

crowding up the Asylum, leaving but few beds for disposal among that class of cases which are likely to be promptly benefited by immediate transference to proper treatment. Evidently our sister province of Ontario suffers in this, as do we in this province, where lunatics are placed in the gaols, and there kept till, in the majority of cases, all hope of amelioration is passed; when a sufficient number are collected, a batch is transferred to the Asylum, there to become a burden to the State for the remainder of their lives.

On the subject of Inebriate Asylums, Dr. Workman thus speaks, and we heartily endorse the opinion expressed:—

“That some provision for the care and proper treatment of inebriates is badly wanted in this province, there can be no doubt; but that these unfortunates are fit inmates of a *lunatic* asylum, every one who has had them in charge must regard as an absurdity and a cruelty. Within twenty-four or forty-eight hours after entrance, they find themselves mixed up with mental wrecks as diverse from themselves as midnight from noon-day sun-burst. Can such association conduce to self-respect or good moral resolve? One fact, at least, is certain; their insane companions are not improved by their presence. Dissatisfied themselves, and too often disposed to magnify the causes of dissatisfaction which the discipline of an insane hospital unavoidably presents, their dissatisfaction becomes contagious. One dipsomaniac may upset the comfort and quietude of a whole ward. Assuredly, the physician whose fate it is to minister to their form of mental disease enjoys no sinecure. He may hourly meet, and parry off, the importunities for liberation of those of dethroned mind, who are easily diverted from one subject to another, and who, by adroit management, may be parted from in smiles and renovated content; but it is not so with the de-alcoholised inebriate. Many of this class, perhaps the great majority, are persons of superior mental capacity and culture, and the asylum physician who tries to liberate himself from the meshes of their logic and plausibility, by any of his stereotyped shiftings of position, finds himself awkwardly at fault. They will hold him to their primary point and purpose, and he must escape from the discussion a discomfited, if not sometimes an irritated, combatant, for they understand how to be offensive. Their insane associates see his disadvantage, and some of them do not fail to rejoice in it.”

## Reports of Societies.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL,

MEETING HELD 7TH FEBRUARY, 1873.

Dr. R. Palmer Howard, President, in the Chair.

Dr. Francis W. Campbell read a paper on a case of acute purpura, which will be found among the original communications.

Dr. Howard remarked that Dr. Parks had discovered excess of iron in the blood of those suffering with purpura hæmorrhagica, and the possibility of this excess having something to do with the disease. Dr. H. said that, in several cases that had come under his observation, iron had been taken for some time before the attack.

Dr. Godfrey stated a case where the disease had followed prolonged immersion in very cold water.

Dr. Trenholme stated that, in the present case, the vegetable diet of the mother was not a probable cause of the disease, as it is well known that the healthiest of children are often found among those who use no meat; but, that it might be due to a diseased state of the blood caused by retarded circulation favoring blood changes, as the umbilical cord was very tortuous indeed.

Dr. Reddy mentioned a case which came under his observation, where he believed iron had been given previous to the attack of purpura.

Dr. Hingston's paper on excision of the lower jaw was received with applause. (It will be found among our original communications.) The patient was present, and presented a healthy aspect, and could speak sufficiently well to be readily understood.

The various modes of dividing the tongue were discussed, with regard to hæmorrhage; when Dr. Hingston stated that, in this case, he had divided that organ with the *ecraseur* as rapidly as possible.

Dr. Reddy stated he had obtained a good result in a similar case, where a minute was allowed to elapse between each click of the instrument.

Dr. Patton remarked that he had seen free hæmorrhage follow the too rapid division of the tongue, even with Chassenoc's instrument.

Dr. Howard stated that true cancer, when removed, always returned; and that he did not believe it could be extirpated.

Dr. Trenholme stated that the modern theory is that cancer, at first, is a *purely local* disease; and