

clothing, bedclothes, towels, etc., from the sick should be immediately placed in the disinfecting solutions, and that mattresses, pillows, etc., be burned immediately after use, unless steam disinfecting appliances are at hand.

(7) That at whatever ports immigrants are to be permitted to land it is absolutely necessary: (1) that facilities exist for housing and proper accommodation of suspects both from steerage and cabin, as well as for hospital accommodation, and extra tent accommodations should be always available; (2) that proper and sufficient bathrooms be supplied at every station where suspects can safely and comfortably wash; (3) that a safe and adequate supply of wholesome water be always on hand; (4) that modern latrines, with proper conveniences for the observation of the dejecta of the subjects, be supplied; that after disinfection the sewage from the latrines be disposed of in a manner that will insure perfect safety; (5) that furnaces and fans be fitted up either on the wharf or on the quarantine steamer, whereby holds and cargoes of ships can be rapidly and thoroughly disinfected; (6) that at every station where there is no deepwater wharf, safe and commodious steamers be provided for landing passengers, and for patrol observation and other quarantine purposes; (7) that ample bedding and clothing be provided at every station to supply the necessities of persons landed from the ships; (8) that the means for the safe and speedy disposal of the dead at quarantine stations have been given careful consideration by your committee, and it is of opinion that the ordinary practice of burial employed in the past at such stations as Grosse Isle may, if continued, be attended with danger, and would hence tend to render these stations unfit for continued use as such, and under these circumstances it is believed that cremation of the dead is the best way of securing the safety of the living; (9) that, in view of the imminent danger of cholera reaching America in 1893, the Association is of opinion that the Government may very properly consider the expediency of preventing immigration to Canada from infected countries; (10) that, in the opinion of the Association, it is a matter for regret that, though it is twenty-five years since Confederation, no Government executive officer has yet been appointed to the charge of quarantine and other Federal health matters, and the Association urgently presses the immediate appointment of such an officer, in order that the foregoing recommendations be carried out with the greatest possible rapidity, and that such officer should be a man of the highest scientific attainments, a well-known sanitarian, and one devoted to the work.

THURSDAY MORNING,

September 22nd, 1892.

The President, Dr. Bray, in the chair.

Dr. J. E. Graham, of Toronto, opened the discussion in medicine by reading a paper on "Treatment of Pulmonary Tuberculosis." This paper was an exhaustive *résumé* of the treatment of phthisis as understood and taught to-day. Dr. Graham has fortunately spent the whole of last summer in Switzerland, and while there gave a great amount of attention to the prophylactic treatment of this disease, and he gave the Association the full benefit of his investigations. He concluded by saying that we ought to be encouraged by at least two circumstances: (1) The great number of cases of healed tuberculosis, as demonstrated by the *post mortem* room. Osler found evidence of such present in 7.5 per cent. of those persons who died of diseases other than phthisis. Bouchard makes the statement that in 75 per cent. of the sections at the Paris morgue, some signs of previous disease had been found. In many cases, too, there had been a complete cure, as no cultivation nor successful inoculation could be made from the nodules. It is also a curious fact that in some instances where bacilli have been found, they will neither grow nor produce the disease in animals. (2) Many physicians of long experience can point to cases of complete cure. These facts ought to impress us with the importance of making an early diagnosis, so as to place the patient under the most favorable conditions possible, and at the same time ought to stimulate us in the discovery of new and better methods, so as to still further reduce the number of unsuccessful cases. "By intelligent and persistent efforts to destroy the bacilli, or to prevent their entrance into the body; by general sanitation; by the careful management of individuals who have a hereditary predisposition; and by the open-air treatment, if possible, in special hospitals, for incipient as well as advanced cases, the ravages of the disease would, in my opinion, be diminished by one-half, and perhaps to a much greater extent."

Dr. L. Bulkley, of New York, read a paper on "Lupus Erythematosus." The paper was discussed by Drs. J. E. Graham, F. Shepherd and F. Strange, who all agreed that if the results claimed for the treatment should continue, a troublesome complaint was about to be conquered, but that sufficient time had not elapsed to pass judgment.

Dr. T. Johnston Alloway, of Montreal, then read his paper on "The Dependence of Abnormal Eye Conditions upon Uterine Disease." The discussion was brief. Dr. Dupuis remarked that in almost every case reported the round ligament had been shortened, and asked Dr. Alloway to describe his operation, which was done.