

all over. The existence of bronchial râles on both sides may be taken as evidence of bronchitis and emphysema. In chronic phthisis we would find a cavity, which we do not. In miliary tuberculosis, where the tubercles are scattered throughout the lungs, we might find such symptoms as we have here, but it would be an acute case where the constitutional symptoms would be well marked and the patient would likely die before the physical signs of phthisis became evident. But here he has been sick for eight years. If he should suddenly take a turn for the worse, develop fever and night sweats, I would incline to the view that disseminated tuberculosis had occurred. I have seen such cases.

So, therefore, on the whole, I do not think that this man has phthisis. He is slowly improving, and when his stomach will tolerate them, I will give him tonic and nutrient remedies. The prognosis is comparatively favorable, so far as a fatal issue is concerned; he cannot be restored to vigor, his whole chest is blown up, he will always be short-winded, but he can be made so that he will be comparatively comfortable when he is quiet and avoids exertion.

THE "MEDICINE-MAN."

OR INDIAN AND ESKIMO NOTIONS OF MEDICINE.

*A paper read before the Bathurst and Rideau Medical Association, Ottawa,
20th January, 1886.*

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Last year, having had the honor of reading before you a paper on "Diseases among the Indians," I would now beg to follow it with a short account of the notions of these people on the subject of medicine.

The science of medicine has now arrived at such perfection among civilized nations that we have almost forgotten the crude beginnings out of which our present knowledge has been gradually evolved. But from our pinnacle of learning, it is curious and interesting to observe the darkness amidst which some of our fellow-men are groping even yet. The false and mistaken notions as to the principles and practice of medicine which pre-