARKS ON THE FUTURE OF HYSTERECTOMY FOR CANCER.*

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As my mental attitude towards cancer of the uterus has undergone a great change during the past year, and as my present method of treating it promises a certain cure in every early case in which it is employed, it may be of interest to briefly outline my experience during the last ten years, which will at the same time explain how I have come to accept my present course of action. In the early days of my work hardly a week used to pass without a patient coming to me with the cervix a mass of cancer, and with the broad ligaments full of the same disease, so that it was impossible to draw the uterus down, even as much as a quarter of an inch. Too often the whole vagina was infected, and in two or three cases there was a large opening into the bladder or rectum which rendered the poor creature's life a living death. At that time nothing was attempted for the relief of these patients except to keep them as free from pain as possible by means of opium or morphine suppositories. The smell was so horrible that their friends and relatives might well be forgiven for praying for their death. And when death at last came, either from sepsis or hemorrhage, every one, including the patient and doctor, was very glad. Now,

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until the happy release, even in these hopeless cases, we can do much for the comfort of all concerned. By curetting away all the necrosed tissue with a sharp curette, and cauterizing the remaining tissues with the thermo-cautery, it is possible for a patient who is in a hopeless condition as far as any curative operation is concerned, to live for several years almost without knowing that she has the disease, and for her eventually to die a painless death from cancer of the liver or other internal organs. Indeed, I feel sure that the heat of the actual cautery is the most powerful means we possess of arresting the disease. This is proven by the much better ultimate results obtained by Dr. Byrne, of Brooklyn, than by any one else. He amputates the cancerous cervix with the galvano-cautery knife, and he has many cases living after from five to ten years. Many of my own cases have been curetted two and three times at intervals of from three to six months, so that I know of several who were still alive nearly two years after the disease had reached the hopeless stage. So much for the cases which are too far advanced for hysterectomy.

Now the question comes up: "Which cases are to be classed as hopeless, and which are we justified in performing hysterectomy on?" It is precisely on this point that my opinion has undergone a decided change. Up till my visit to Brussels four years ago, I was doing vaginal hysterectomy for all those cases in which the uterus was at all movable even if the broad ligament on one or both sides was rather thicker than usual. But I had noticed that while the death rate of the operation was slight, the disease advanced much more rapidly than it did in the much worse cases which were only curetted from time to time. So that at the end of two years from the operation there was not one woman living, and most of them died within a year. On discussing this point with Jacobs, of Brussels, he told me that his experience, which was far more extensive than mine, was exactly similar. So much so, indeed, was he impressed with this common observation that he told me he had given up removing the uterus for cancer altogether! When I returned home I adopted a new course; I ceased removing the uterus whenever the broad ligaments were infiltrated, even if the uterus were

fairly movable, and contented myself with the palliative treatment already described. In other words, I placed all these cases in the hopeless class, but assured them nearly two years of comfort for themselves and their friends, instead of giving them only three to six months, during most of which they suffered. But to make up for this I devoted all my energies to discovering as many cases as possible while the disease was strictly limited to the uterine tissue and before it had spread to the cellular tissue in the broad ligaments. I made a vigorous campaign in the medical journals, calling upon the general practitioners to spread information among their patients as to the danger of irregular uterine hemorrhages in women over forty-five, especially if they had had the menopause, and their periods had left them for several years. This was very important, as it had been the general opinion among women that this return of bleeding from the uterus was a subject for self-congratulation as indicating a renewal of the vigour of youth. Another fallacy which I asked them to correct was that as long as there was no bad odour from the vaginal discharge, there was no need to suspect cancer. On the contrary, when the bad odour makes its appearance the time for vaginal hysterectomy has passed, so that it is of the greatest importance to discover it before it has reached the bad smelling stage. My crusade has been successful; thanks to the general practitioners who have come within my influence. I no longer see these terribly neglected and terribly smelling cases which I used to see so often ten years ago. Although in many of them still the disease is perilously near the hopeless condition above mentioned, this is not the fault of the family doctors who, as a rule, send me the case within a few days of its discovery, instead of losing six precious months cauterizing the cervix before sending them to me, as they formerly used to do. Since the women themselves seldom consulted their family doctor until the disease was considerably advanced, the next duty which I felt that we owed these women was to look for cancer before the women complained, and to urge an examination, especially in all cases where there was bleeding on intercourse, or where the menstrual flow was becoming more profuse

at forty-five instead of getting less. The result has been that gradually, year by year, I have been getting these cases earlier, until now it is the exception, rather than the rule, to find, on removing the uterus, that the disease had not yet entered beyond the uterine tissue, and consequently these women have all been saved from a horrible death. In these cases, of course, most rigourous precautions have been taken to avoid infecting the healthy cut surfaces; first the vagina and external genitals are thoroughly disinfected with soap and water and bichloride; then the cauliflower growth is cut off, and the uterus curetted and disinfected with carbolic acid, and then cauterized with the Paquelin cautery, until dry; the cervix then being packed with sterilized cotton and then tightly sewed up. Many such cases which would have been ultimately saved have died through reinfection during the operation.

And now I come to the last advance; one which, as I have stated, will save every woman so treated from death from cancer. Several times during the last ten years I have had occasion to perform Schroeder's amputation of a badly lacerated cervix of long standing, in women over forty-five years of age; and during the operation I have found the tissues friable and brittle, so that the ligatures would sometimes cut out. Much to my disappointment some of these women afterwards died of cancer. I therefore came to the conclusion that in all women over forty-five who were bleeding profusely or irregularly I would take no chances, but head off the fell disease by removing the whole of the uterus! I felt the more justified in doing this because of the number of cases I have seen in which the cervix was apparently all right, but, on opening the uterus after removal, undoubted cancer of the fundus was discovered. In Cullen's work on cancer of the uterus there are many engravings which illustrate my point, which he evidently believes in very thoroughly. I have already said in several of my papers on cancer of the cervix, that if every woman with a lacerated cervix had it repaired within a year after its occurrence, death from cancer of the cervix would be unknown. (It is not safe, I might mention here, to let these women go around with a bad laceration until they are nearly forty-five; for sometimes

I have seen women of thirty or thirty-three have cancer develop on a tear). I will now say that if every woman with menorrhagia at forty-five had her uterus removed by vaginal hysterectomy, death from cancer of the fundus would also be unknown! With such an object in view, I am sure I will not appeal in vain to the hundreds of general practitioners who read these lines, and in whose hands alone rests the fate of the thousands of women who, as above shown, are likely candidates for death from cancer.

The following three cases, briefly stated, were treated on these lines:

Montreal; widow; first menstruated at 12, being painful Montreal; widow; first menstruated at 12, being painful and coming on every three weeks; mother of eight children, two of them twins, born at 7 months; never delivered with instruments; one confinement 18 years ago was severe, and she was never as well since, always being nervous. Her periods left her at 45, and she saw nothing till 47, when she began to have irregular hemorrhages. She had a great deal of pain with her womb, very little "whites," and there was no bad smell, but Dr. Wilson informs me that the discharge was watery and very acrid, as it excoriated the skin around the vulva. Moreover, her mind was seriously affected, and it was a question whether she would not have to go to the asylum. Vaginal hysterectomy was performed on the 6th of February with no trouble whatever; the operation only requiring eleven minutes from first incision until the uterus was out. The latter was double the normal size, and retroverted, and on cutting it open a hemorrhagic area, the size of half a cherry, was found near the fundus. She made a rapid recovery and went home in three weeks.

Case 2. Mrs. M., widow, 49 years of age, sent to me by Dr. Maas for profuse and too-frequent menstruation. Her periods first began at the age of 14, and were always abundant. She was married at 19, and in the next eighteen years she had fourteen children, the last one 11 years ago. Menstruation now comes on every three weeks, and is very profuse, large clots coming away, and between the periods she has a profuse yellow discharge. On examina-

tion the uterus was found retroverted and there was a deep laceration extending up to the internal os. The everted lips cannot be brought together owing to the amount of hypertrophy and cystic growth. On introducing the sound very gently profuse bleeding began. Going on the principle that if she did not already have cancer she was on the verge of having it, I had no hesitation in advising the removal of the uterus, in which she and her doctor heartily concurred. This was done two weeks ago, and she is now going around looking very much better, and will go home in another week.

Case 3. Mrs. B., sent to me by Dr. Smythe. She gave me the following history: She is now 38 years of age; her menstruation began at 12; this was normal, except that she was very ill for a year, when she was 18; she was married at 23, and has had three children, the last one 10 years ago; instruments were used (by a doctor whose name I will not mention) after being in labour only about two hours. This "finished her," for she had no children after that; in fact, she was in bed for the next five months. Her menstruation left her at thirty-five, but after three years it began again very profusely and irregularly, and she also bleeds freely on coitus or digital examination. Since two months she has had a profuse watery discharge. On examination, I found a cauliflower growth pretty well filling the pelvis. Vaginal hysterectomy was performed a week ago with the precautions above mentioned; the uterus was retroverted and densely adherent; so that the thickening of the broad ligaments may have been partly due to this cause. In this as in the other three cases, the clamp method was employed, the clamps being removed at the end of forty-eight hours. She is feeling and looking much better already, and will be able to go home in two weeks.

My only regret is that this case was not discovered before the disease was so plainly evident. Her chances are surely much less than those of cases one and two—from whom the uterus was removed while it was still quite certain that the disease was limited to the uterine tissue.

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Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

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TEMPERATURE, PULSE AND RESPIRATION IN THE DIAGNOSIS OF DISEASES OF THE BRAIN.

J. T. Eskridge concludes a lengthy article in the *New York Medical Journal* of September 28, 1901, by the statement that the temperature, pulse and respiration offer valuable information in the diagnosis and prognosis of certain diseases of the brain. A change in the character of the respiration, rather than in its frequency, is sometimes one of the first positive symptoms of organic intracranial disease, especially of tubercular meningitis. A respiration that is more frequent while the patient is asleep or unconscious than it is during the waking or conscious moments is very strong evidence of organic disease of the brain so situated as to interfere with the respiratory center.

Apoplexy due to hemorrhage is attended with greater disturbances of the temperature of the body soon after the occurrence of the stroke than is the case when apoplexy is due to thrombosis or embolism. The cerebral hemorrhage attended by hemiplegia is usually accompanied by a slow fall in the axillary temperature, occurring within an hour or less, and the fall is most marked on the paralyzed side. After reaction has occurred, which commonly takes place in from eight to twelve hours, there is a rising temperature, which is a little greater on the paralyzed side.

In cerebral thrombosis there is little disturbance of temperature before the end of the second day, except in the severest cases. An elevation beginning with the second day, extending to the fourth day after the stroke, is significant of thrombosis and shows that secondary softening has taken place, which, if extensive, makes recovery doubtful.

If the temperature on the paralyzed side remains persistently elevated some weeks after a stroke, it shows that the softening and inflammation are going on, and the prognosis is correspondingly grave.

The writer says that it is premature to formulate definite conclusions on the temperature, pulse and respiration in injuries to the brain. It is possible that if these cases received more detailed study, useful deductions might be made from a considerable number of them. The following tentative conclusions are justifiable:

(*a*) In injuries to the head where the temperature does not reach normal or slightly above after a few hours after receipt of the injury, the prognosis is very grave. The higher the temperature, the greater the possibility of contusion and laceration of the brain and its membranes. The greater the variation of the temperature from normal, either above or below, the worse the prognosis.

(*b*) A rapid, weak, intermittent or irregular pulse denotes danger. The pulse that is at first slow, but soon after becomes rapid, indicates a progressive intracranial lesion and justifies a bad prognosis.

(*c*) An exceedingly slow and intermittent respiration indicates a lesion at the base and posterior fossa. A respiration at first nearly normal in frequency, but which later becomes quite rapid, indicates a rapidly fatal case.—*Medicine.*

HYSTERIA.

As a lack of proper controlling psychic influence occasions this unbalanced action of the nervous system, psychic influence brought to bear by the medical attendant may exert great power in controlling the disorder. Let your will power stand in the place of the patient's for the time being.

Next, the nervous centers can be brought to their senses through the sensory nerves. Hence, the value of inhalations of nitrate of amyl or of carbonate of ammonia in hysteric spasms, or feigned catalepsy; or, of a deluge of cold water in hysterical convulsions. Sumbul has a remarkably soothing effect in some cases. The therapeutic measures, where the patient is of high nervous development, and there is emotional disturbance simply, are camphor, valerian and soothing neurotics.

If the hysteria proceeds from disturbances of the reproductive organs, the bromides are indicated. Bromidia I find one of the best remedies where there are convulsive paroxysms. I have used comp. spirits lavender with good effect; also valerianate of ammonium. In persistent cases valerianate of morphia.

States of mal-nutrition call for ferruginous treatment. There is now such a long list of reliable preparations of iron we have large liberty in choosing. I am in the habit

of using bark, iron and strychnine. Also, when there is a strumous habit, iodide of iron, valerianate of iron, valerianate of zinc, and valerianate of quinine, each one grain, pill form, is a favourite formula with me. It has real value in giving tone to the nervous system.

I have used chloride of gold and sodium to advantage in some cases where there was evidence of spinal irritation and strumous diathesis. Oil of sassafras, one ounce, to alcohol. one pint, is a good application for the spine where there is evidence of spinal irritation.

Massage and electricity are auxiliaries to improve the circulation and stimulate nervous and muscular action. —Dr. George Covert, in *Chicago Medical Times.*

BAD COLDS.

For the benefit of those members of the profession who are on the outlook for improvements on the methods of by-gone days, I venture to offer a single remedy for the treatment of a "bad cold." Gelsemium is not only useful in those cases which would recover without medication, but is also efficient where formidable symptoms are present, and, judiciously employed, may be the means of averting an attack of pneumonia, pleuro-pneumonia, pleurisy or other serious disease beginning in the form of a bad cold. Gelsemium arrests profuse nasal secretions, quiets headaches and neuralgia, subdues cough and pain, favors a re-establishment of the secretions, through its influence upon the skin, kidneys and gastro-intestinal tract.—*Chicago Med. Times.*

TREATMENT OF BRONCHO-PNEUMONIA.

Caille (*Post-Graduate*) says that the great danger in this disease is suffocation, through filling up of the air cells with secretion and from heart failure and pulmonary edema. Here heart tonics and expectorants are indicated. In desperate cases raise the foot end of the bed four inches, and so get gravitation of secretions toward the mouth or make use of artificial respiration. Good results from venesection are hardly to be expected in young children. As a stimulant and heart tonic he uses camphor, strychnine or nitroglycerin, and occasionally digitalis or ammonium carbonate. You may give half a grain of camphor in five grains of sugar or

Camphor gr. 15.
Ol. amyg. dulc dr. 11.
Sig. Five minims hypodermically.

Or you may give champhor (½ gr.) digitalis (1 gr.) and benzoic acid (3 gr.) combined. Caffein and sodium ben-

zoate (1 to 2 gr.) may be given hypodermically. Whisky and water may be given if necessary. If the fever is from 105° to 106° F. and there is such twitching that convulsions are feared, antipyrine (3 to 5 gr.) may be given in water per rectum. This will reduce the fever two or three degrees for several hours. When the acute attack is over and resolution is delayed, potassium iodide should be given by mouth or by rectum. In delayed resolution, with or without fever, think of serous or purulent effusion, and use the aspirating needle to detect it.—*Med. Standard.*

THE MEANS OF ARRESTING ACUTE ENDOCARDITIS.

I wish to point out the great advantage to be derived from the combined use of blisters and poultices in the earlier stages of acute endocarditis, pneumonia, pleurisy, etc., where pain is a marked and troublesome symptom.

A blister of the requisite size is first placed over the point where pain is most acute, and is firmly fixed with adhesive plaster. A large linseed meal poultice, as hot as it can possibly be borne, is at once applied above the blister and changed as often as is necessary until the latter has fully risen. The blister is then punctured and dressed in the usual way. When this has been done a thick layer of cotton wool or spongiopiline should be placed over the entire surface lately covered by the poultices, to prevent any possibility of chill, and allowed to remain *in situ* as long as may be considered desirable.

In recent years poultices have, no doubt, fallen into more or less disuse, but no one who has had personal experience of the immense relief which they give in painful inflammatory disease will fail to use them in suitable cases.

They should, however, be applied at the very commencement of the disease, and be discontinued as soon as the pain has been relieved. Their beneficial action is, no doubt, due to the fact that they produce a very decided determination of blood to the surface, thereby increasing the exudation of serum and lessening nerve sensibility.—Dr. G. H. Young, in *N. Y. Lancet.*

GASTRIC PAIN.

For many years Prof. Whitford has taught his classes to prescribe the bicarbonate of soda freely where there is persistent pain in the stomach, often depending upon gastric ulcer. Sir Lauder Brunton has recently advised that a teaspoonful of the bicarbonate of soda in a little lime water,

to which the essence of peppermint has been added, gives a more speedy relief from pain from gastric ulcer than morphine; in many cases, by the neutralization of acid fluids present, do produce relief where morphine will not.—*Chicago Med. Times.*

SURGERY.

IN CHARGE OF

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SURGERY OF THE BILIARY PASSAGES.

John B. Deaver, in the *International Journal of Surgery* for October, 1901, presents an excellent *resume* of the surgery of the biliary passages. There is no department of surgery in which skill in diagnosis is more essential than in dealing with the gall-ducts and their diseases. While gall-stones are found with great frequency post mortem, it is to be remembered that in 95 per cent. of the cases there are no clinical symptoms. Cases of latent stone are liable to sudden attacks of inflammation which rapidly jeopardize the life of the patient, unless surgical relief is given. The two conditions caused by gall-stone are mechanical obstruction and inflammation, the latter being by far the most important. In all diseases of the upper portions of the abdomen, the gall-bladder should be carefully considered as a factor in its production. If this structure can be felt enlarged as a rounded, tender mass, it forms an easy clue to the trouble. Unfortunately, in most cases of gall-bladder disease it is reduced rather than enlarged, owing to the repeated attacks of inflammation. Gall-stones without inflammation of the gall-bladder or duct only exceptionally cause trouble. They are not given to wandering along the ducts and thus causing obstruction, but they do excite inflammation which prevents drainage of the biliary passages.

In a large proportion of cases the gall-stones cause no trouble, but when they have excited an inflammatory process the period for conservatism is past, and the sooner operation is undertaken the better. Nature may successfully deal with this inflammatory reaction, but usually it recurs again and again, the larger stones remaining in the gall-bladder.

A difficulty in the diagnosis of these cases lies in a belief on the part of the profession and laity that gall-bladder disease is always accompanied by jaundice; this symptom is nearly always lacking or transitory.

Simple catarrhal inflammation, unaccompanied by gall-stones, need excite little apprehension. If stones are present, operation should be undertaken, as dangerous complications may develop rapidly. Where there have been repeated attacks of biliary calculi, it is useless to rely upon medical treatment, as the stones may cause pressure necrosis, empyema, or perforation.

Another form of catarrh of the gall-bladder without gall-stones occurs in the course of the infectious fevers. The only symptoms are a slight tenderness over the gall-bladder, an increase in its size, and slight elevation of the temperature, and if the process is severe, a leucocytosis. This is a form of cholecystitis due to infection of the gall-bladder with obstruction of the cystic duct. It subsides spontaneously as a rule, but should be watched closely, as there may be a rapid development of grave complications.

In inflammatory cholelithiasis, two different sets of symptoms are found, according as the stones are found in the cystic duct or in the hepatic or common duct. When in the gall-bladder or cystic duct, they give rise to enlargement and colic. The gall-bladder in time becomes chronically thickened and often ulcerated, and finally contracted. Such a gall-bladder is always infected. Jaundice, if present, is due to a secondary inflammation of the common duct. When the stones are in the common duct, important functions of the liver are threatened and the symptoms are very serious. In these cases the flow of bile is obstructed and jaundice is always present. This latter class of cases is sometimes accompanied by an infection, with general septic intoxication or abscess of the liver. As a rule, jaundice which accompanies gall-stone disease is intermittent.

When jaundice has existed for a long time there is a tendency to hemorrhage, which adds to the difficulty of operation. As a rule the diagnosis must be made after the abdomen is opened, and it is only then that the necessary surgical procedures are indicated. In a general way all stones must be removed, so far as possible without injury to the ducts, together with the establishment of free drainage. How these indications are to be met must be decided by the circumstances of the individual case. Exceptionally can all stones be removed and a bladder closed without drainage, and only in recent cases. Where

there is any question, it is better to drain the gall-bladder. Drainage into the duodenum is preferred. The operation for connecting the gall-bladder with the duodenum is one of considerable delicacy, and if the surgeon feels any doubt as to his capacity for dealing with this operation, it is better to drain externally. In cases where the gall-bladder is gangrenous, excision is advisable, and this adds little to the gravity of the operation. If there is doubt of the integrity of the gall-bladder, it is wiser to remove it. It should never be forgotten that in gall-bladder surgery the bile is always infected, and it must be prevented from coming in contact with the peritoneum.

Early operation is urged in extensive disease of the gall-bladder and its ducts, as in this way the fatal liver and kidney complications do not develop. It is a good working rule to operate early in the disease rather than early in an attack, but operate early in an attack rather than not operate at all.—*Med.*

FISTULA IN ANO AND ITS RELATION TO PHTHISIS.

Fistula is a very common rectal ailment. Out of 16,060 rectal cases treated at the St. Mark's Hospital, London, over 50 per cent. were fistula, of which a little more than one-half were men. Again, fistula and phthisis very frequently go together, as evidenced by Allingham's statistics, who reports 1,632 cases of fistula, 234 of which had tuberculosis. The author estimates that 4-6 per cent. of all tubercular patients suffer from fistula, while a much larger percentage of fistula patients have tuberculosis.

Fistulae, as found in tubercular subjects, are of two kinds:

1. True tubercular fistula, the result of localized deposits.

2. Fistulae, induced or made difficult to cure, by persistent cough and lowered vitality—the result of phthisis.

1. True tubercular fistula, caused by swallowing tubercular sputum or by ingestion of food infected with the bacilli.

2. Non-tubercular fistula are frequent in phthisical subjects. Very troublesome of treatment, because (*a*) these subjects are prone to suppuration from slight causes; (*b*) the absorption of fat of the ischio-rectal fossa deprives the larger blood vessels of their natural support, resulting in congestion and dilation; and (*c*) the persistent coughing of these phthisical patients causes a bruising of the parts about the anus which is an important etiological factor in the production of abscess and fistula.

DIFFERENTIAL DIAGNOSIS.

The principal points to be borne in mind in diagnosticating the tubercular from the non-tubercular fistula are: In the non-tubercular the internal and external openings are small and round, the edges red, situated in the center of an elevation. In the tubercular, on the other hand, the internal and external openings are large, triangular in shape, the edges bluish and drooping into the opening; the non-tubercular discharges but little, and the material is yellow in colour. The tubercular is characterized by a profuse, whitish, watery discharge. Again, the non-tubercular is sensitive to the probe, the tubercular much less so, while the tight sphincter, normal development of hair about the buttocks in the non-tubercular fistula contrasts strikingly with the patulous anus, and long, silky hair about the parts, and which are always present in the tubercular cases. Naturally, it must not be forgotten that the finding of the bacilli in the discharge is proof positive of the origin of the trouble, though their absence does not indicate absence of tuberculosis.

TREATMENT.

Palliative.—Consists principally in taking proper measures to drain thoroughly, assist healing by the application of stimulating astringent and antiseptic substances, and for the rest to insist upon good food, regular habits, proper hygienic surroundings; in short, such measures as would tend to better the patient's general condition.

However, the author operates upon all fistulas, tubercular or non-tubercular, when the general conditions of the patient permit, and then advises change of climate and anti-tubercular treatment if it is a case of phthisis.

Anaesthesia.—When a local anaesthetic is indicated, cocain or beta-eucain. As a general anaesthetic chloroform is preferred, as the recovery from it is quicker, vomiting less, and it has the further advantage of not irritating the lungs or kidneys.

Operation.—1. Ligation. 2. Division. 3. Excision.

Ligation consists in passing silk, wire, or elastic ligature through sinus and anus. The special advantages claimed are, that it requires no anaesthesia, causes neither pain nor bleeding, and does not confine the patient to bed, on the other hand, it takes longer to cure and does not divide branch sinuses.

Division consists in passing a grooved director through the sinus until its end is felt by the finger, previously in-

troduced into the rectum, when it is withdrawn and rests upon the anus. The bridge of tissue is then divided, the sinus thoroughly curetted; if tubercular, cauterized; then packed. It is important to find and treat similarly all branch sinuses.

Excision consists in dissecting out the whole sinus, suturing and healing by primary intention.

The conclusions the author wishes to impress are:

1. Tubercular fistula is secondary to tuberculosis of the lungs.

2. Pulmonary tuberculosis is rarely, if ever, secondary to fistula in ano, either before or after the operation.

3. Tuberculosis of the anal region requires the same radical treatment that is recommended for tuberculosis of other parts of the body.

4. When general conditions are favourable, operate on all fistulas irrespective of the kind.

5. No evidence that the cure of fistula will induce phthisis.—Dr. G. S. Gant, in *Med. Rec.*

CORNS.

Dr. E. L. Wood, of Danville, N.Y., writes: "A radical cure for corns consists in paring the callosity as closely as possible without causing any hemorrhage, then placing in the center of the corn a very small drop of croton oil, and bandaging for twelve hours. Then remove the bandage and paint the corn with reliable cantharidal collodion; a pustular bleb will result, in the formation of which the entire callosity, nucleus and all, will be raised without very much pain from the tissues beneath, and can be easily removed. The process should be conducted under the care of a surgeon to insure prompt sterilization of the part after the callus is removed. Healing has always been rapid, not requiring more than three or four days, with no liability to recurrenc unless the foot is afterward abused. I have treated activ working patients without a loss to them of more than half-day's time."—*Courier Record of Medicine.*

THE

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Editorial.

DR. RODDICK'S MEDICAL COUNCIL BILL.

As our readers are aware, Dr. Roddick, M.P., who represents the St. Antoine Division of the city of Montreal, has, for the last three years, at each Parliament, introduced a Bill, having for its object the formation of a Dominion Medical Council. There are very special reasons why such a Bill should be put in force at as early a date as possible. When first introduced, this Bill met with considerable opposition, chiefly in Ontario and Quebec and British Columbia. Dr. Roddick spent much time in visiting the centres of Medical education in various provinces and fully explaining its details. Friendly suggestions were received and the Bill amended, accordingly. The result of these interviews was that a Bill, satisfactory we think to the great bulk of the profession in the Dominion, was introduced into the present Parliament. It was felt, however, after its first reading, that the small professional minority opposed to it, even in the forms it then possessed, had developed considerable strength in the house, and that further amendments to it would be necessary. The question as to the power of the Federal Parliament to pass such an act was fully admitted by both the first Minister of the Crown and the Leader of the Opposi-

tion, and when it came up for its third and final reading, it consequently received the support of both. Previous, however, to its adoption, an amendment was made and accepted by Dr. Roddick to the effect that before it can come into force it must receive the support by legislative enactment of all the Provinces in the Dominion. In this form it passed the House of Commons, and was, with trifling amendments, then passed by the Senate. The position, now, as we take it, is, that the Federal authorities have provided the machinery by which a great and most important measure can be put into operation. In moving its second reading, Dr. Roddick entered into a full and lucid explanation of the entire Bill, and we think the subject of such vital importance that we give it almost as verbatim, copied from Hansard.

Dr. Roddick said:—

Mr. Speaker, in moving the second reading of the Bill for the establishment of a medical council in Canada, it is my desire to be brief. My main object for framing this Bill for the establishment of a medical council in Canada is for the purpose of establishing a qualification for medical men which would be acknowledged and accepted in all parts of the Dominion of Canada. As you are doubtless aware, we have at present eight examining and licensing medical bodies in this country. Some of these are doubtless doing good work and keeping up, or at any rate assisting in keeping up, the standard of medical education, but their usefulness is limited to the territories over which they have special control. Barriers have been erected, as you are doubtless also aware, around these eight territories, so that it is practically impossible for a medical man to receive a qualification to practice in more than one of the provinces. The barriers are so marked, so strong and so high, that very few indeed have the opportunity of representing the profession of medicine in more than one province. The frontiers are so closely watched that we constantly hear of medical men being fined, and in cases where this fine has not been paid, imprisonment has been threatened for crossing a boundary river, or an imaginary line between two provinces, in order to serve and probably to save the lives of citizens of Canada. Therefore, I contend that there is reason for interference on the part of this parliament. I believe that section 91 of the British North America Act can well be evoked by this parliament in meeting cases such as I have mentioned. Section 91,

which refers to the peace, order and good government of Canada, I contend, might well be brought into operation by this parliament in cases such as those I have cited. Such a state of affairs exists in no other country probably in the world. Even between the countries of France and Germany, I am credibly informed, a neutral territory of 15 miles has been marked out over which medical men may travel in the discharge of their professional duties so as to be able to assist the sick of either nationality. Therefore, I think it is time something was done in Canada in order to remedy so serious an evil. It may be asked why these unfortunate men who have been fined do not take steps to procure licenses in the neighbouring provinces to which they are obliged constantly to travel. The reason is that it may be absolutely impossible for a man to receive a license in more than one province. If he has begun the study of medicine in one province and if he matriculates in that province, he never can receive a license to practice in any of the other provinces. For instance, if an Ontario graduate having changed his mind as to his domicile, having passed his examinations, wishes to practice in the province of Quebec, he cannot do so for the reason that the medical board of the province of Quebec insist that he shall begin by passing the matriculation examination of that Board. Some of the ablest men in our profession today have been shut out from practicing in Quebec and in Ontario where they might be very useful in hospital and professorial work.

Another object which I had in framing this Bill and in bringing it before the House was to obtain reciprocity with Great Britain. That, Sir, can be done so soon as we have a central examining board for the Dominion. In 1886 the British Medical Council enacted that:—

On and after the prescribed day where a person shows to the satisfaction of the registrar of the general council that he holds some recognized colonial medical diploma or diplomas (as hereinafter defined), granted to him in a British possession to which this Act applies, and that he is of good character, and that he is by law entitled to practice medicine, surgery and midwifery in such British possession, he shall, on application to the said registrar, and on payment of such fee (not exceeding five pounds), as the general council may from time to time determine, be entitled, without examination in the United Kingdom, to be registered as a colonial practitioner in the medical register.

The definition states:—

The expression "British possession" means any part of His Majesty's dominions exclusive of the United Kingdom, but inclusive of the Isle of Man and the Channel Islands; and where parts of such dominions are under both a central and local legislature, all parts under one central legislature are for the purposes of this definition deemed to be one British possession.

That means that so long as the provinces are separate parts of the confederation, we cannot register in Great Britain as provinces. The British Medical Council will not undertake to look after the education of the various provinces, but I do state positively that so soon as we have a central examining board in the Dominion of Canada, the British Medical Council will at once accept the licenses from that Board and allow our men to register immediately in Great Britain, or in any part of the empire over which the British Medical Council has control. That is a very important matter. It means that we would have open to our young Canadian medical men, the army and navy of Great Britain, as well as colonial appointments, many of which are very lucrative, especially in the East and West Indies. It will also open to Canadian medical men appointments under the British Board of Trade, so that ships' surgeons may be appointed directly from this side, whereas now our young men have to go to England to first receive a license in one of the colleges of Great Britain before they can take a steamer across the Atlantic.

This indicates how unfairly our medical men are treated, but we have the remedy in our own hands, and that remedy is simply the establishment of a Dominion medical council and a central examining Board, in order to meet the requirements of the British Medical Act of 1886. We have had numerous opportunities of testing the disabilities under which Canadian medical men labour during this present South African war, and we have constantly heard of how medical men attached to Canadian battalions were not allowed to attend Tommy Atkins. It was in fact thought that they were good enough to attend Canadian soldiers, but not good enough to look after English soldiers. That is a positive fact. Several of those gentlemen who have returned from South Africa have cited instances to me, and I have correspondence bearing on it which I could produce if time would permit, showing that a great injustice had been done to our Canadian medical men, and done probably to force our hand. Knowing as I do several members of the British Medical Council, I am satisfied that nothing would give them

greater pleasure than that we should arrange in Canada here a scheme which would meet them half way.

Now, Mr. Speaker, in arranging a scheme of this kind, there is no intention, nor is there any necessity for any interference, with the autonomy of the provinces. I am aware that the fear of such interference is the great objection which has been offered to this measure. It is not intended to do away with the provincial boards in any way. They will still continue to exist as they have existed hitherto. They must exist for certain purposes. They must exist for the purpose of taxation and discipline. With the provincial boards will be left the question of taxation and all matters relating to the discipline of the profession. They will not be disturbed. Their autonomy will not be interfered with in the least degree. I believe that any interference with the autonomy of the provinces is unnecessary and uncalled for in any way. Where the provinces wish to continue an examining board, as now, they can do so. I have no doubt at all that the larger provinces, that is Ontario, Quebec, Nova Scotia and Manitoba at any rate, will each continue to have an examining board for the purpose of examining and licensing men who wish to practice in a particular province only. For instance, a man who goes up before the Ontario Medical Council, when this Act comes into force, as I hope it will, may be examined by them as he is now. They will undertake to examine him and give him a license to practice in the province of Ontario only, and he cannot go outside of the limits of that province on that certificate. It will be the same in the province of Quebec. I think that for a great many years to come the system in Quebec will continue as it is now, but I have it on good authority that the smaller provinces will probably discontinue the examining of candidates who come before them. I state without hesitation, and without any detriment to the smaller provinces, that in the light of the present progress in medicine —judging from the rapidity with which some of the subjects at any rate are progressing—it is impossible for a man, who is not a teacher connected with a university, to keep up sufficiently well to be able to examine in these subjects. Among the provinces there are four which have no university—British Columbia, New Brunswick, Prince Edward Island, and the North-west Territories; as they have as yet no teaching body, their men are not able to keep up sufficiently well to examine. On that account and for the reason I have given, there is no necessity, I repeat again, for disturbing the provincial board and its present methods; so it will continue as before.

This Bill, then, is a purely permissive Bill. It is necessary, in order that it may come into operation, to have the consent and co-operation of all the provinces. It is necessary for the medical board in each province to go before the local legislature and ask for a short clause to be tacked on to the present Act. Every province has its medical Act, and it will be simply necessary to add to that Act something like the following—though it need not be in exactly the same words:—

When there shall have been established, under the authority of the parliament of Canada, a medical register for Canada, under the control of a medical council for Canada, then, notwithstanding anything contained in any of the Acts hereby amended, any person duly registered in the said register as a medical and surgical practitioner, or as a student of medicine and surgery, shall, without any further or other evidence of qualification, be entitled to be registered in the medical register of this province as a duly qualified medical and surgical practitioner, or as a duly qualified student of medicine and surgery, as the case may be, upon production of a certificate under the hand of the registrar of the said medical council for Canada, certifying that such person is so duly registered upon satisfactory proof of the identity of such person, and upon payment of such fee as may be prescribed by the medical council of the province in that behalf.

A short amendment of that kind, tacked on to the medical Act of each province, is all that is required to bring into effect the measure I am advocating.

Now, as to the scheme itself. How is this Act to be put into operation? It is necessary, first, to have a medical council, which may be called the Dominion Medical Council or the Medical Council of Canada, which I think would probably be a better term. The composition of this council has been a great puzzle to those of us who have had to do with the framing of this Bill. It has occasioned me, personally, a great deal of thought and consideration. We have tried two or three schemes, which have all given more or less satisfaction, but which have not quite met the requirements. When I addressed this House a year ago, I stated that the plan which seemed to satisfy all the provinces was that three members of the council should be taken from each province—one appointed by the Governor-General in Council, one elected by each provincial medical council, and, the president of each provincial medical council. That, we found, gave dissatisfaction in the larger provinces. The province of Ontario, with its 2,300 odd doctors, said, "It is unfair to us to give us the same

number only as the little province of Prince Edward Island with something like 96 doctors." Pressure was brought to bear so strongly that I looked for another scheme, and I think I have found one which will give general satisfaction. It is, that for the first 100 or fraction of 100 practitioners in each province, there shall be one member. That will let in Prince Edward Island, and will also let in the Yukon when it has a central board established. For the second 100 or fraction thereof over 50, there will be one member; and for every 600 above that, one member. That principle can be continued *ad infinitum*. Then there will be appointed members—one appointed by the Governor-in-Council from each province. There will also be university representatives, each university having a teaching medical faculty being entitled to send one, and there will be three homeopathic representatives from the entire Dominion.

Now, it may be asked: Why ask the government to appoint one from each province? I have been constantly met with the objection that this would bring politics into the organization. I do not think so. I think the ablest men in our country will be selected, very often at any rate, by wise governments for a purpose of this kind. But, Sir, there are two other reasons, cogent reasons, why the government of the country should have a voice in the composition of this council. Doubtless some day, when it gets thoroughly into operation, this body will be used by the Dominion government as an advisory body, having, as it will undoubtedly have, the best men in our country upon it, on great questions of quarantine, or concerning epidemics or pestilences that may reach our shores, in order that it may back up the authorities who are dealing with such matters in the Dominion and in the various provinces. This use is made to-day of the British Medical Council by the government of Great Britain, and its meetings and investigations have been exceedingly useful and practical. Another reason—it is a sordid one, perhaps, but one of considerable practical interest—is that having eight representatives of the government of the day upon it, this council may well come to the government and ask for some assistance, in the form of a grant for a certain number of years, which I feel satisfied my hon. friend the Minister of Finance (Hon. Mr. Fielding) will be able to arrange for us, because he has been in the past—I take this opportunity of saying—exceedingly kind to the medical profession. In 1897, when the British Association visited this country, he presented the profession in Canada the sum of $5,000 for the purpose of entertaining their distinguished visitors.

Each university in Canada which has a teaching medical faculty will be represented by one member. There are nine such universities in Canada to-day. There are ten active teaching medical faculties, but one of these, the Trinity school, is not attached strictly to any university. We hope, however, that arrangements may be made to take that body into the composition of the council. It is possible that owing to the fact that the universities of Quebec and Montreal are practically separate and distinct, Laval might claim another representative. That will give to the province of Ontario a total of nine; to the province of Quebec eight, to Nova Scotia four, to Manitoba four, to New Brunswick three, to British Columbia three, to the North-west Territories three, and to Prince Edward Island two, making altogether thirty-six, besides three homeopathic representatives, which brings the number to thirty-nine. It may be thought that this council is too large, but we must not forget that it represents the whole Dominion. In the province of Quebec alone there are forty members on the local board, and in Toronto thirty members, so that there will be fewer in reality on this committee for the whole Dominion than there now is on the board of one single province. These figures of course will have to be constantly altered. A year ago, on the very day I addressed the House, I received a telegram from the North-west Territories, stating that there were 110 medical men there. Yesterday, I received another telegram, stating that the number had increased to 211, which, doubtless, is an evidence of the increase of population in the Territories.

The homeopathic representatives, three will be elected by the homeopathists themselves, from ocean to ocean, by ballot. That is their own proposition.

These gentlemen will serve a certain number of years. The appointees of the Governor-General will be named for four years. Those who are elected from the profession or by the various councils will serve during the life of the council. The university representatives and the homeopathists will be retained for four years. The whole scheme will, at the start, be under the supervision of the Minister of Agriculture, who will call the first meeting, preside at it, and arrange to have the council put into business shape. The first meeting will be held in Ottawa, and it is possible that all the meetings will be held there.

This council will elect, from time to time, an examining board, to be composed of English and French examiners, and every candidate may elect to be examined in either the English or French language. Examinations will be held in the centres where hospital facilities are the greatest and

the students most numerous, so that it will not be necessary to disturb the students. As a rule the students in this country are to be found in five different places—Halifax, Quebec, Montreal, Toronto and Winnipeg, and in these centres the examinations will be held.

It will be necessary to exact a five years' course of all students in the various universities in Canada, because that is now exacted by the Ontario Medical Council and also by the British Medical Council. The final year of the course will be purely a practical one, having to do with the practical subjects which the practitioner really deals with in his daily life.

There is in the Bill a retrospective or retroactive clause intended to admit those members of the profession who have been a number of years in practice. It is thought that every medical man who has been five or seven years in practice—the time has not been decided upon, but will be in the committee when we meet the delegates of the various provinces—should have the privilege of taking advantage of this Act. These practitioners will be registered and allowed to move from one province to another or change their domicile for the purpose of practicing, but the chances are that when a man has been anchored five or seven years in the one place he is likely to remain there, so that there will be no stampede of these gentlemen towards any of the newer provinces. By making the limit five or seven years, any danger of such a stampede will be avoided.

There will also be a board of arbitration in order to meet difficulties which may arise in the early meetings of the council. It might occur that a representative of a province might indicate that the standard was not kept up, as promised originally, and that standard must of course be at least as high as anything in existence at present. In this event, the board of arbitration will meet and be composed of three members—one to be appointed by the Governor-General from the Supreme Court of Canada, the second will be appointed by the Council; and the third will be a member of the council from the aggrieved province. These three will sit upon the case, as it were, and find out exactly where the grievance is, whether it should be considered, and what remedy should be applied. It is a very important part of the machinery, and, while I hope it will never need to be brought into operation, I think that, if it becomes necessary, it will be found useful. It was thought that a judge of the Supreme Court would not be influenced by any prejudices of a local character.

Now, the advantages in connection with this Bill are that we shall have a more uniform standard of education and examination in this country; we shall have the barriers broken down which at present exist on the frontiers of provinces, and medical men will be able to get a license to practice on both sides of the Ottawa river, on both sides of the imaginary line between any two provinces. I believe that it will lead to removing, or, at any rate, lessening the congestion which at present exists in the medical profession in some of the provinces. Medical practitioners will be more generally distributed, and it will allow a number of our young men to roam, as it were, in any part of the empire. By registering in Great Britain, as I said before, they will be able to practice in any place where the British flag flies.

We do not see the necessity of adding much to what Dr. Roddick said. If the Medical profession of Canada desires to have the right to practice in any part of the Dominion, they should render support to passing the necessary local enactment required to put the Bill into operation. If the new members of the profession, the new graduates, desire to be qualified to practice in any part of the British Empire, or, in fact, almost the wide world, let them do likewise. The important point to remember is that the British Medical Act enables men qualified to practice in any country, to be registered on the British Medical Register, provided that country will do the same for those whose names are on the British Register. This is a boon, indeed, especially when it is remembered that most of the countries or nations of the world have already reciprocated with Great Britain. It has been asked why Britain does not reciprocate with the various Provinces. The answer is clear and explicit. The British Medical Act only deals with countries. The provinces are only portions of a country, which country is Canada. In his effort to bring about a result so desirable, Dr. Roddick deserves and should receive not only the thanks, but the earnest support of the entire medical profession in the Dominion.

Book Reviews.

Abbott's Bacteriology.—A Practical Manual of Bacteriology for Students and Physicians. By A. C. Abbott, M.D., Professor of Hygiene, University of Pennsylvania. New (6th) edition, revised and enlarged. In one 12mo volume of 636 pages with 111 illustrations, of which 26 are colored. Cloth, $2.75, net. Just ready. Lea Brothers & Co., Publishers, Philadel, phia and New York.

The past three years have been productive of rich results in bacteriological study, and the new edition of Dr. Abbott's excellent manual appears opportunely.

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Dr. Abbott's work has had a very successful life. Six editions, each larger than its predecessor, in ten years, is a record reached by few medical books. This rapid and increasing demand offers frequent opportunities for revision, and each of these six dietions presents not only a complete renewal, but a considerable enlargement, so that the volume now is nearly three times its original size.

That Abbott's Bacteriology is an accepted authority and a strong favorite with both student and instructor is not at all surprising.

PUBLISHERS DEPARTMENT.

urinary troubles in old men; also for children when subjects of that troublesome complaint, wetting the bed. I have practised medicine over forty-five years.

A. D. H. KEMPER, M.D.

Sedgwick, Kans.

SANMETTO IN ENURESIS, CATARRHAL TROUBLE AND ATONIC CONDITIONS OF THE GENITO-URINARY ORGANS.

This is to certify that I have used Sanmetto for the past eight years, and I can truthfully say that it has come to my aid in my practice, in such cases that I deemed was necessary, such as enuresis, catarrhal trouble and atonic conditions of the genito-urinary organs. In every case where I have used it faithfully it has proved to be all claimed for it—a potential remedy. I have taken it myself. As I am over seventy years of age, it has come to my rescue, and the relief is phenomenal. I have practised medicine over thirty years in Cincinnati.

WESLEY H. WATSON, M.D.

Cincinnati, O.