be understood. Until physicians were employed in the way mentioned, the best results would not be obtainable. He thought the appointment of specialists a good thing, and stated that in some places this was being agitated.

Dr. CANNIFF thought he had been misunderstood,—he only intended saying if regulations to hygiene worked well in municipalities so it ought to in families. Statistics show that the practice of hygiene is a saving operation,—saving the man and saving the labor.

Dr. ANGLIN, of Verdun, followed in a paper on, "The General Practitioner and the Insane,"—a very practical paper. The subject of insanity was one which had been left alone too much by the general practitioner. It was important that he should know more about it, for on him rested the diagnosis of insanity, possibly the administration of treatment, the recommendation to hospitals, and the certification of the patient's mental condition. Generally speaking, it was better to advise hospital treatment, but in some cases this would be impossible. It was much less expensive, and the change of environment was generally beneficial. He was glad that the old prejudice against insane hospitals was becoming lessened. It should be taught to the general public that insanity was a disease, not a crime. The Doctor then described the hospital of to-day, showing that it was not a place to be shunned as was the one of days gone by. If a man were called on to treat a case of insanity, he should recommend a change of scene, the employment of one or two trained nurses. Relatives generally made poor attendants, as did also ordinary sick nurses. Sleeplessness should be immediately combated by giving moderate exercise, a drive, a meal or a hot bath. Of remedies, alcohol, hyoscine, paraldehyde, sulfonal, chloral hydrate (and opium in cases due to pain) were useful. Constitutional treatment should be attended to strictly. The Doctor outlined the points necessary to observe in making out certificates, laying special emphasis on the recording of phenomena actually seen by the examiner. He criticized the stupid methods of admission in certain States, but commended the progress of Canada in this matter. A certain amount of formality was absolutely necessary, and the Doctor should be exceedingly exact in replying to the questions on the blanks used. It was wise to find out all one could about the patient before interviewing him; deception should never be used with the patient, for this often rendered him less amenable to treatment. It was sometimes exceedingly difficult to detect symptoms, so careful to conceal them was the patient often. Three things should be noted,—acts, appearances and conversation. The patient should be told frankly that he was sick and needed hospital treatment.

This paper was discussed by Drs. Matheson, Arnott and Mills. Dr. Anglin closed the discussion.

Dr. HARRISON of Selkirk then followed with a paper on, "Is Alcohol in all Doses and in all Cases a Sedative and Depressant?"

He had formerly thought alcohol the great stimulant, and the physician who failed to administer it was culpable. Temperance physicians had refused to administer it, for fear their patients would acquire the drinking habit. The subject was a scientific one, and should be discussed as such. If alcohol was a powerful sedative and depressant, as some claim, the use of it for so many generations would have caused untold injury, and the number of deaths caused by using a sedative instead of a stimulant unaccountable. He spoke of a case in his practice of post partum hæmorrhage which promised to end fatally, and while preparation was being made to inject blood, brandy had been administered freely per os and per rectum, and under it the patient rallied and recovered. In a case of typhoid fever lasting seven weeks, where the patient seemed dying of exhaustion and heart failure, after two weeks of a diet of port wine only, the patient recovered as by a miracle. Another case of puerperal fever,—an extreme one,—with pulse 140 to 150,—all medication was abandoned, and brandy and port wine in a little milk and beef essence were given, and effected a permanent cure. The family said a teaspoonful had increased the fever. He at once administered two tablespoonfuls.

When a patient was nearly moribund,—when a feather's weight in the wrong scale must be fatal,—and brandy was administered, if the brandy acted as a sedative the result must be fatal; but the fact that the patient rallies shows it cannot be a depressant.

Dr. ARNOTT said he had some diffidence in discussing the subject, as he seemed a "lone bird in the tree." His views were and had been for years that alcohol was not a stimulant in its direct action. The question under discussion in other words is, "Does alcohol or could anything under varying conditions give the same results?" Suppose the principle were applied to water, although under some circumstances it causes death, yet no one would say it was a poison; the direct and primary action of water is nourishing. The profession are not divided at present as to the sedative action, because all use sedatives to bring about a stimulating result. There was, he said, not so much difference between Dr. Harrison and himself as appeared on the surface. Although opium was a sedative, we get stimulating results from it. He mentioned a case of his in practice, the setting of an old lady's arm, a Colles' fracture. He had given her a great deal of pain, and suddenly she became white, and pulse imperceptible. He was afraid the patient was dying.