

He thought it clearly the result of shock, and called for whiskey, not as a stimulant (being opposed to that), but to relieve the shock; none being in the house, he gave the patient chloroform, after which the pulse became strong, and the operation was completed. He had another case of typhoid fever, in which the depression was very great, and in which he administered whiskey in large doses,—an ounce every hour. Being alarmed, he called in another doctor, and they administered $\frac{1}{8}$ grain of morphia hypodermically, and that did much more good.

Dr. BETHUNE said alcohol was in one case a stimulant, in another a narcotic, and in another a sedative, according to the condition of the system. If taken in big doses it was a narcotic. Perhaps some of them had felt the effect. (Laughter.) In neuralgia it was a sedative. When people took a tumblerful at night to put them to sleep it was a narcotic.

Dr. GARDINER, London, said that by the use of alcohol the pulse got stronger, the eye brighter, the skin warmer and the body invigorated. Whether it was called a stimulant or a narcotic, it should not be used carelessly, but only when there was reason for it.

Dr. MILLS, of Montreal, thought it was a subject demanding careful scientific study, especially as its elementary principles were taught in the public schools. The doctor said the necessity for experiment was absolute, and they were not prepared yet for dogmatism. He condemned the present school books as extreme. The children were taught that alcohol under all conditions was a poison. The medical profession should do something to counteract this.

Dr. ARNOTT said that alcohol was termed a stimulant, an anodyne, and a narcotic. This was perplexing. The fact that the hospital having the lowest death rate in London, England, did not use alcohol he made his excuse for speaking on the subject.

Dr. LAPHORN SMITH spoke of the experiments shewing the effect of alcohol on the muscular power; how that, soon after administration of the alcohol, the individual tested could lift much more, but when the reaction had set in, considerably less than at first. It was certainly a temporary stimulant. It affected the great sympathetic, which contracted the arterioles, more blood being forced into the coronary arteries, thus strengthening the heart.

Dr. H. A. MACALLUM said there seemed to be physiological evidence to show that all narcotics and poisons were stimulants. The respiratory stimulus was a poison. It could not be that CO_2 , the respiratory stimulant, and ultimately poisonous to that centre, could be a stimulant as secondary to narcotic action. All stimulants for secretion, respiration and circulation ultimately were narcotic and poisonous. Anæsthetics were stimulants in small doses. It

could not be argued that CO_2 is a natural stimulant and acts as a narcotic.

Dr. HARRISON closed the discussion.

Dr. B. E. MCKENZIE presented a bad case of lateral curvature, in which he had used a raw hide spinal support. The patient could be stretched four inches, so much was the curvature. He knew of no other treatment in such a case. It was fitted to a plaster Paris model, and had no seams. It fitted smoothly, and seemed to afford much relief. This was the first time Dr. McKenzie had tried it.

EVENING SESSION.

Dr. HINGSTON, Montreal, then gave an address on Surgery. It consisted of an historical review of the subject. He held that in Egypt, before the time of Moses, many so-called modern operations were practised. The Greeks considered surgery a divine art. Pythagoras about 600 B. C. elevated surgery to a science. The Egyptians and Greeks practised nephrotomy, used tents, issues and moxas, and trephined the skull; they also practised percussion as an aid to diagnosis, and drew fluid from the chest. Hippocrates made use of immediate auscultation as a means of recognizing disease. But the fall of the Macedonian Empire seriously interfered with the progress of surgery. The Alexandrian school were skillful in abdominal surgery. They first used the catheter. 2200 years ago Ammonius crushed stone in the bladder. There was another retrogression in the science at the time of the Cæsars. Celsus found that there might be rupture of brain substances without fracture of skull. He was first to ascribe the *contre-coup*. Heledenus opened into the bronchial tubes. The Arabians were credited with greater proficiency in surgery than history will justify; but to them we owe the preservation of Egyptian surgery. The suturing of wounds was practised by Albucasis, also the incising of the kidney for abscess. The Council of Tours forbade the clergy to spill blood. By this prohibition, surgery was divorced from medicine, and got a serious setback. When Columbus discovered America, the physicians of Europe were not superior to the medicine men of the Aborigines of America. Vesalius laid the foundation of modern surgery. Paré advocated cupping for displacements of the uterus. Wiseman, in Britain, was original but crude. His reports of successful treatment of cancer are so remarkable as to arouse suspicion as to the accuracy of his diagnosis. Wiseman believed in the magic royal touch for the King's evil.

Surgery, the speaker went on to say, preceded medicine in this country. The governor of Nouvelle France was always asking for surgeons to be sent out. The people did not need