

comes to interfere with such work, or before the appearance of a case of cholera makes it dangerous to attempt it. To this end, wherever the conditions make such action necessary, a proclamation or health notice should be issued, directing the immediate prosecution of such work.

THE ONTARIO ANATOMY ACT.

The bill before the Legislature of Ontario bids fair to become law, and we trust that no unforeseen circumstance will arise to prevent its passing in the shape in which it was amended by the special committee to which it was referred. The bill is in Dr. Baxter's hands, and we have every reason to believe that no serious opposition will be raised against its provisions when it reaches the third reading. There is very great need of such a measure; the supply of material obtained under the old act was wholly inadequate to the demand. The number of medical students has greatly increased while the amount of anatomical material remained about the same; during the past session the supply was wholly insufficient, and the teaching of practical anatomy was greatly retarded in consequence. The Act provides that the bodies of those found dead, or dying in public institutions, (Lunatic Asylums excepted), and not claimed by relatives, or friends who are willing to bear the funeral expenses, shall be handed over to the medical schools for anatomical purposes. This is the essential clause, and if passed, will, it is confidently believed, give an abundant supply of material. The remaining clauses provide for the appointment of inspectors and in a general way secure the machinery for the proper working of the Act.

"UNPROFESSIONAL" ADVERTISING.—An epidemic of diphtheria in Halifax, N.S., is made the occasion for a fresh outbreak of "unprofessional" advertising among our confreres down by the sea. A disgusted M.D. writes to the *Halifax Mail* in regard to the matter in the following terms:—"I was surprised to see by your issue of last night that this serious question has begun to be made a pretext for puff and quack advertisements by some few of our medical brethren in this city. This action on their part is reprehensible in the extreme, and most derogatory to our profession, and would not be tolerated

in England, or elsewhere in this country; it is also most prejudicial to the matter under consideration and the public good. All praise is due to Dr. Campbell for the stand he has taken in ventilating this important subject, but the same cannot be said respecting others, who are too palpably endeavoring to foist their names before the public in this irregular manner; and it is to be hoped that the press of Halifax will not prostitute their columns by allowing them to be channels for this discreditable system of spurious medical advertisement. It was only very lately that the leading medical journal of Canada had occasion to censure severely one or two medical men in this province for a similar offence, and it is to be sincerely hoped that this stain on our profession in these parts is not about to be increased by a repetition of these improper and unprofessional practices."

PNEUMONIC FEVER.—In an article on relapsing or intermittent pneumonia in the "*British Medical Journal*" of recent date by Sir Andrew Clark it is said: "Every one appears to have asked if pneumonia is not a fever, but scarcely any one has asked if pneumonia is really an inflammation." In this connection Andrew Clark refers to a lecture delivered by himself at the College of Physicians in 1866. These views were long since advanced by Professor Austin Flint, of New York, and are still held by him in his valuable work on the practice of medicine. He says that pneumonia is the local manifestation of a fever, and should be called "pneumonic fever." He gives the following reasons, with others, for the belief that it is a fever: The large quantity of exudation which is derived from the pulmonary artery—hence from carbonized and not from oxygenated blood—this exudation being ultimately completely absorbed, the air-cells returning to their normal condition. Moreover, pneumonia is never caused by the extension of any local process, such as abscess, gangrene, or any kind of local injury. Again, the disease is ushered in by a distinct rigor, and the temperature rises rapidly before there are any local manifestations. The spleen often becomes enlarged, and the patient becomes jaundiced.

MEDICAL JOURNAL ADDRESSES.—We have just received from the *Illustrated Medical Journal Co.*, of Detroit, Michigan, several sets of their perfo-