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CODE OF MEDICAL ETHICS.*

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS,
AND OF THE OBLIGATIONS OF PATIENTS TO THEIR
PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during profes-

sional attendance should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

* This is the Code of Ethics of the American Medical Association, and has been sanctioned and adopted by the Canada Medical Association.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of patients to their physicians.*

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes

much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in

all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical advisers unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgement can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER,
AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of

its members;—should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsi-

bility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practise from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2.—In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver

their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing*, and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should

be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as an umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2.—A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust or illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, how-

ever, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant and with the consent of the patient, to surrender the case.

[The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant].

§ 8. A physician, when visiting a sick person in the country may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future directions unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

§ 1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur,

and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical*.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of

justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied be-

neficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumption of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

IRIDEREMIA, OR TOTAL ABSENCE OF THE IRIS.

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Irideremia, or total absence of the iris is a rare and interesting condition. The iris in the majority of these cases is completely absent; in exceptional ones a narrow ring of rudimentary tissue or a few irregular shreds represent the normal iris. As this condition, according to Von Ammon, appears about the fourth month of intra-uterine life, it is possible to estimate the period of arrest of development. Irideremia is often hereditary in the male sex, and it sometimes is transmitted directly from mother to daughter. Foachon¹ has observed 14 cases, in 28 of which it was transmitted, so that its heredity is very decided. It is generally associated with defective development of the eye in other respects; as small and pallid optic nerves, deficient choroidal pigment, imperfect ciliary muscles, subluxation of the lens and congenital cataract or general arrest of development of the eye constituting microphthalmos. In one of the cases observed by me the child itself was stunted. The eyes are generally hypermetropic; antero-posterior diameter being too short. Associated with the defective vision is the constant twitching of the eyes known as nystagmus, due to the constant effort to fix objects.

The appearance of the eyes is very peculiar. They have a bluish look not unlike those of a newborn puppy. The vision is very defective especially in broad daylight, from the great quantity of light which is admitted to the eye. Sometimes, however, the vision is very good, especially when aided by a perforated diaphragm (stenopic spectacles.)

Von Walther first endeavored to explain the condition by applying the theory of segmentation to individual organs, and likened it to hare-lip and spina bifida. When, however, the incorrectness of this physiological theory was proved, the application of course failed in its point.

J. Müller has lately proved the statement of Malpighi to be correct, that in various animals there is up to a certain period a definite cleft in the iris.

Fichte believed that the iris did not develop itself equally in all segments, but that some developed more slowly than others.

Arnold holds on the contrary that it is an entirely abnormal condition, due to defective development of the vascular system from which, he believes the iris is originally built.

This fact is certain, that at no time during the development of the eye does a gap exist in the iris or choroid. The cleft in the choroid is always pathological, the result of an abnormal state of the retina division, (augenspalte) and the cause of coloboma or irideremia.

Case I, "Tiny," aged about eight years, came to the Royal London Ophthalmic Hospital, Moorfields, after hours, when I was acting house surgeon in 1877. His sight was very defective, so that he had never been able to read, but he could make a few large strokes on the blackboard. He was highly hypermetropic, but owing to the oscillation of the eyeballs, I was unable to estimate the amount. The cornea have a bluish look, like those of a young puppy. The irides are completely absent. With the ophthalmoscope I can catch a flying view of the optic disc, which appears whiter than normal. The choroid seems healthy though deficient in pigment. He was very diminutive in stature. He had been sent out to Canada by Miss Macpherson, but owing to defective sight was sent back to England. It is said that his father, a half-witted cab-washer, had the same affection, but I was unable to find him to verify the fact.

¹ *Gaz. Med. de Strasbourg*, 1841, p. 230, quoted by Galezowski.

Case II. Chas. Letts, aged 8½ months, came to the same hospital at a subsequent period. His condition closely resembles that of the first case. The irides are completely wanting. There is nystagmus, but he can distinguish light well. Being so young it is impossible to test vision. No other member of the family has this defect nor any other deformity.

I find the following cases recorded: Mr. White Cooper² reports three cases in a family of four. Boy æt. 12 has only "an irregular strip of iris"; microphthalmos; sees very imperfectly. Girl æt. 9 years, similar condition to brother's; has a "few shreds of iris;" microphthalmos. Girl æt. 7 years, "irregular grey strip of iris"; eyes still smaller than others. Boy æt. 1 year and four months; well developed; sight perfectly good. Neither of the parents had any defect of vision.

Mr. Dixon,³—Woman æt. 36; had a trace of iris in left eye; opacity of lens and cornea. Strange to say she had a useful amount of sight.

Mr. Geo. Lawson,⁴—Boy æt. 13; youngest of six children, strong and healthy. After reading sight becomes dim; cannot converge simultaneously; total absence of iris; optic nerve small and white.

Dr. Paul Schröter,⁵—Woman æt. 42; irideremia; myopia; nystagmus; eyes very small. Her daughter a girl of 7, has same deformity; sight very bad; nystagmus.

Mr. Soelberg Wells,⁶—Iris totally wanting in father. Son, an infant a few months old, has same condition.

Dr. Manz, of Freiburg,⁷—Boy æt. 6; total absence of iris; cataract and cyclitis; father had same conditions.

I will now add to these four cases of *artificial irideremia*. The first was a case I saw in 1876, in Galezowski's clinique, in Paris. Galezowski performed an iridectomy for irido-cyclitis. On gentle traction to withdraw the iris, the whole organ became detached and came away. The patient made a good recovery.

The second was a similar case, in the practice of Mr. Geo. Lawson, at the Moorfields Ophthalmic Hospital. This man also made a good recovery.

Dr. Chisholm,⁸ of Baltimore, U.S., reports a

third. The iris was pulled out by an opponent in a fight. The finger nail had perforated the cornea.

The fourth case is reported by Mr. Soelberg Wells.⁹ It occurred in Graefe's clinic in 1859. Patient was a blacksmith who had been injured by a piece of iron flying up into the eye. He had prolapse of the iris, which it was desirable to remove. On seizing it, it became detached from the opposite margin. Graefe then removed the whole iris. It was followed by no reaction, little bleeding, and the patient enjoyed excellent sight.

Correspondence.

THE MEDICAL COUNCIL AND THE COMING ELECTIONS.

To the Editor of the CANADA LANCET.

SIR,—Can anything be more humiliating to us as a profession, than the knowledge that the very existence of so excellent an institution as our Medical Council is imperilled—that into so bad odour has the Council unfortunately been brought, under the leadership of a few headstrong, irresponsible men, that only a prompt and complete reversal of a policy at once illiberal, harsh and wrong, can restore to it the confidence of the profession and the public?

So far as the mere conduct of the examinations this year, is concerned, there is nothing to find fault with. It is pleasing to be able to say so, in view of the history of past examinations, but it would have been strange indeed, with a large hall belonging to the Council, to hold them in, and a year's time to get it ready, had it been otherwise. Yet never before in the Council's history, has there been so much confusion, uncertainty, and general bewilderment amongst the candidates. The Council itself fixed the precise date for beginning the examinations last year, and had this been adhered to, as it should have been, a world of discreditable trouble would have been saved. What although any other examining body did, by mistake, select the time for their examinations, already selected by the Council? That body, whichever it might be, before which only a few of the candidates would appear, would at once, and gladly have chosen another time, so soon as the clashing was discovered—for all our examining bodies are aware

9 R. L. O. H. Repts., vol. II., p. 199.

2 R. L. O. H. Rep. Vol. I, p. 110. 3 R. L. O. H. Repts., Jan., Feb., Mar. 1875. 4 Same, vol. III., 272. 5, Monats, Bl. f. Augenl. Marz-Mai, 1866. 6 Treatise on Diseases of the Eye, London, 1873. 7 Zebend. Clin. Monat. XIII., Jan., Feb., Marz., 1875. 8 Lancet, June 15th, 1872, quoted by Wells.

that the Council's examination, to which every student must go, takes precedence of all others. As it was, nothing but confusion reigned as to the *date* at which the several examinations were to begin. One date was fixed upon now, and now another, and no one knew whether there was any certainty of any date being positively adhered to. Then as to the details of the several examinations, students applying to different members of the Executive Committee for information, received a different answer from each, so that dissatisfaction inexpressibly great, was felt by even the best and most easily pleased students.

While these facts shew ample grounds for complaint on the part of the students, there were others not less galling to them, as well as to members of the profession outside the Council, who were aware of the existing state of things. I allude to the indisputable fact that, under a blind leadership, the Council has laid down many regulations of a most arbitrary and vexatious character, one at least of which, brings a blush to the cheek of any respectable medical man who reads it. As samples of these regulations, see page 11 of the printed rules of the Council for 1879-80:

"Any candidate who shall, after June, 1878, fail in any branch (of the 7) of his matriculation examination shall be held to have failed altogether, and be rejected."

This failure-in-one, failure-in-all rule, involves a forfeiture of the entire fee, \$10. which has to be paid anew every time a candidate goes up—a very sharp, but a very dishonest way of making money. Giving candidates who pass upon three or four subjects credit for what they do, and returning at least half of the fee, would be fair and would give satisfaction. That this is an arbitrary, and therefore an indefensible reversal of what has been heretofore the rule is clear, for the same regulation ends thus:—"But those who before that date have passed upon some of the subjects, shall be allowed credit for such subjects at a subsequent examination.

Again (see page 14)—"Any candidate who fails in any branch of his primary examination shall be held to have failed in all."

The following branches are embraced in the Primary Examination:—

a. Descriptive Anatomy. b. Physiology and Histology. c. Chemistry, theoretical and practical. d. Toxicology and Sanitary Science. e. Botany.

There can be no reason given for adopting for the first time in the Council's history so harsh a rule. In all past years, candidates passing in any three subjects got credit for them, and this plan never worked badly; but in an evil hour, urged by a very few of the lovers of the "arbitrary," it was set aside and that given above adopted. But so manifestly unjust was this rule, that even the Executive Committee at the last moment modified it, but, as usual, in a most unsatisfactory and most unpractical manner. It is now conceded that candidates for the "Primary examination" will get credit for three branches passed, provided (and here is the unwise restriction) two of these are Anatomy and Physiology. This is done, it is said, to mark the importance of these studies. Now their importance is readily conceded; but suppose a candidate to be somewhat, even very, deficient in these, and very well up in the branches which are admittedly of less importance, should he not be credited with the three less important branches which he has proved himself to know thoroughly, so as to have all his spare time to give to those more important, on which he is not up to the required standard? Common sense can give but an affirmative answer to this question, but the Council's Executive Committee has just given another.

See also page 11:—"Every student after his Matriculation has been registered, must spend a period of four years in actual professional studies, except as hereinafter provided, dating from the 1st of April, 1878. The prescribed period of studies shall be held to mean 48 calendar months, to be computed from the date of matriculation."

The last, or "48 calendar months" clause of this, is most galling to students. Between twenty and thirty are this year kept back, it is said, on account of it for a whole year. It works in this way:—A student matriculated say four years ago in April, another in July of the same year; both have now completed their four sessions of lectures. The one can go up now without trouble; the other, only a few weeks behind, and very likely the better man of the two, and who is not expected to attend another lecture anywhere, nor obliged to study even another hour, is kept from making his living for an entire year. No one of good judgment wishes an abridged curriculum; but certainly when a man closes the last session of his four academic years, these should here, as everywhere else, be held to

be complete, although a month or two, or even three, short of the full four years.

As to the next regulation it speaks for itself, and is simply abominable; it is more than unjust. To read it is enough. (See page 15.)

"No part of the fees paid either for matriculation or professional examinations will be returned to unsuccessful candidates."

Every honest man in the Council may well hang his head with shame when he thinks of this rule.

It is simply dishonest. It requires no comment, but its existence is a disgrace, and its enforcement, little if at all, short of a crime. As an instance of its hardship and wickedness; a very poor but respectable American graduate who is in very ill health, presented himself last year for examination. He paid the full fee \$50, but owing to his wretched health was not successful. No part of his \$50 was returned to him, and when he presented himself again this year, another \$50 was demanded and paid. I cannot trust myself to characterize such doings as they deserve. They are simply revolting. Any man unfortunately rejected, on going up again has to pay the entire sum over again to the Treasurer, who coolly says "that he is merely carrying out the orders of the Council." If this is not legalized robbery by what other name can it be called? In no other country in the world does an abuse of the same kind exist.

By another rule it will be seen that the Council examinations are all but private. (See page 18.)

"No person other than a candidate for examination will be admitted to the Examination Hall, except those officially appointed by the Council or its Executive Committee.

It is not, it cannot be right to exclude any professional man or member of the Council who may desire to be present to see how matters are conducted. A strict rule preventing any interference whatever on the part of visitors, with examiners or examinations is all that can by any chance be needed—and nothing tends to give confidence so much as publicity—but the blind "controlling spirits" cannot see this.

And the last but not the least objectionable part of the Council's mismanagement, is in connection with the Executive Committee; this year it is ridiculously small—five in number. Here is the list. (See page 7):

Executive Committee.—DR. WM. CLARKE, DR.

ROSS, DR. DANIEL CLARK, DR. HUSBAND, and the President, DR. MACDONALD of Hamilton.

It is enough to say here that not one of these gentlemen ever raised his voice against the harsh, irritating and unjust regulations above quoted. One need say no more. This fact speaks volumes. In this connection it is only just to except Dr. Husband, who is a new and a respected member of the Council, only appointed since the death of the late Dr. Campbell, and to fill his place.

For three hundred and sixty days of the year this small committee has been the Council to all intents and purposes, and has transacted most important business. It sits, too, with closed doors, unless when by special invitation any other member of the Council may be present for some special purpose. Its meetings are never reported in the medical or other journals, as they should be, and no one, not even the members of the Council, with hardly an exception, knows what is going on. This is all wrong, and must be radically changed. If the Council is to have the confidence of the profession, it must in its conduct be in all respects such as will deserve their confidence.

Another grievance felt keenly by at least three-fourths of our medical students is one the existence of which is indeed difficult to understand. I give it in language quoted from "A Medical Student's" letter which appeared a few weeks ago in one of our daily papers.

"Another great grievance which scores of us complain of, and the existence of which we cannot understand, is that the Council have as their treasurer, and have had for years, a gentleman no doubt perfectly trustworthy, but who is President of one of the Medical Schools. This is manifestly very unfair to each student of all the other Schools of Medicine in the country—that he should year after year, from the time he pays his matriculation fee till he pays for his final examination, be forced to have to do with the head officer of a school he does not attend."

"One would have thought that the Council, whose duty it is to examine the students of all the schools, and which has nothing to do with any one of these more than with another, would have avoided the supreme blunder of appointing a teacher in any one of them to such an office, or at all events, that such a mistake having been inadvertently made, no time would have been lost

“in rectifying it, but to this day it remains uncorrected, a standing and most irritating wrong to the vast majority of Ontario medical students. We do hope that the Treasurer, no longer insensible to the extreme awkwardness of his position, will soon voluntarily give way to some one who is not connected with any school, and that if he should not do so, the new Council about to be elected, may appoint another officer in his place, who shall not be a member of any of the medical teaching bodies.

As a class, medical men hate tyranny, oppression, and wrong; and when their own Council is threatened with destruction, owing to the odium a very few men by their most unwise, illiberal and narrow policy have brought upon it, I am very much mistaken if they do not, with one voice, refuse in every electoral district in the country to give even a single vote, to any man who will not go to the Council pledged fully to right existing wrongs, and to correct the many abuses, to only a few of which, this letter has directed attention.

Yours, &c.,

A MEMBER OF THE COUNCIL.

April 29th, 1880.

Election Addresses.

To the Medical Electors of King's and Queen's Division:

GENTLEMEN,—The cycle of events has brought the term of my official duties connected with the Medical Council to a close.—You will therefore shortly be called upon to elect, from among yourselves, a Territorial Representative to serve in that body. I have again been solicited by a highly respectable number of my professional brethren, to offer myself once more as a candidate for your suffrages at the forthcoming election. The confidence you reposed in me for the last five years, I trust has not been misplaced. I have endeavored to carry out every pledge I gave prior to my return, and it is very gratifying to me to observe that many of you have been pleased, more than once, to approve of the course I pursued, in relation to the general business brought under our notice.

It might be well here to state that my career in the Council has not been so prolific of results as I could have desired; however, I trust that my

labors have not been altogether without effect. In explanation of the cause why I was so frequently foiled in my efforts to be of greater service to those whom I represented, I have only to refer you to the composition of the Examining Board, where one-half of the examiners were annually appointed from among the members of the Council, with a high remunerative allowance. Upon mature reflection you will readily admit that the examiners should be exclusively appointed from among the members of the profession outside of the Council. No difficulty can arise in selecting competent men, who are known by reputation to have familiarized themselves with a knowledge of the branches that might be allotted to them for examination. My desire ever was to have the Examining Board so constructed that should any of the candidates who apply for license, who may feel themselves aggrieved, or fancy that they have been unduly taken advantage of, they might be able to appeal to a disinterested tribunal, where the proper remedy might be applied, and any grievance redressed, whether real or apparent, that may be supposed to exist. Several instances occurred where appeals were made to the Council from the Examining Board, by more than one of the candidates who did not feel quite satisfied; then to whom were the appeals made, but to the arbitrament of the very men who were supposed to have done the wrong or having been accessory thereto. You will at once perceive that this was rather a tough morsel for the appellants to digest. Want of confidence seemed to be the paramount feature at every final examination.

Every year since you elected me I tried to remedy the evil, but as often failed. To the combined efforts of two or three *aspirants for fame*—who had an ungovernable desire to rule—with a few of their more pliant but well meaning followers, I attributed my failure to achieve what I so much desired to accomplish. My ardent wish was to have every member of the Council eliminated from the Examining Board. The principal argument advanced against my views, was to the effect that we had not properly qualified or competent men outside our own circle to act as examiners! To this anomalous state of affairs I demurred, holding that I never as yet had seen grounds for believing that we had the good fortune to possess a monopoly of all the wisdom or business talent in the country.

However, I freely admit that there are several distinguished men of acknowledged ability in that body, who were deservedly popular, many of whom—without doubt—were sincerely honest in their opposition to my views. Furthermore, I contended that men could be found outside, who, in every respect, were equally well qualified—if not superior to many of the examiners appointed from the Council. I feel happy, however, to announce that at the last closing session the Committee on Education came to the conclusion “that discretion was the better part of valor” and positively excluded every member of the Council, *save one* (the ablest business man in our midst) from the Board of Examiners, and appointed a highly intelligent Board, composed of men outside of the body; so that, by dint of a little perseverance, I had the agreeable satisfaction of seeing my efforts eventually crowned with success. The small minority who supported me deserve great credit for their firmness of purpose in this emergency. I may also mention that I am in favor of either an increase in the number of Territorial Representatives or a more equitable readjustment of the present representation. A disproportionate preponderance of any class of practitioners in the Council I deem to be manifestly unjust. A resolution having that object in view, which I supported, I regret to say was at once voted down.

In this connection I may state that reciprocal registration with the Medical Council of Great Britain is now regarded as of greater importance than heretofore. Whether we can obtain it or not the subject is invested with some degree of doubt. It seems to me that it is contrary to everything like reason for us to allow British graduates, privileges in this country which are withheld from our graduates in the mother country. It is claimed by the Medical Council of Great Britain that the British North American Act (which gives the Colonists full power to manage their own internal affairs in any way they may think fit) does not in any manner abrogate any of the provisions of the Imperial Statute of 1858, by which they affect to be governed. I scarcely think it would be wise at the present juncture to resort to the *lex talionis*; but would employ every legitimate means at our command, with the view of influencing our own legislature, where the power virtually rests, in order that parties claiming registration may be re-

quired to comply with the laws formulated here for the guidance of the profession generally.

I may further state that the Council is capable of doing much good, if the provisions of the Medical Act are properly carried out, and no unnecessary expenditure incurred beyond what is unavoidable—more especially with an income derivable from a very uncertain source, without any other supplementary support. Unless this state of things is rigidly attended to it is not difficult to forecast what the inevitable result may be. Should you again honor me with your confidence, my utmost desire will be to continue to merit your kind approbation; but should I fail to secure a favorable response, then in that case send some one else to represent you who, perhaps, might be more obsequious than

Your obedient servant,

WILLIAM ALLISON.

Bowmanville, 2nd April 1880.

To the Medical Electors of the Burlington and Home Division.

GENTLEMEN:—In consequence of either the intentional or the culpable neglect of the officials of the Medical Council, who should have sent out the voting papers in time, I was defeated in the election of 1872, but by only seven votes. On that occasion more than a dozen of my friends did not get their voting papers at all until the election was over—a fact I was able to establish clearly in my protest to the Medical Council, but from our very defective Bill, since amended, the Council was unable to have justice done me.

I again offer myself as a candidate for a seat in the Council. If elected, I shall earnestly advocate such a judicious and liberal policy as will enable the Council to correct the many abuses which have recently crept in, and to adopt such impartial and just regulations for its future guidance, as will prevent the recurrence of such abuses. Thus, alone, as I believe, can we succeed in restoring that confidence and respect for the Medical Council, which, I regret to state, has to a large extent been forfeited by the reckless blundering of the past few years.

I believe in shortening the term of office, that the professional sentiment may be more frequently and fully reflected in the Council; also in a nomination day, when a selection of suitable candidates

may be made, and a full discussion on Medical Legislation may be had. Peel and Wentworth have each been represented in the Medical Council, and Hamilton has enjoyed the emoluments of office for two terms. If Halton has a fit representative, it is time she should have that distinguished honor conferred upon her.

If elected, I shall oppose needless taxation of the profession as unwise and unjust. I shall urge the reduction of the expenditure in the management of the Council's affairs, and guard to the utmost of my ability all the best interests of our noble profession.

I remain, Gentlemen,
Your Obedient Servant,
C. FREEMAN.

Milton, April 12th, 1880.

To the Medical Electors of the Saugeen and Brock Division.

GENTLEMEN ;—In compliance with a resolution passed at the last meeting of our Medical Association for the North Riding of Bruce, and the solicitation of medical friends from different parts of the District, I have consented to become a candidate for the representation of the Saugeen and Brock Division in the Medical Council of Ontario, at the ensuing election. As, in all probability, I will not have an opportunity of seeing you personally before the voting takes place, I shall briefly give you my views on the more important medical questions now before us.

If elected, I shall, to the best of my ability, advocate an increased territorial representation, believing that it will create a more lively interest and give more general satisfaction to the medical public than the law as it now exists. I am also in favor of having the examinations appointed at a stated time, and to be conducted, as far as possible, by examiners selected outside the Medical Council.

I shall pay special attention to the manner in which the finances are managed, and support such measures as will insure the expenditure of money entrusted to the Council with due regard to economy. Other measures having a tendency to elevate the standard of our profession shall receive my warmest support. Hoping to receive your vote and influence.

I have the honor to remain,
Your obedient servant,
ROBERT DOUGLASS, A. B., M. D.
Port Elgin, April 15th, 1880.

Reports of Societies.

HURON MEDICAL ASSOCIATION.

The last meeting of the Huron Medical Association was held in Clinton on the 6th of April, Dr. McLean of Goderich, president in the chair. The following members were present ;—

Drs. McLean, Sloan, Worthington, Bethune, Holmes, Williams, Taylor, Young, Dowsley, Hurlburt and Stewart. Drs. Hyde of Stratford and Edwards of London, were present by invitation.

Dr. Taylor of Goderich, exhibited a man 40 years of age, on whom he tied the right common carotid artery 5 weeks previously, for a cavernous pulsating angioma of the roof of the mouth on the right side. As the result of the operation the tumor is less than half its previous size and all pulsation has ceased. Prior to surgical interference, the tumor was the seat on several occasions of very alarming hæmorrhages. The operation was performed with the strictest antiseptic precautions ; the vessel was tied immediately above the omo-hyoid muscle. The dressings were removed for the first time on the 5th day, when it was found there was complete union. There were no cerebral symptoms or constitutional symptoms following the operation.

Drs. Stewart and Hurlburt showed ;—

1. A case of "Lymphatic Leukæmia." The patient, a female, aged 27, married 5 years, 3 children, youngest aged 11 months. The glands on the left side of the neck commenced to enlarge two years ago, those on the right side about six months ago. At present the lymphatic glands under the jaw, along the clavicle and sterno-mastoid, are greatly enlarged on both sides. The axillary and inguinal glands are only slightly enlarged. There is no enlargement of the spleen and liver. There is a dull area of about an inch square over the sternum at the junction of its first and second pieces. During the last six months she has been troubled with a dry, hacking cough. With the exception of the dull area already mentioned, there is nothing abnormal to be detected over the lungs. Heart sounds normal. The red corpuscles counted by means of Gower's hæmacytometer, amounted to 2,250,000, and the white to 75,000 per cubic millimetre. Ratio, 30 red to 1 white. The hæmaglobin as estimated by Gower's instrument amounted to 46 per cent.

The urine is acid, sp. gr. 1.015, free from albumen, sugar and casts. During the last two months she has been taking 15 drops of Fowler's solution daily, but with the exception of a slight increase in the number of red corpuscles, there is no change to be detected in her condition from the time when she first came under observation.

2. A male patient, aged 20, in whom they on two occasions opened a lumbar abscess with anti-septic precautions. The abscess which is due to disease of the third and fourth dorsal vertebræ, was first opened last October. When changing the third dressing (6th day) the wound was found closed. The pus, however, reformed again, necessitating a second operation which was performed two months ago, and followed by healing of the wound on the 9th day. At present the patient is wearing a Wyeth's extension jacket. Consolidation is taking place in the diseased vertebræ.

Dr. Bethune of Wingham, showed a tumor weighing 20 lbs. which he removed after death from the abdominal cavity of a female child, aged six. As the histological characters of this growth are not as yet determined, a full report will be delayed for a future occasion.

The following resolution was moved by Dr. Worthington of Clinton, seconded by Dr. Taylor of Goderich, and carried unanimously. "That we, the Medical Association of the County of Huron, feeling satisfied that Dr. Stewart of Brucefield, would make a good representative in the next Medical Council, hope he will allow himself to be a candidate for that position, and if so would strongly urge the profession throughout the Malahide and Tecumseh Division to give him a generous support."

BRUCE (N. K.) MEDICAL ASSOCIATION.

The adjourned meeting of this Association, was held in Paisley on the 26th of March, Dr. Scott in the chair. The following were elected officers for the ensuing year:—

President, Dr. Scott; 1st Vice-President, Dr. Douglass; 2nd Vice-President, Dr. McLaren; Secretary and Treasurer, Dr. McArthur.

Several matters of interest to the association were brought up and discussed.

Dr. Douglass of Port Elgin, was requested to offer himself as a candidate for the representation of the Saugeen and Brock Division in the Ontario

Medical Council, which nomination he has since accepted.

Drs. Scott and McArton were asked to prepare papers to be read at the next meeting, to be held in Port Elgin in June next, at the call of the President.

BELLEVILLE MEDICAL SOCIETY.

At a meeting of the Medical Society of the city of Belleville, held on the 12th March, the following letter of condolence was directed to be presented to Mrs. Higinbotham, widow of the late Dr. Andrew H. Higinbotham, and a few days afterwards the accompanying reply was received.

To Mrs. Higinbotham:

MADAM,—At a meeting of the Medical Society of the city of Belleville, of which the late Dr. Higinbotham was a member, held at the residence of Dr. Hope, March 12th, 1880, we, the members of the Society, individually expressed our personal regard for him, not only for his unobtrusive professional conduct, but also for his gentlemanly bearing towards his medical brethren. His firm allegiance to the ethics of the profession won for him the respect of all, and while among us he exerted his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness.

Since it has pleased God to remove him from our midst, we endeavor to convey to you in this manner a slight expression of the high esteem in which he was held by us. Knowing that it is impossible to supply that comfort which our sympathies would gladly give in this your sad bereavement, yet we hope that this humble expression of our respect may tend somewhat to soften your great affliction.

Permit us, dear madam, to convey to you this assurance of our regard and profound sympathy for yourself and family under this irreparable loss. We are, madam,

Most sincerely yours,

ROBERT STEWART,
JAMES F. CURLETT,
D. E. BURDETT,
P. V. DORLAND,
S. A. ABBOTT,
GEORGE J. POTTS,

CHARLES N. RIDLEY,
ROBERT TRACY,
J. J. FARLEY,
J. B. MURPHY,
J. E. EAKINS,
WM. HOPE,

Secretary.

President.

Belleville, March 29th, 1880.

REPLY.

To the Members of the Medical Society of the city of Belleville:

GENTLEMEN,—I accept with very great comfort the letter of condolence addressed to me by the

Medical Faculty of the city of Belleville, expressing their sympathy for myself and family in the sad loss we have sustained by the death of a good husband and father.

It is a source of great consolation for me to receive the very numerous evidences of the esteem in which my late husband was held by his many friends, but none cheers me more than that which I have just received from his medical brethren of this city.

Please accept my most sincere thanks for the very kind expressions contained in your letter, which I shall treasure up as a much prized and sacred memorial of my late husband.

Respectfully yours,

(S'd.) MARY HIGINBOTHAM.

Belleville, March 27th, 1880.

MICHIGAN STATE BOARD OF HEALTH.

The State Sanitary Convention, the second of the series was held in Grand Rapids on the 17th of February, and following days. It was in every respect a success. It was largely attended, many valuable papers were read and discussed, and a large number of sanitary apparatus and appliances were on exhibition, such as air moisteners, sewer traps, ventilators, ozone machines, water closets, disinfectors and disinfectants, sanitary publications, etc.

Dr. Baker, the Secretary of the Board, read a very able and interesting paper on "General Sanitation." He advocated the appointment of a health officer for every locality, to be paid a stated salary. The number of doctors in the State of Michigan is estimated at 3500, and estimating the average annual income at \$1000 each, the people of that State pay \$3,500,000 to those who prescribe for the sick. If an "ounce of prevention is worth a pound of cure," can any sane person suppose that if one sixteenth of the 3500 physicians were constantly employed and paid for their services and their success in searching out and applying all possible knowledge for the prevention of sickness and death, it would require all the remaining 3282 physicians to prescribe for the sickness from non-preventable causes? In the city of Detroit, the number of deaths are about 2000 annually. Of these 240 or twelve per cent are preventable. Now if the sickness could be reduced by effective sanitary work by ten per cent, the 200 physicians of Detroit city might be reduced

in that proportion, and if the 20 physicians thus thrown out of employment were employed by the city in the work of general and special sanitation it would be in the direction of true economy for the citizens.

Speaking in reference to the relation of schools he said the three most important general principles of action by the improved New York quarantine are: Isolation of the sick, disinfection of all infected material, and ventilation of everything. In order that this shall be possible in relation to the schools of a city, it is essential to have such a thorough organization of the health authority of a city that suspected cases of communicable disease shall be promptly reported to the board of health and be immediately visited, and the truth learned whether or not the case is one involving danger to the community. The health authority must be given money sufficient to have such work done with as much promptness as the fire department display in visiting the locality of a reported fire; and as the firemen remain until the fire is out, so the health department might have its officer or employe remain until the disease is over. He should watch and guard the public safety. He ought to use disinfectants skillfully, and, if need be, as freely as water, until all danger of a fresh outbreak should be prevented. He should see to it that in no way does the disease spread. Now, we quarantine all, sick and well, by closing the schools. An active health department should at all times have as perfect knowledge of the location of cases of diseases which endanger the *people* under its protection, as the fire department does of the buildings which are burning and thus endangering the *property* under its protection. With such knowledge as this the health department could furnish the teacher of every school in the city with a list of all families in which there was a person sick with a communicable disease, and if necessary an agent of the health department, or some other person, could act as sentry at each school, and persons liable to communicate disease could be kept out. As an additional precaution, even where there has been no known infection, all articles likely to convey disease into the school could be easily disinfected, if it were only a custom to do so and provision were made for such disinfection. It would be easy to have a small room at every school-house where the outer wearing apparel, etc., could be

disinfected and aired while the wearer was in school, instead of having, as is now so commonly the case, the clothing of all closely packed in an unventilated closet.

Selected Articles.

FATALITY OF THE LONDON FOG.

The Registrar-General's returns tell how disastrous to life has been this period of fog and frost. Such a mortality savors of pestilence, so serious has it been. The fogs of the past period killed more English people than have fallen in any battle since Waterloo. Of course, many of those slain by the fog were children; but still the bulk were adults. Such a death-rate has not been known since the cholera outbreaks of 1849, 1854, and 1866. Compared with the death-rate of the preceding week, the increase has been fifty-four per cent. In the West End the increase was only thirty-two per cent., whereas in the eastern districts it was no less than eighty-three per cent. The Registrar-General had to expect seventeen hundred and nineteen deaths; the actual number registered amounted to the terrible total of three thousand three hundred and seventy-six. Sixteen hundred and fifty-seven persons have been surely killed off by this fog-cloud. If such is the number of the killed, what is the proportion of the wounded? How many persons have just escaped with their lives cannot be estimated, but their name is legion. Worn diaphragms and strained right ventricles there are in any number; and it will take a considerable period of time before a very large proportion of the inhabitants of London forget, even as regards their subjective sensations, the fogs of Candlemas, 1880.

The large amount of lung-embarrassment in these cases was a special feature, and called for its appropriate treatment. In ordinary bronchitis there is the first stage of swelling of the bronchial mucous membrane, with an absence of expectoration, indicating nauseant diaphoretics to reduce the vascular turgescence and promote secretion. After that comes free secretion of frothy mucus, producing bubbling râles. A few days of free expectoration, when the patient's strength must be kept up by might and main, and then the expectoration gradually falls. But in these cases there was from the first expectoration of those curious, large, ashen gray masses. The râles were fine, and there were no whistling and cooing sounds. It was a fight betwixt the respiratory centres and the diminished lumen of the finer air-tubes; and a stubborn fight these respiratory centres made. But terribly exhausting work is it to maintain the contest; and stimulating expectorants and nutritive fluids, with alcoholic additions, have to be given

in no stinted quantities. What became of those patients who got paregoric, chlorodyne, or chloral I do not know, but probably the undertakers and the grave-diggers could tell of the strain put upon them. How long the respiratory centres could maintain the struggle when the paralyzing effects of these drugs are added to the already exhausting strain upon them, again I do not know, for no opportunity for watching the effects came under my personal observation. Firmly impressed by my experience of the stimulating effects of certain agents upon the respiratory centres and upon the cardiac ganglia, my therapeutic line of treatment was arranged accordingly. To flog these vital centres is clearly the plan to adopt. The heart and respiration must be kept up at all hazards; and kept up they were in most cases. Especially marked were the effects in one case, where there was old-standing emphysema consequent upon chronic bronchitis, with a dilated right heart, for which the lady spent a winter in Algiers three years ago. Fortunately, she had been on strychnia, digitalis, and iron for eighteen months, when the fogs came upon her in the midst of an active life. Sitting up in bed, her back supported by a board, with her shoulders fixed to give the accessory muscles of respiration fair play, her clenched hands spoke of the energy with which she maintained the fight for breath, whilst the dusky hue of her countenance told how keen the struggle was. An undaunted will was there, which had no slight effect upon the result. Day after day the struggle was maintained with stern decision. Inhalations of terebene on a sponge wrung out of hot water soothed the air-tubes and made the expectation somewhat freer, but could not be said to be as useful and beneficial as they are when the larger tubes alone are affected. To whip on the heavily-taxed respiratory centres was the substantial aid medicine could give her: so three grains of carbonate of ammonia, with five drops of tincture of nuxvomica, were given, along with five minims of tincture of digitalis, to maintain the right ventricle, every four hours. Such relief did this combination afford that at her own request the medicine was taken every three hours. Fortunately, the stomach gave little or no trouble, the cough only occasionally producing vomiting. The respirations kept about 32 per minute, and the pulse 120. Feelings of deadly faintness came on, but, fortunately, never reached unconsciousness; the right ventricle never faltered, and the pulse never became irregular or intermittent. And so in time the battle was won; and the amount of prostration which remained told how severe the contest had been. When the critical time was over, the pulse fell to 80 and the respirations to 14 per minute, though the medicine was continued, showing how exhausted the vital centres were. The lady said, plaintively, "Oh, my heart is so tired, and my diaphragm does ache!"

And she looked it, though the dusky hue was gone, and the features were placid and the countenance calm. Her strength of will pulled her through, aided powerfully by the medicines, both in her opinion and mine. The effect of this combination was well seen in the old gentleman mentioned before, where in twenty hours the respirations fell from 44 in the minute to 32, the respiratory act being deeper and fuller, while the pulse was fuller but not slower. In another case of most extensive emphysema with chronic bronchitis, a steady course of atropine enabled an old gentleman to weather the storm gallantly.—*Dr. Fothergill, in Medical Times.*

NECROSIS OF THE INNER TABLE OF THE MASTOID AND CARRIES OF THE TYMPANUM.

Dr. J. O. Green reported the following cases before the Boston Medical Society (*Boston Medical Journal*).

A girl aged ten years, during typhoid fever, developed purulent inflammation of the left tympanum, with perforation and ulceration of the drum membrane, followed by mastoid abscess, which ruptured spontaneously some weeks after. When I first saw her, carious bone could be felt through the fistula over the mastoid, and the meatus was obstructed by a firm fibrous polypus growing from the tympanic mucous membrane. Operation was advised, and under ether the polypus was removed by the wire-snare, and it was found that the inner wall of the tympanum was carious. At the same time the mastoid was exposed, and all of the softened, carious bone was removed by a gouge as far as possible, and a clean passage obtained for fluid from the wound through the meatus. A large surface of carious bone between the mastoid and tympanum, along the antrum mastoideum, was, however, beyond reach, and was left. The previous pain was entirely relieved by the operation, but the discharge from the wound and meatus continued, and granulations again sprang up from the carious bone in the tympanum. The treatment was thorough antiseptic syringing to insure perfect cleansing and free evacuation. During nearly a year this was continued, the general health being excellent; at the end of that time examination with a probe discovered a sequestrum within the mastoid cavity, and much carious bone was felt in the tympanum.

Under ether the mastoid was freely exposed, revealing a carious fistula through its external table; this was enlarged with a gouge till the end of the little finger could be passed in and the sequestrum could be felt moving freely; with forceps this was seized, and with a little manipulation withdrawn through the external opening. The sequestrum

was 16 mm. long, 11 mm. wide, and constituted the inner table of the mastoid, including the distinctly marked sulcus of the lateral sinus. With a sharp spoon the superficial caries of the antrum mastoideum and of the tympanum was thoroughly scraped away. The mastoid and tympanum were syringed with carbolic solution, one to eighty, and wound and meatus were dressed with carbolized oil, one to ten. Not the slightest reaction followed the operation, and on the second day the child was up and about. The antiseptic syringing and dressing were continued daily. Three weeks after the cavity had diminished fully one half by the development of granulations, and no bare bone could be felt in the wound, and but a small bit in the tympanum. Five weeks after the operation, when last seen, the discharge from the wound scarcely amounted to two drops in twenty-four hours, but it was thought best still to keep the fistula open; the otorrhœa had almost ceased, the bare bone in the tympanum was nearly covered, and the tympanic mucous membrane was smooth and but slightly inflamed.

The chief point of interest in the case was the situation of the necrosis, the removal of which completely exposed the *aura mater* and lateral sinus over a considerable space.

SUBCUTANEOUS OSTEOTOMY--ADAMS.

The first operation of subcutaneous osteotomy in England was, I believe, performed in 1868 by Mr. L. Stromeyer Little, the son of the distinguished physician, Dr. Little, who introduced subcutaneous tenotomy into England in the year 1837, having been himself operated upon by Stromeyer in Hanover in 1836.

The case upon which Mr. Little operated, on November 11th, 1868, was one of bony ankylosis of the right knee-joint, with the leg flexed at a right angle, occurring in a girl aged 14 years, the result of strumous disease. An incision, the third of an inch long, was made on the outer side of the joint, and "a strong carpenter's chisel rather less than a quarter of an inch wide was inserted into the wound, and driven with a mallet through the united bones in several directions." The limb was readily straightened, and lint, with bandage and splint, applied. The case progressed very favourably, the wound being nearly healed on the sixth day; and in three weeks she walked on crutches, and in five weeks without crutches.

In this class of cases, it seems to me that the chisel, as employed by Mr. Little, is to be preferred, either to the short subcutaneous saw, which I use, at the hip-joint for ankylosis, in the knee-joint for genu valgum, and in all subcutaneous divisions of the shafts of the bones,—or to the method of

drilling through the ankylosis, and then dividing the bone by Langenbeck's long pointed saw.

In the following year, a further impulse was given to subcutaneous osteotomy in this country by the operation which I performed of dividing subcutaneously the neck of the thigh-bone within the capsular ligament, with a small saw rather more than a quarter of an inch in width, and with a cutting edge an inch and a half in length, at the end of a blunt shank three inches in length. This saw was passed through the track made by an enlarged tenotomy-knife a quarter of an inch in width. The operation was performed on December 1st, 1869, on a man aged 24, a case of bony ankylosis of rheumatic origin seven years previously; the thigh was flexed upon the pelvis at a right angle, and abducted.

I entered the tenotomy-knife a little above the top of the great trochanter, and, carrying it straight down to the neck of the thigh-bone, divided the muscles and opened the capsular ligament freely. Withdrawing the knife, I carried the small saw along the track made—preserving this by pressure of the fingers of the left hand—straight down to the bone, and sawed through it from before backwards. The section was accomplished in five minutes. No hæmorrhage occurred; and a compress of lint with plaster and bandage was applied. The limb at once moved freely in all directions; but, before it could be straightened, the tendons of the abductor and rectus muscles had to be divided. No inflammation whatever followed; no swelling or redness of the skin, or any deep suppuration; only a few drops of pus escaped from the granulations at the orifice, which did not close by the first intention, or possibly from the track. Three weeks after the operation, he began to walk on crutches; and by swinging the leg about, as well as applying weight extension at night, I endeavoured to preserve motion; but this was gradually lost, and bony ankylosis in the straight position resulted. The man was enabled to follow his occupation, and now keeps a small general shop at Bath, where he was exhibited to the Surgical Section of this Association last year.

The decennial period which has now very nearly elapsed since the performance of this operation has been fruitful in the suggestions of other operations for subcutaneous osteotomy, and also for osteotomy with open wound under Lister's antiseptic method. The operation on the hip-joint has been adopted freely by surgeons in this country, and as freely by our enterprising brethren in America; it is now an established operation in surgery, and if the cases in which it is performed be carefully selected, and the operation executed with the requisite dexterity, its reputation will be maintained. In a paper read at the Royal Medical and Chirurgical Society, October 10th, 1876, I recorded twenty-two cases in which the operation

had been performed. Cases of a rheumatic or pyæmic origin are the most favourable, because in these affections there is no loss of bone structure, and the head and neck preserve their integrity; but in the so-called strumous class—unfortunately much the largest—there is generally more or less destruction of the head of the bone, and other alterations in the anatomical relations of the joint; only the most favourable of this class should, therefore, be selected; but for the remaining cases in which my operation is not applicable, Mr. Gant's operation will be found to succeed. Mr. Gant proposed to divide the shaft of the femur subcutaneously, just below the small trochanter, using instruments similar to those employed by myself; but the saw had a longer cutting edge and a thinner blade; the width the same. Mr. Gant performed this operation December 10th, 1872, on a boy aged 6, who had ankylosis of the hip-joint, with extreme malposition of the limb upwards and inwards. Primary union of the wound occurred, and firm union of the bone with the limb in a straight position, giving an useful leg.

Mr. Gani has repeated this operation in several cases, and I have also performed it several times. In the same way, I have divided the shaft of the femur in the lower third; and the shaft of the humerus, a little above the elbow-joint, in two cases, for bony ankylosis in a straight position. In all the cases, the wound closed by the first intention, without any inflammation, swelling, or redness occurring. The local disturbance seemed to be no greater than in an ordinary tenotomy case.

The largest and boldest operation of subcutaneous osteotomy is that first performed by Dr. A. Ogston of Aberdeen, who applied the principle which I had adopted in the hip-joint to the cure of genu valgum, and used the same instruments, but with Lister's antiseptic precautions, which I have never adopted, as it has always seemed to me that we might absolutely rely upon the protective influence of the subcutaneous law. Dr. Ogston introduced the subcutaneous saw into the healthy knee-joint, through the track made by the enlarged tenotome, or subcutaneous knife, and then splitting the lower end of the femur detached the inner condyle, which in these cases is considered to be in an hypertrophical condition—at any rate, there is no doubt as to its relatively increased length. This operation was successfully performed by Dr. Ogston on May 17th, 1876, and an account of it was published in the *Edinburgh Medical Journal*. It has been repeated by many surgeons, both at home and abroad, with great success, and has already become an established operation in surgery. The testimony in favour of this operation by many surgeons is so ample and satisfactory, that it must be regarded as one of the greatest triumphs in subcutaneous osteotomy.

Other surgeons have preferred the use of the

chisel, which was most successfully employed by the late Mr. Maunder, whose sudden and melancholy death has deprived the profession of one who had contributed much to surgery in its various branches, and had especially interested himself in subcutaneous osteotomy.

The use of the chisel in detaching the inner condyle, as it is said without opening the knee-joint, has been adopted by Mr. Reeves, and with considerable success.

Osteotomy, with Lister's antiseptic method, for genu valgum, has been very successfully adopted by Professor MacEwen of Glasgow; and the operation which he performs is a section, or partial section, of the lower end of the femur with a chisel, without opening the knee-joint.

Professor Lister himself adopts the open-wound, with a free external incision, from one to two inches in length, and then uses the chisel on MacEwen's plan. The compound fracture thus made and subsequently treated on the antiseptic method heals, as a general rule, without inflammation or suppuration. The favourable progress of such cases I have recently watched in Professor Lister's practice, but time alone can determine what percentage of unfavourable cases may occur.

In the discussion to which I hope this paper will give rise, I would suggest the following points as some of the greatest practical interest, on which we should like to obtain the opinion, and the result of the experience, of the members present, viz.:

1. The method of performing the operation of subcutaneous osteotomy, and the instruments to be employed, viz., whether the saw, chisel, or drill;
2. The selection of cases in reference to their pathology; the joint involved; and the instruments to be used;
3. The relative merits of subcutaneous osteotomy, without any antiseptic precautions; and osteotomy by open-wound under Lister's antiseptic method.—*Dr. Adams, Brit. Med. Journal.*

A CASE OF EMPYEMA, COMPLICATED WITH LYMPHOMATA, GLYCOSURIA, ETC.

Philip R., a horsekeeper, aged 20 years, was admitted into Guy's Hospital, under the care of Dr. Wilks, on March 3, 1880. He stated that he had always enjoyed fairly good health; he had occasionally suffered from a cold or cough, but had never been laid up. There was no history of syphilis or gonorrhœa. Eighteen months ago he married; his wife had one child, now four months old and in good health. Patient's father and mother were both alive and fairly healthy. He was one of sixteen children, eight of whom were alive; and there seemed to be no family predisposition

to lung or other disease. Four weeks before admission he began to suffer with cough, with much white frothy expectoration. A week later he had pain in his left side, and went under medical treatment, but was not benefited by it. At the end of another week he noticed that his "stomach" was swollen, and during the week before admission his face was swollen. For two weeks he had passed more urine than usual, and noticed that he had to get up as often as six or seven times in the night to empty his bladder. The urine, he thought, was not altered in color. The bowels had been relaxed during the same period, being open six or seven times a-day. The motions were of a light color. He had not complained of any special feeling of malaise or aching pain anywhere.

On admission, patient is rather short and robust-looking; his expression is cheerful. The face is somewhat puffy; the pupils are dilated; he seems to be well nourished. He lies on his back in bed, and says that he cannot lie on his right side for shortness of breath and cough. He has slight thirst, but no headache; his chief complaint is of the cough and the swelling of his face. He does not complain of pain on inspiration or in coughing. His feet are not swollen, and the abdomen is only slightly prominent. On inspection, the chest is seen to be well formed; respiration is chiefly thoracic, and the left side can be seen to move more freely than the right. There is no perceptible bulging or shrinking of the intercostal spaces. On palpation, the right side can hardly be felt to move at all, but the left side moves freely. Vocal fremitus is wholly absent on the right side, in front below the nipple, and behind as far as the inferior angle of the scapula. On percussion, resonance is found to be normal both in front and behind on the left side; on the right side the chest is resonant above the nipple in front, but below that it is quite dull; behind there is absolute dulness at the base to the inferior angle of the scapula, and impaired resonance for two inches above the same point. On auscultation, the sounds on the left side are normal, with perhaps a slight roughening at the posterior part of the base. On the right side breath-sounds are altogether absent at the extreme base behind as far as the angle of the scapula, tubular to the spine of the scapula, and expiration is prolonged and rough above. The respirations are 30 to the minute. There is no ægophony. The heart-sounds are normal; the pulse is 96. The tongue is pale, and is furred along the centre of the dorsum; appetite is good; bowels are loose. The abdomen is slightly enlarged, and the liver can be felt one inch below the ribs. The urine is alkaline, very full of phosphates, pale, specific gravity 1020; it contains no albumen, but sugar is present. Temperature 99.2°.

March 4.—The urine contains less phosphates

and is darker in color; it is still alkaline and contains sugar; specific gravity 1036. The bowels are less relaxed. Pulse 102; respirations 30. He complains of pain in his left side, and emplastrum lyttæ has been ordered to be applied there.

5th.—Morning temperature 101.2°, evening 100°. The cough is more troublesome, and the expectoration is becoming purulent; the cough causes severe pain in the right side. He perspires very freely, and says that he feels "out of sorts."

6th.—Evening temperature 99.4°. Urine, of high specific gravity, contains sugar.

8th.—The cough is less troublesome, and patient says that he feels better. In the front of the chest, the dulness is absolute on the right side, as far as to a level with the third rib. Behind, at the base, faint breath sounds are heard, and rhonchi on inspiration and expiration. He complains less of pain with his cough. This morning he brought up a small quantity of blood—less than a quarter of a pint.

10th.—The temperature has been little above normal, or normal, since the 6th inst. The urine continues alkaline, of high specific gravity, and contains sugar, but no albumen. The quantity passed is fairly large, but not excessive.

12th.—No more blood has been coughed up. Breath-sounds are to be heard all over the right side of the chest; they are distant and tubular; no moist sounds or friction can be made out, and the expectoration is less abundant. Temperature, yesterday morning 100.2°; to-day, morning 99.4°, evening 100.4°.

13th.—Morning: Patient seems pretty well to-day. He was able to get up for a little last night, and says that he feels better altogether. Temperature 100°. At 3.30 p.m. patient had a fit; he was strongly convulsed for three or four minutes, and lost consciousness. He became black in the face, but did not bite his tongue or pass water or feces. He then completely recovered consciousness. Ten minutes later he had a similar fit, but a stronger one. The pupils were dilated and equal; the skin was sweating; there was no dyspnoea. He remained semi-comatose for about twenty minutes, throwing his arms about and breathing stertorously. 4.30 p.m.: Patient can be roused, but still seems to be in a semi-comatose state. There are no abnormal heart-sounds, his breathing is easy, and there are no signs of collapse. There is neither twitching nor rigidity of the muscles. In the urine passed there is no albumen, but in that drawn off by the catheter there is a slight trace, and there is abundant sugar. A croton-oil pill and some brandy-and-water were administered. Patient had several more fits—seven in all—of a similar nature, and died at midnight in convulsions. Before death the temperature went up to 103°.

Post-mortem Examination (conducted by Dr. Goodhart).—The right pleural cavity contained a

pint and a half of pus, and the pleura was covered with a layer of lymph. The right bronchus was compressed, and its walls were infiltrated by an enlarged bronchial gland of the size of a plover's egg, and secondary changes were present in the right lung as a result. The whole lung was in a condition of catarrhal pneumonia. The upper lobe was dense and firm in consistency and of greyish color. The lowest lobe was in a more advanced stage of the disease. The bronchial tubes were very prominent; the tissues around were dense, and were commencing to soften. In the small middle lobe the changes were still more advanced, and the lung substance was partly broken down. No serious changes had occurred on the left side, and there was nothing noteworthy about the heart. The liver was large; in its substance were found numerous cancerous-looking nodules, ranging in size from that of a pea to that of a walnut; none of these nodules were nearer the anterior edge than about an inch and a half, so that it would have been impossible to detect them in life. Subsequent microscopical examination showed that these nodules were lymphomatous in structure. Along the front of the spine there was a diffused, ill defined, cancerous-looking deposit (this was not examined microscopically). On examining the brain, there were found to be well-marked signs of recent acute purulent meningitis; this was more marked in the neighborhood of the vertex. The other organs and parts appeared to be healthy.

Remarks.—The case presented many remarkable features, and was full of difficulties throughout. The aspect of the patient suggested Bright's disease, at first, when he appeared in the out-patient room; the puffiness of the face was not satisfactorily accounted for, at the post-mortem, by any demonstration of direct pressure upon the veins of the upper extremity. The primary mischief appeared to have been in the thorax, but the early symptoms must have been of very slight intensity, and in the presence of the empyema the temperature fluctuated very little, and the presence of pus was not indicated by any rigors. The constitutional disturbance throughout was comparatively slight, and on the day of his death patient seemed to be unusually well. During the whole time of his treatment in the hospital the urine remained alkaline; its specific gravity ranged from 1029 to 1042; except at the last, it remained free from albumen, but contained sugar; it was never excessive in quantity. The glycosuria was evidently not of old standing, but was probably connected with the other disease.—*Med. Times and Gazette.*

TRANSPLANTATION OF OSSEOUS TISSUE IN UNUNITED FRACTURES.—This operation has been performed by Nussbaum, in Munich. He reports in Schmidt's Jahrbücher two successful cases. The first was that of an officer having a gunshot fracture

of the right ulna, which healed with pseudarthrosis. The distance between the fractured ends was five centimeters. The radius was intact. The false joint was laid open. A longitudinal piece of bone from the upper fragment, sufficiently long to fill the space between the fragments, was chiseled out and anteverted, without severing its periosteal connection, so as to touch the denuded end of the lower fragment. The wound was closed by sutures, and a fenestrated plaster of Paris bandage was applied. At first there was considerable reactive inflammation, in spite of which the uniting of the pieces of bone took place. Six weeks afterward there was very slight abnormal mobility, so that pronation and supination were yet difficult. One year after, however, the function of the arm was so far restored that the patient was able to resume his duties in the field. The second case was that of a builder, twenty-seven years old, who had a compound fracture of the left ulna, twelve centimeters below the olecranon. The wound healed in a short time under Lister's dressing, but one piece of bone, three centimeters long, and several smaller pieces came out, leaving a pseudarthrosis about three centimeters in length, rendering the arm useless. The old methods of treatment were resorted to without avail. Finally the false joint was laid open and a piece of the upper fragment five centimeters in length bisected longitudinally and turned over without severing the periosteal connection at its lower extremity, and applied to the denuded surface of the lower fragment. A drainage tube was placed in the wound and Lister's dressing applied. Sixty-seven days after, the patient was allowed to make the first movements of pronation and supination, and four weeks later the arm was sufficiently strong to allow of his resuming his work. This operation is mainly of use in cases of pseudarthrosis of the forearm in which only one bone is involved, and is preferable to resection.—*Chicago Med. Gazette.*

TRAUMATIC TETANUS: DIFFERENT METHODS OF TREATMENT.—Dr. Mollière relates the following case in the *Gazette des Hôpitaux, British Med. Journal*. The patient, aged 25, had been accidentally shot in the right foot. The fourth and fifth toes were so badly injured that they were amputated at once; the first phalanx of the third was fractured and the articulation opened, but it was thought that it might be preserved. The patient was treated antiseptically, and seemed to progress well during a fortnight, when suddenly he began to complain of a feeling of lassitude, the wound became very painful, and he experienced some difficulty in opening his jaws and turning his head. The toe was dressed with laudanum, and the patient took half a drachm of bromide of potassium and a drachm and a half of chloral daily; he had also two hypodermic injections of morphia. Notwithstanding this treatment, the patient became worse, the

pain in the foot increased, and all the symptoms of acute tetanus showed themselves; he had general convulsions, could not move his head or open his mouth, perspired abundantly, had very high temperature, etc. The wound becoming exceedingly painful, the injured toe was amputated. From that day the local pain ceased, and the other symptoms gradually vanished. The patient remained sleepless for a rather long time, notwithstanding the use of hypnotics, but could open his mouth more freely, and could swallow. Smaller doses of chloral and bromide of potassium were given, and a month after the operation the patient was well enough to leave the hospital. On dissecting the toe which had been removed, it was found that a small sharp bone was sticking in the internal lateral nerve, and had in this way caused the tetanic convulsions. This case is remarkable on account of the different methods of treating tetanus having been combined in the treatment. Without the amputation, the drugs given would have had no effect; but on the other hand, if the powerful doses of hypnotics had not been administered, the surgical treatment, in the author's opinion, would have proved useless.

Madame de Rémusat tells this story of Corvisart:—"The emperor having, for the moment, given up the divorce, but always taken up with the desire for an heir, asked his wife if she would accept one that belonged to him only, and feign pregnancy so that everybody should be deceived. She was far from refusing herself to any of his fancies in this regard. Then Bonaparte sent for his physician-in-chief, Corvisart, in whom he had extensive and merited confidence, and confided his project to him. 'If I succeed,' said he to him, 'in assuming myself of the birth of a boy who will be my own son, I wish that, as witness of the confinement of the empress, you will do everything necessary to give this ruse every appearance of reality.' Corvisart found that his honor was compromised by this proposition; he promised inviolable secrecy, but refused to lend himself to what was asked of him. It was only a long time afterwards, and since Bonaparte's second marriage, that he confided this anecdote, while attesting the legitimate birth of the King of Rome, upon which doubts entirely unjust have been thrown."

BENZOATE OF SODA IN GONORRHOEAL OPHTHALMIA.—Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrhoeal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretions

which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of the benzoate.—*Lyon Méd.*, March 7.

MENIERE'S DISEASE.—At the International Scientific Congress, at Amsterdam, in September last, Science of Otology (reported in *Le Progrès Médical*), M. Guye read a paper on Ménière's vertigo, of which the following are the conclusions :

1. In the most general sense of the word, we may consider as Ménière's disease all cases of vertigo caused by abnormal irritation of the nervous apparatus of the semicircular canals. The irritation may be due either to a normal cause exaggerated, such as violent rotary movement of the head or body, or to an abnormal cause, such as sudden change of temperature, generally a reduction, variations of intra tympanic pressure, and circulatory or inflammatory disorders.

2. In a more restricted sense, the designation of Ménière's disease applies to cases in which an inflammatory condition, either of the semicircular canals themselves, or of the middle ear (tympanic or mastoid cavity), is the cause of vertigo which may be continuous, or may be only provoked by the normal movements of the head, or still may be produced only in the form of isolated attacks, with intervals of weeks or months.

3. Cold, or catarrhs of the tympanic cavity, play a large part in the etiology of Ménière's disease.

4. The majority, if not all, of the cases of Ménière's disease are secondary, that is, are caused by catarrhs of the tympanic or mastoid cavities.

5. In typical cases the vertigo is accompanied or preceded by sensations of rotation which follow in a constant order ; the attack commences with a feeling of turning around a vertical axis, and always in direction corresponding to the side diseased, sometimes with a feeling of rotation of going and coming ; next, in severe cases, a sensation of rotating around a frontal axis, in front and rear, the vertigo becomes general, the patient falls, with or without loss of consciousness ; frequently there is vomiting. In some cases the attack is over in from ten to thirty minutes ; in others the vertigo is revived by every motion of the head during one or two days, and the patient is compelled to keep a recumbent position.

6. In some cases the sensation of rotation are produced experimentally by therapeutic operations on the affected ear (either insufflation of air into the tympanic cavity, which is the seat of an acute inflammation, or injection of fluid into a mastoid cavity after trepanation of the mastoid epiphysis). In these cases the sensation of turning is always around the vertical axis, and corresponding in direction to the diseased ear.

7. In certain cases the attacks are accompanied with intense subjective sensations of sound, in

others a slight tinnitus exists all the time without any exacerbation during the attack ; sometimes auditory sensations are altogether lacking.

8. In cases of long duration a slight feeling of vertigo exists during the intervals, produced chiefly by the first movements of the head on awakening. Sometimes the patient feels as if falling forwards or backwards ; others are compelled to keep the head fixed constantly in one position, as every motion in the plane of any one of the semicircular canals gives them a sensation as if a heavy body within the head followed the movement. (In one very characteristic case observed by me, the patient held his head inclined forward and to the left, and thus prevented every movement of rotation in the plane of the left sagittal semicircular canal. The left ear was the one involved.)

9. Besides the rather frequent complications with hysteria, Ménière's disease often produces in children a condition akin to chorea, and in adults clonic contractions of the facial and bodily muscles, which may entirely disappear with local treatment of the middle ear.

10. Ménière's disease is often cured with or without loss of hearing.

11. Local treatment alone is often efficient in cases not too obstinate.

12. For internal treatment, quinine, recommended by M. Charcot, is most deserving of confidence. One is often able to delay the attacks by its use. Quinine has also the paradoxical action sometimes of making the tinnitus disappear while the deafness increases. This effect is generally limited to the period of its employment.

M. Ménière remarked on the above that he did not agree with M. Guye, that the majority of cases of the disease were the result of catarrhal affections of the middle ear or the mastoid process, and that he thought the author had generalized too much in making all cases of vertigo Ménière's disease. The vertigo was only a symptom.—*Jour. of Nervous and Mental Disease.*

NEW TREATMENT OF PLACENTA PREVIA BY FERRI PERSULPHATIS.—Dr. R. J. Nunn, of Savannah, Ga., reports a successful case in the *American Journal of Obstetrics*. He used it as follows : I found the pains had entirely ceased, the vagina was filled with clots, the os dilated sufficiently to admit the finger, by which the placenta could be easily detected, and the warm blood could be distinctly felt flowing through the os. Cleaning out the clots, a speculum was introduced, and the liquor ferri persulphatis was applied to the bleeding surface by means of a cotton swab passed through the os. The hemorrhage ceased *instantly and absolutely*, and the speculum was retained in place about fifteen minutes to see that bleeding did not recur. Stimulants and ergot were then given freely, and a pledget of cotton saturated with the styptic was-

left in the os, and sustained in place by a very slight tampon of cotton, merely sufficient for that purpose. The liquor amnii had been very slowly discharging for a couple of days. Labor recommenced in about an hour. Up to 6 a.m. no blood was lost, but at this time, during an effort to rise, the tampon dropped out, and with it about an ounce of fresh blood, but no clots. A speculum examination showed the os dilated about one-half, the placenta covering the orifice was now plainly visible, and the blood was flowing from the left margin. The iron solution was again applied, which stopped the bleeding instanter, and hence it was thought unnecessary to use the pledget. At 7.15 the hemorrhage recommenced, but was instantly controlled as before. All this time labor was going on satisfactorily. At 8.20 the patient got out of bed to have an evacuation, when, during a severe pain, the placenta was expelled, followed shortly after by the fœtus, which was dead, and apparently had been for several hours. The subsequent history of the case has in it nothing worthy of note.—*Toledo Med. Journal.*

FAMINE FEVER.—Dr. Cullinan of Ennis writes a thoughtful letter to a local paper with reference to the present distress in Ireland, drawing attention to a very important matter which, he says, has not yet arrested general attention. Having regard to the facts collected by the late Sir Dominic Corrigan, during the famine of 1846-8, Dr. Cullinan expresses fears as to the famine-fever which is sure to follow a scarcity of food of the right sort; and he suggests that the food supplied to the destitute people should not be limited to Indian meal. He observes that life and health cannot be maintained by Indian meal alone, however liberally supplied. If the poor are obliged to live exclusively, or almost exclusively, on Indian meal, that food will introduce into the system some elements in excess of the requirements of their bodies, or out of proportion to other constituents, which are either deficient or altogether wanting, and there must ensue an effort of nature to redress the balance and eliminate the absolute or proportional excess. This process of elimination necessitates a derangement of the most important natural functions, and much constitutional disturbance, that is *fever*, attended or followed by various dysenteric fluxes, or watery or dropsical swellings of the body and limbs, etc., which were so fatal during the last famine-fever. In order to avoid this disastrous fever and its attendant disorders, Dr. Cullinan suggests that other foods should be distributed with Indian meal, such as American pig's-head and Australian and South American tinned beef; salted fish, herrings, lings, etc.; peasemeal and lentils, onions and carrots, molasses, etc. If this can be compassed, it seems to us very desirable to be done, as Indian meal is undoubtedly lacking in some of the elements of nutrition.—*Brit. Med. Journal.*

NEUROTOMY AS A SUBSTITUTE FOR ENUCLEATION OF THE EYEBALL.—Professor H. W. Williams remarks concerning this new operation, in the *Boston Medical and Surgical Journal*, that "neurotomy is probably of too recent application to warrant us in asserting positively that it will invariably be a preventive of sympathetic ophthalmia. Thus far, it has generally seemed effectual. Should any symptoms afterward manifest themselves, the operation might be repeated, to cut any nerve-filaments which possibly had escaped divisions at the time of the previous section. In case of failure as regards permanent relief, enucleation will still remain as an ultimate result."

GRANULAR EROSION OF THE PHARYNX.—In an editorial in the first number of this journal, Dr. H. C. Howard, of Champaign, Ill., was represented as having seldom failed to effect speedy cure of chronic pharyngitis and granular erosion of the pharynx by the use of a powder composed of sugar of milk, 200 parts; iodoform, 100 parts; thymol, 1 part. The addition of the thymol has been made for the purpose of depriving the iodoform of its disagreeable odor.

The application is made by means of an ordinary insufflator. He directs the powder to be applied once a day, in ordinary cases, and oftener in aggravated cases.—*Chicago Med. Gazette.*

SLEEPLESSNESS.—The following is recommended as a cure for sleeplessness: "Wet half a towel, apply it to the back of the neck, pressing it upward towards the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain work or pressing anxiety, this simple remedy has proved an especial boon."

Of the 133 candidates examined at the Royal College of Surgeons of England, during the last week, 77 passed to the satisfaction of the Court and obtained their diplomas; 7 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 49 failed to reach the required standard, and were referred for six months' further professional study.—*Med. Press and Circular.*

—"REST, position and pressure are the trinity of the healing surgical graces, but the greatest of all is pressure."—Sampson Gamgee in *Am. Practitioner*, February.

Dr. J. Marion Sims says that Keith's great success as an ovariologist, is due to the removal of all blood and making the peritoneal cavity dry and clean before closing the abdominal wound.

THE CANADA LANCET.

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TORONTO, MAY 1, 1880.

THE BRITISH MEDICAL ASSOCIATION AND ITS BRANCHES.

One of the most noteworthy tendencies of the age is that which favors consolidation. This phase of opinion is seen in the Imperial policy of the leading statesmen in England, by which we in Canada are greatly influenced; in the formation of the Incorporated Law Society, to guard the interests of the legal profession; of the British Medical Association, and of numerous societies in connexion with the various professions and trades.

The British Medical Association is probably the most powerful and widely-extended organization of any professional society properly speaking, having branches in all parts of the British Islands. Australia has taken the lead in establishing branches in the Colonies. Its ranks embrace the most eminent men in the Empire as members, and many distinguished foreigners as honorary members. Its annual meetings are looked forward to, both at home and abroad, as a great event. At such meetings one has the opportunity of hearing such masters of our art as Jenner, Paget, Hutchinson, Lister, Matthews Duncan, Houghton of Dublin, and many others. Its Journal, the *British Medical*, contains reports of these and branch meetings, and is always open to members for original papers. Besides news of this character, it contains articles by leading men on all branches of medical science. An important feature in the Journal is a column for practical memoranda on therapeutics and clinical medicine and surgery.

The objects of the Association are the promotion of medical and allied sciences and the maintenance of the honor and interests of the profession by the aid of periodical meetings of the profession

and Association, by the publication of transactions and other papers, and by grants of money out of the funds of the Association for the promotion of the medical sciences in such manner as may be determined on.

The Association has always taken an active and often initiative part in the mother country, in the discussion of questions of the highest importance, and has exercised no inconsiderable influence, both in Parliament and in society, on many subjects. Among these may be named the improvement in the status of the medical officers of the Army and Navy; of the Poor Law medical officers; the administration of medical relief to the industrial and pauper classes; the amendment of the sanitary laws; the protection of infant life; vaccination and small-pox; medical education and reform, &c.

The membership of such an Association presents many advantages, among which may be mentioned, the publication of letters and communications from members in the *British Medical Journal*, and constant communication with the British profession through this, the most widely-circulated medical journal in the world, thus bringing the status of the profession in this country before the British medical public. When this is known and understood there should be no longer any difficulty about Canadian graduates registering in England. The *British Medical Journal* is sent weekly, free to every member on payment of his annual subscription. The only requirements for membership are, that the candidate shall be a registered medical practitioner in the country in which he resides, and be recommended by at least two members of the Association.

It is now in contemplation to establish a branch or branches in Canada as in Australia. The matter has received considerable attention from the profession in Canada, especially in the Maritime Provinces. The movement is in the right direction, and we hope soon to see it accomplished. It is, we think, deserving of cordial support.

ONTARIO MEDICAL ELECTIONS.

In another column will be found a letter by a member of the Council to which we would direct the special attention of the members of the profession in the Territorial Divisions. We have on more than one occasion pointed out some of the

most glaring abuses that had crept into this body, and did our utmost to bring about much needed reforms. In some of these we were successful, but in others we as signally failed, and we must now look to the great body of electors in the Territorial divisions of the Province for that measure of reform which we have failed to secure for the profession and the public. After a long and stubborn resistance to the wishes of the profession as expressed in these columns; the members of the Council finally abandoned the vicious practice of appointing each other in turn upon the examining board, and to the benefits of the emoluments of the office. But even this concession was not yielded until the last session, and then not wholly, as one member was still retained on the board as a monument of the departed glory. But it will be noticed, however, that none of those who expected soon to appear before their constituents were found either to advocate a continuance of the old system, or to accept a position on the board. This, moreover, shows most unmistakably the value of a responsible council and also the necessity for an increase in the responsible section of that body; or in other words, an increased territorial representation. The college representatives, or most of them at all events, are returned again and again at each succeeding election, and so confident are some of them of their certainty of return, that they seem to claim the right to do as they please, and therefore the profession must look for reform at the hands of their chosen representatives. Another matter which we have advocated is the shortening of the term of service from five to three years, so that the views of the profession may be more fully reflected in the management of the affairs of the Council. Abuses in reference to the internal management of affairs in the Council are fully set forth in the letter of "Member of the Council," and are undeniable as the college announcement will show. Some of these arbitrary and unjust regulations have been but recently passed, while others have been several years in force, and no time should be lost in sweeping them out of existence as a blot and a disgrace to any intelligent body. The majority of the regulations complained of are the result of the constant and annually recurring efforts of one or two individuals, who have essayed to rule the Council, to modify the curriculum of studies to be pursued by students. It

is to this circumstance more than any other, that is to be attributed so much trouble both within and without the Council. Instead of laying down a curriculum of studies to be pursued, and regulations for the guidance of students, and adhering to them for a period of four, five or more years as is done by all universities and colleges, the Council in its wisdom has seen fit to change both curriculum and regulations every year, until confusion reigned supreme in every department. Members of the Council themselves did not understand the regulations, and not unfrequently the poor student suffered from his ignorance of the requirements demanded of him. Hence it is not to be wondered at that there was a growing dissatisfaction; in fact the wonder is that matters were not worse than they really were. The danger and unwisdom of constantly changing the curriculum, and altering the regulations, was again and again urged upon the council by those interested in its welfare, but advice and remonstrance were alike unheeded, and those who undertook with the best intentions to criticise their acts, and who were the true friends of the Council, were branded as its enemies and desirous of its overthrow. The regulation in regard to the payment of fees for the matriculation and professional examination which specifies that "no part of the fees shall be returned to unsuccessful candidates at any of the examinations," presses very heavily and unjustly upon students who happen to fail in their examination. One unfortunate student who presented himself for examination last spring in all the subjects, and paid the full fee of \$50, but who failed to pass, has this year to pay the entire sum over again before he can be allowed up for examination. Surely this cannot be right. In no other institution in the world, we venture to say, can such an arbitrary and unjust regulation be found. Even if the money so dishonestly abstracted from the pockets of the poor unfortunate students were put to good use, it would not appear so bad; but when this money, and hundreds of dollars besides, are spent in useless and vexatious lawsuits, surely it is time that the profession should assert itself, and put a stop to such proceedings. The profession has the matter now largely in its hands. The elections are about to take place, and the electors should be certain as to the character of the men they are sending to represent them for the next

five years, for much will depend on the manner in which they discharge this duty. Not a single man should be returned who is not in favor of reforms in the direction which we have indicated. The Act under which the Council is working is a very good one, and only requires to be honestly and faithfully carried out; but we venture to assert that another five years' rule similar to the last will utterly destroy all confidence in it as a representative body. It would be a matter for sincere regret if this should occur, and much will depend upon the wisdom and good judgment of the profession in the present crisis whether it will be so or not. We have every confidence that the profession will do its duty in the matter.

MEDICAL COLLEGE FEES.

The Medical Colleges of the Provinces of Ontario and Quebec have at present under consideration the desirability of increasing the fees to be paid by students for attendance upon lectures. For years the fees paid for a professional education have been ridiculously low, and now that the period of study required by the student has been lengthened from three to four sessions, it would appear a most favorable juncture for a change in this direction. A trifle over \$200 is the entire amount paid into the funds of a Medical College by the student for his whole academic course, extending over a period of four or more years. It has hitherto been the custom to charge \$12 each for the main subjects, such as Anatomy, Medicine, Surgery, and Midwifery, &c., and from \$5 to \$10 for the less important branches. These fees were charged for the first and second sessions only, all subsequent sessions being free. There seems to be no good reason, however, why any of the sessions should be free. Medical students, like other members of the community, should pay for what they receive, and they will, we venture to say, hold in higher esteem the services for which they have to pay than those which are given gratuitously. Neither the circumstances of the country, nor of the medical students as a class, require the continuance any longer of the system of partial remuneration which has been so long in vogue, and it only requires concerted action on the part of the Colleges to place this matter on a more satisfactory basis. The requirements of a medical education are very

different from what they once were. The rapid advances in all departments of medicine, the improved methods of teaching, and the modern equipments of the schools for the increasing work before them, necessitate the outlay of large sums of money every year. We are not prepared to say what the increase in fees should be, but we think that as the duties required by the Colleges have increased from twenty-five to thirty per cent., that there should, at least, be a proportionate increase in the remuneration. On the other hand, care must be exercised, not to raise the fees too abruptly, otherwise with the large number of medical institutions, with merely nominal fees, in the United States, there may be a general exodus of medical students across the lines.

TORONTO INSANE ASYLUM REPORT.

Through the kindness of Dr. Clarke, the Medical Superintendent of the Asylum, we have received a copy of his annual report for the year ending 30th Sept., 1879. In addition to the statistical tables which invariably abound in such works, the doctor has given the public his views on some important questions affecting the well-being of the community at large. His remarks on "worry in life," as a fruitful source of disease, are worthy of consideration and should be read by every member of the community: "Worry in business or other annoyances, whose name is legion, cause loss of appetite, want of sleep, restlessness, nervousness, general physical prostration, low spirits, and all the brood of ills which flow from them. One member of a family in this condition will unsettle the comfort of all with whom he comes in contact. * * * The race of life throughout the more advanced countries of Christendom in the periodic upheavals; the sacrifices of necessary comforts for show and parade; the hot-house growth in forcing unduly young intellects; the exciting trade and professional rivalries; the periodic political excitement; domestic troubles; the vitiating public and private offences against physical law; and the countless artificial modes of life, drive myriads of the best and the worst citizens into insanity." Speaking with reference to the source of mental and physical deterioration which affects the adult population as well as the youth of our land, he says: "It is the senseless mental overstrain to which the children

are subjected. Any one can perceive (if such will take the trouble to look) how this is brought about. An examination of the list of studies required of children and youths up to the age of twenty-one and beyond it in our schools and universities, shows that no young and growing brain can overtake the work laid out for it without great and permanent injury to this delicate and complex organ. Children are put in the worst ventilated houses which can be found in the country, and these too often are literally crammed with them. In this foul air they must study for hours at a time. Evening brings no relaxation for them, because a task needing several hours study must be done before bed-time, or early in the morning, and this becomes a dreary uninviting round "from weary chime to chime."

The above extract will be fully endorsed by every member of the medical profession who reads it. It needs no prophet to forecast the result of such forced mental work upon the young and tender, mental and physical organization. The brain, like the rest of the body, should be allowed to gather strength and capacity for the great struggle of life, and not be overpowered and weighed down in early life with a load it is unable to bear.

We notice, in reading, a few clerical and typographical errors, which mar the pages, and which, we presume, are due to hurried composition and careless proof-reading.

STIGMATA OF MAIZE, IN URINARY COMPLAINTS.

Dr. Dupont of Buenos Aires, communicates to the *Revista Medico Quirurgica* some interesting facts in relation to the therapeutic value of the above vegetable product, from which we transfer his ultimate conclusions, which are the following:

1st. The stigmata of maize have a most evident action, I do not say always favorable, nor in all the affections of the bladder, whether recent or chronic.

2nd. In acute cystitis from traumatism, as well as in blenorrhagic cystitis, they produce a very pronounced diuretic effect, with exacerbation of the pains. It is therefore preferable in these cases to abstain from their employment.

3rd. It is in *gravel*, uric, or phosphatic, and in chronic cystitis consecutive to gravel, and in

mucous, or mucopurulent catarrh, that the best results are obtained. All the disagreeable symptoms disappear rapidly,—the vesical pains, dysuria, excretion of sand particles, ammoniacal odour, and the abundant secretions &c., &c.,

4th. Retention of urine disappears under the amelioration of those symptoms; but the employment of the catheter ought occasionally to be continued, should the bladder not completely empty itself.

5th. Several of the patients observed had used the customary remedies,—as turpentine, tar, mineral waters &c. The stigmata of maize have produced good results when the means previously used had not benefited.

It may be useful in certain cases to employ at the same time with the stigmata, the external measures indicated by the pathology,—as vesical irrigations with much water, by the double current catheter, also injections of solutions of tar, borax, silicate of soda; those of bicarbonate of soda if the urine be acid, or those of benzoic acid if it is very alkaline.

6th. Besides their effects in bladder affections, the stigmata produce the best results as a diuretic, entirely harmless, though very energetic in heart affections, albuminuria, and in general in all cases in which ordinary diuretics are indicated. We have known numerous cases in which the urinary secretion has trebled or quintupled in the first twenty-four hours, and others in which the medicine had been continued two and three months without any untoward result. It is to be stated, that the diuretics most in use, as nitrate of potassa, digitalis, squills &c., are not always convenient, or without risk.

ONTARIO ELECTION NOTES:—We publish this month the election addresses of several medical gentlemen who are candidates for the representation of their respective districts, in the Ontario Medical Council. Several new men have entered the field since our last issue. Dr. Freeman of Milton is out in opposition to Dr. MacDonald of Hamilton the president of the Council for the representation of the Burlington and Home Division. As the County of Halton has not yet sent a representative to the Council, Dr. Freeman claims that honor for the ensuing term.

Dr. Douglass of Port Elgin, at the request of the County of Bruce Medical Association, has con-

sented to become a candidate for the representation of the Saugeen and Brock Division. Dr. Orton M. P. of Fergus, has also been announced as a candidate for the representation of this division, and is meeting with good success. There are therefore four candidates in the field for this Division, viz.—Dr. Yeomans of Mount Forest, Dr. Stephens of Collingwood, and Drs. Orton and Douglass. They are all excellent men. Dr. J. Stewart of Brucefield has been brought forward by the County of Huron Medical Association, as a candidate for the representation of the Malahide and Tecumseh Division. He is a very good man, and we understand that Dr. Hyde has resigned in his favor. Dr. Edwards of London is also in the field for this Division, and it is only fair to him to say that he was one of the most useful members of the old Council. He always upheld the rights of the profession, and was strongly opposed to the arbitrary regulations of the Council, and for that reason, although ostensibly to save expense, his name was left off the Executive Committee by the wirepullers of the Council last year. We are also pleased to learn that Dr. McCargow of Seneca, the nominee of the Brant Medical Association, is a candidate for the representation of the Erie and Niagara Division, Dr. Henwood having retired. We have heard of no opposition as yet, and hope to see him elected. The elections will take place on the second Tuesday of June, and the first meeting of the new Council, on the second Tuesday of July, 1880.

MCGILL MEDICAL COLLEGE, MONTREAL.—The following gentlemen have received the degree of M.D.C.M. in this University:—N. Ayer, F. W. Church, J. Cahalan, D. K. Cowley, G. O. Dibblee, J. S. Edwards, C. DeW. Heard, A. Henderson, D. G. Inksetter, R. Logan, D. C. McLaren, B. E. McKenzie, W. McEachran, R. C. McDonald, J. A. McDonald, M. McNulty, R. J. Maas, L. D. Mignault, T. A. O'Callaghan, B. Pinsonneault, A. F. Pringle, H. E. Poole, F. W. Pulford, B. L. Rioridan, A. M. Ruttan, G. T. Ross, J. O. Stewart, H. B. Small, J. Smiley, and H. Stevenson. Holmes Gold Medallist—J. A. McDonald. Prizeman—H. B. Small. Honorable mention—Stevenson, Henderson and Mignault.

Primary:—W. B. Burland, L. Campbell, E. Christie, W. Cormack, J. H. Carson, R. Dawson, A. H. Dunlop, W. S. Duncan, J. A. Grant, C. M.

Gordon, J. B. Harvie, D. W. Houston, B. F. W. Hurdman, R. H. Klock, H. Lunam, A. McDonald, T. M. McLean, M. McNulty, F. H. Mewburn, W. Moore, H. O'Keefe, H. V. Ogden, H. E. Poole, T. W. Reynolds, J. Ross, W. H. Shaver, A. D. Struthers, A. Shaw, W. Stephen, J. C. Shanks, W. A. Shufelt, H. W. Thornton, J. E. Trueman, P. Vanier, G. C. Wagner, J. Williams; a few others passed on Anatomy, Chemistry, Materia Medica and Physiology respectively. Prizeman—J. Ross. Sutherland Gold Medallist—H. W. Thornton. Hon. mention—H. V. Ogden, R. Dawson, W. Moore, H. W. Thornton and T. W. Reynolds.

Prize in Botany—C. F. Cameron. Practical Anatomy—J. Ross. The prizes were presented by His Honor the Lieutenant-Governor (Dr. Theo. Robitaille) of Quebec.

TRINITY MEDICAL COLLEGE, TORONTO.—The following is the result of the recent examination in this school. The annual convocation for the conferring of Fellowship diplomas, Medals, &c., was held on the 26th ult.

Final examination for the Fellowship Diploma: J. Ellis, H. W. Rath, J. McWilliams, W. Beatty, H. W. Smith, L. B. Clemens, R. Wilson, W. W. Boyce, M. Martin, J. E. Shaw, R. Patterson, J. A. McNaughton, F. B. Lundy, T. C. Spence, E. F. Hatton, J. A. Hunter, R. McWilliams, N. McPhatter, D. A. McTavish, E. M. C. McIntosh.

Honor Men.—J. Ellis, Gold Medal; H. W. Rath, 1st Silver Medal; J. McWilliams, 2nd Silver Medal; W. Beatty, H. W. Smith, L. B. Clemens, and R. Wilson, Certificates of Honor.

Primary Examination: W. F. Peters, T. G. Brereton, A. C. Gaviller, J. C. Urquhart, J. Ferrier, F. E. Woolverton, H. R. McGill, H. Kerr, D. Lloyd, J. A. Macdonald, M. L. Cameron, C. M. Freeman, J. Walker and W. F. McLean.

Honor Men.—W. F. Peters, 1st Scholarship; T. G. Brereton, 2nd Scholarship; A. C. Gaviller, J. C. Urquhart, J. Ferrier, Certificates of Honor. Wm. Bonnar 1st. year's Scholarship.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, KINGSTON.—The following gentlemen have successfully passed the professional examination in this school:—

FINAL.—H. H. Chown, B.A., J. G. Clarke, L. E. Day, C. R. Dickson, C. T. Empey, J. E. Galbraith, J. H. Knight, W. A. Lavell, M. McPhadden,

J. Odlum, H. H. Reeve, W. D. Reid, W. H. Waddell, and T. Wilson, B.A.

PRIMARY.—F. R. Alexander, J. H. Betts, R. Coughlin, H. N. Courtlee, J. M. Dupuis, W. J. Gibson, B.A., A. W. Herrington, J. Jamieson, D. A. Johnson, J. Knox, F. W. Koyle, H. N. Macdonald, D. J. McConnell, J. S. McGurn, E. Oldham, J. F. O'Shea, D. H. Rogers, S. H. Snider, T. J. Symington, and D. Wallace.

Of the primaries, Messrs Wallace and Gibson have been awarded the House Surgeoncy of the Hospital for the coming year, and Messrs Oldham and McGurn the Demonstratorship of Anatomy during the next session. Messrs Rutherford, Betts, McCarthy and McConnell have been awarded special prizes for anatomical preparations, and Mr. Chown a prize of \$75 for the efficient manner in which he has acted as Demonstrator of Anatomy during the past session.

CODE OF MEDICAL ETHICS.—In the present issue, we have published the code of medical ethics adopted by the Canada Medical Association, and presumed to be in force and observed by the members of the profession in Canada, but which we have reason to fear is in too many instances "more honored in the breach than the observance." Although nominally in force for a number of years, no effort has heretofore been made to bring it under the notice of the profession generally, and we venture to say that the majority of medical practitioners in the country have never read it. We have struck off a number of copies separately and in pamphlet form, for future use or for distribution among certain sections of the laity when such appears to be necessary or judicious, as the code alludes to the *obligations of the public to the profession*, as well as the duties of the profession to the public.

TRACHEOTOMY—INQUEST.—Drs. McKay and Scott, of Ingersoll, recently performed tracheotomy on a child suffering from croup. The patient having died, an inquest was held by Coroner Murray, M.D., at the instigation, it is said, of Drs. Bowers and McCausland, of Ingersoll. The medical evidence showed that the operation was justifiable, and had been scientifically performed. The parents were quite satisfied with the treatment of the case, and were much averse to an inquest. The jury pronounced the inquiry unnecessary and vexatious.

IRON AND PHOSPHORIC ACID.—Dr. G. P. Jones, of London, Ont., sends us the following note:—Two or three years ago I noticed an excellent prescription in the CANADA LANCET, containing equal parts of tincture of iron and dilute phosphoric acid with syrup. By using this formula, I find that any preparation containing tannin, or even the pure acid itself, can be combined with the iron without producing an inky mixture, which is certainly a great advantage. The following prescriptions will illustrate what I mean, the preparations being agreeable to the taste, free from any precipitate and readily prepared:—

R—Tr. Ferri Mur.,	
Acid Phosphorici, dil.,	aa ʒiij.
Tr. Digitalis,	ʒiiss.
Syrup simp.,	ʒiv.
Aquæ,	ad. ʒviiij.—M

SIG.—Capiat ʒiv. ter die.

or R—Tr. Ferri Mur.,	
Acid Phos., dil.,	aa ʒiij.
Tr. Nucis Vom.,	ʒiiss.
Syrup simp ,	ʒiv.
Aquæ,	ad. ʒviiij.—M

SIG.—Capiat ʒiv. ter die, ante cibum.

In making these preparations, the iron and phosphoric acid must be combined before adding the other ingredients.

PROPHYLACTIC TREATMENT IN DIPHTHERIA.—Dr. Buckham, of Flint, Mich., in the *Therapeutical Gazette*, March, 1880, recommends the use of quinine, chlorate of potassa and iron in full doses as a prophylactic in diphtheria. The idea occurred to him that the same constitutional treatment that cured diphtheria would prevent its development, and he has since used this treatment in several cases with entire success. He now asks the profession to further test the matter and report through the medical press.

VICTORIA UNIVERSITY;—The following gentlemen have passed the final examination in this University, and will receive the degree of M. D. at the convocation in May.—L. E. Sheppard, W. E. Hamill, C. McDonald, J. F. Dickson, G. H. Clemens, G. B. Thompson, J. Gordon, F. H. S. Ames, N. McKechnie, G. B. Smith, L. Munro, H. Meikle, H. Watt, J. H. Radford, G. L. Milne, J. B. Hunter, J. F. Glendenning, T. N. Greer, W. R. Sutherland, A. W. Campbell, J. M. Piper, and J. V. W. White.

BISHOP'S MEDICAL COLLEGE, MONTREAL.—At the recent professional examinations the following gentlemen successfully passed.

Primary—H. Bishop, B.A., prizeman; N. C. Smillie, W. DeMontpied, J. F. E. Tetrault, H. R. Wilson, and R. Labrie.

Final, M.D., C.M.—H. B. Chandler, gold medalist; J. L. Foley, prizeman, L. H. U. Gill, F. J. E. Tetrault, E. Labrie, and P. Dubé.

HARVARD COLLEGE STILL TO THE FRONT.—The medical Faculty of Harvard University are now contemplating the propriety of adding another year to the curriculum—making the medical course four years instead of three as at present. In the mean time it has been left optional with the student whether he will continue to crowd an impossible amount of work into three years, or spread his studies over the longer period, and reap the full advantages of all the instruction afforded him.

TORONTO EYE AND EAR DISPENSARY.—In our notice of this charity recently, we omitted to mention that the Dispensary is located at No. 65 Queen Street East, and is open to the poor daily at 10.30 a.m. Dr. A. M. Rosebrugh is the attending surgeon.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The preliminary examination for entrance to the study of medicine will take place in Montreal beginning on the 7th of May, and the meeting of the Board of Governors for granting licenses and other business on the 12th.

THE AMERICAN MEDICAL ASSOCIATION.—The 31st annual meeting of the American Medical Association will be held in New York, commencing on Tuesday, June, 1st, 1880. Members of the Canada Medical Association who may desire to attend can receive credentials on application to Dr. David of Montreal, general secretary.

CORONERS.—The following gentlemen have been appointed Assistant Coroners for their respective districts:—Chas. Chamberlain, M.D., of Leamington, for the Co. of Essex; A. Robillard, M.D., of Ottawa, for the Co. of Carleton; H. J. Saunders, M.D., of Kingston for the Co. of Frontenac; and D. McFayden, M.D., of Charleston Ont., for the Co. of Peel.

CORRECTION.—Among the names of examiners in medicine appointed for Toronto University mentioned in last issue, was Dr. E. C. Malloch, Ottawa. It should have been Dr. A. E. Malloch, Hamilton.

APPOINTMENTS.—Charles Sheard, M.D., M.R.C.S., Eng., has been appointed to the chair of Normal and Pathological Histology and also lecturer on Botany in Trinity Medical College, Toronto, and Dr. G. S. Ryerson has been appointed lecturer on Diseases of the Eye, Ear and Throat in the same institution.

Dr. J. H. McCollum, of Toronto, has been appointed surgeon to the 10th Battalion, Royal Regiment, (*vice* Dr. J. H. Richardson retired,) and Dr. R. A. Pyne assistant surgeon.

Dr. S. Z. Earle has been appointed to the Board of Health for St. John, N.B.

Dr. Irvine, assistant surgeon, has been appointed surgeon to the Montreal General Hospital, as successor to Dr. Bell.

J. H. Comfort, M.D., has been appointed Police-Magistrate for the city of St. Catharines.

THERE is a good opening for a medical man in the village of Udora, Co. Ontario.

Books and Pamphlets.

LECTURES ON THE HUMAN EYE, IN ITS NORMAL AND PATHOLOGICAL CONDITIONS. By Adolf Alt, M.D., Lecturer on Ophthalmology and Otology in Trinity Medical College, Toronto. New York: G. P. Putnam's Sons. Toronto: Willing & Williamson.

This work contains upwards of 200 pages, and is the only work of the kind that we are aware of in the English language. In dealing with the subject matter of the work, the author first of all gives the normal structure of the part under consideration and then immediately follows with a description of the pathological conditions. The author confines himself entirely to the eye-ball itself, to the pathological conditions of which he has given special attention. The illustrations are all drawn from his own specimens, and the book itself is an elaboration of the notes written while lecturing on this subject at the New York Ophthalmic and Aural Institute in 1876 and '77. The only regret we feel in reading over portions of the book for review, is,

that the author has not also given the treatment of those affections of the eye which are so faithfully portrayed. This would, in our opinion, have very much enhanced the value of the work and rendered it more useful as a text-book for students attending a course of lectures on this subject. It is, however, a most admirable work, as far as it goes, and we cordially recommend a perusal of it to our readers.

THE ESSENTIALS OF ANATOMY. By Wm. Darling, M.D., F.R.C.S. Eng., Prof. of Anatomy in the University of New York, and Ambrose L. Ranney, A.M., M.D., Adjunct Prof. of Anatomy. New York: G. P. Putnam's Sons. Toronto: Hart & Rawlinson.

This work is designed, as the authors state, as a text-book for students and as a book of easy reference for the practitioner. It is well printed on good paper, and in general well arranged for convenient reference. The absence of plates, however, in a work of such pretensions is a serious drawback, and one which will militate greatly against the success of the work. At present it may be looked upon as a large note book of dry anatomical facts, put together with the particular object of aiding students in cramming as much knowledge of book anatomy into their heads as may be necessary to pass an examination on this subject. Prof. Darling's reputation as an anatomist, however, leads us to regard anything coming from his pen with respect, and although we cannot highly recommend the work as a text-book on this very important subject, we still think it a very useful work, and infinitely superior to any work we have seen on the Essentials of Anatomy.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By Geo. Henry Fox, A.M., M.D., New York. Nos. 7, 8, 9 and 10; \$2 each. New York: E. B. Treat. Toronto: Willing & Williamson.

The parts before us represent the following diseases: Lupus, (2 plates); epithelioma, (3 plates); trichophytosis, (2 plates); lichen, (3 plates); kerion, lepra, molluscum, (2 plates); erythema, phthei-riasis, (2 plates); scabies, (2 plates), and porrigo. There are two parts yet to be published, making in all twelve parts to complete the work. The present numbers are quite equal to those that have preceded them. The work is a most valuable one, and has been well received by the profession, and particularly so by those who make a specialty of diseases of the skin.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M.D., New York. Second edition, thoroughly revised. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

It is but a very short time since we reviewed this work, and we have little to add to what we then said in favor of the work. The author has most carefully revised every page, several portions have been re-written, some new matter added, and the work has thus been rendered still more worthy of the favor accorded it by the profession. We cordially recommend this edition to the readers of the LANCET.

BRAIN WORK AND OVER-WORK. By Dr. H. C. Wood, of Philadelphia. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This little brochure is one of the series of Health Primers recently issued under the editorship of W. W. Keen, M.D., of Philadelphia, and published by Messrs. Lindsay & Blakiston. It is a most excellent number of the series, intelligently and well written, and contains valuable information for the people. It deals with such subjects as "General causes of nervous trouble"; Work; Rest in labor; Rest in recreation; Rest in sleep," etc.

PRACTICAL EXAMINATION OF THE URINE. By James Tyson, M.D., Philadelphia. Third edition, revised and corrected. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

It is only a short time since the second edition of this work was reviewed in these columns. No extensive alterations or additions have been made in the present edition, except the correction of some typographical errors and the introduction of some new cuts to replace older, more unsatisfactory ones. The work will be found a useful, reliable and convenient guide to the practical examination of urine.

Births, Marriages and Deaths.

At Warkworth, Ont., on the 25th March, Nicholas D. Richards, M.B., Warkworth, to Maggie, daughter and only child of James N. McCrea, Esq., M.D.

At St. Jean, Isle d'Orleans, Que., on the 7th December, 1879, Dr. Joseph Demers, in the 46th year of his age.

In Toronto, on the 1st ult., Dr. C. B. Hall, in the 65th year of his age.

In Kentville, N. S., Dr. John Struthers, in the 45th year of his age.