

But we need not despair when we see the results of the antiseptic treatment of wounds in surgery, and the great service of antiseptic agents in the way of preventive and curative treatment in puerperal practice. The time may come when disinfectants and germicides may be used as effectually *internally* as well. The mortality from phthisis is so great that any measures to control it should be used. At present the most promising of them are preventive measures, and the success of these, together with hygienic means, has been proved in England, where the nearly perfect system of registration of disease has shown that the death-rate from phthisis from 1861 to 1871 had diminished from that of the previous ten years at all ages, and the decrease was still more marked in the following ten years to 1881. How it is in this province it is impossible to tell for want of statistics, but I am inclined to believe that the rate is not a low one.

These two instances of the recent investigation into the cause of disease, namely, the researches into the origin of scarlatina and of tuberculosis,—are given as indicating the direction in which I believe the best work of the day in our science is being done. Yet much time and ability have been given to the discovery, invention and production of new remedies of late years, indeed it has been taken up in a systematic manner, not only by members of the medical profession itself, but by those who do it on commercial grounds, and no doubt much success has attended their work, but it seems to me such results must be limited, compared with what may be, and is done in the way of getting *ahead* of disease. For many leading men think that not much more will be done in the way of drugs to cure disease. Many things may be done to relieve pain and suffering,—and the discovery of anæsthetics was the greatest blessing ever made in medicine,—but faith in the power of curative agents over disease is waning every day. As an instance of the benefits resulting from the intelligent use of sanitary and preventive measures, the following statement, as affecting one city, Edinburgh, alone may be given. In 1862 the population of that city was 170,000, the deaths 4661. In 1886 the population had risen to 211,400, while the deaths had fallen to 4149. Thus in 1862 the death rate was 26.65 per thousand, in 1886 it had fallen to 19.62 per thousand; and the change took place mainly in the diseases most influenced by sanitary precautions—the zymotic class. In 1862 that group accounted for 19.73 per cent of the total deaths, in 1886 for 8.34 per cent only, and the change was not from any accidental outbreak in the former year, or special immunity in the latter, but corresponds to continuous experience. In some of the poorer and over-crowded districts of the city, a decrease of mortality varying from 37% to 20% per thousand took place. Such diminution of mortality implies an immense saving of life, and is attributed by the authorities to relief from over-crowding, by the opening of new streets and breathing places, better water supply, new drainage,

improvement in plumbing work, but very much to the system of notification of infectious diseases, and the subsequent isolation or removal of the infected, and disinfection of the places.

There is another item in the statistics which however, is not plainly put forth as one of the factors in this great improvement, and which the public might think was a counter-balance to it.

Between the periods mentioned there was a greater proportionate increase of medical practitioners in the city than there was of population, namely from 156, or one in 1100 of the people, to 224, or one in every 900. Whether the decreased death rate was due to the increased number of doctors, or in spite of such increase, is a problem like many others we meet in practice.

Now, gentlemen, the committee who have had charge of the arrangements have done their work well. There is a good bill of fare before us. I hope we shall get through with it in the limited time proposed, and we shall all feel benefited by it socially as well as professionally. Before I close I would like to make a suggestion. This is the age of libraries, we have no library to speak of in New Brunswick. If one wants to look up a subject his range is limited by the private library of a practitioner. True, the local medical society has, for some years, been endeavouring to get together books, but it gets along so slowly that its library is surpassed by most of the private ones as yet. The great fire destroyed at least one private library of great value which cannot be replaced. It appears to me to be a proper subject for this society to assist in, and, in conjunction with the local society, get together a library which would be constantly increased by the latest works, and to which every medical man in the province would have free access and a joint proprietorship. The legal fraternity have one which is invaluable to them; so much so that the members submit to being taxed,—not a small sum as taxes go,—every year for it, and no one can practice in the courts here without having yearly paid this tax. I do not propose *that* for ourselves, but a way might be found to carry out the suggestion. Just as every lawyer cannot have every book, to which he wishes to refer, in his library, owing to the cost, and sometimes books being out of print, so it is with other professional men in active work. Besides that, medicine is a progressive science and the latest edition soon becomes an old book.

Gentlemen, I will not detain you longer. While I thank you again for the honour of presiding here, and am sensible of the imperfect manner with which I have discharged this, the first duty imposed on me; let me say that though we meet here for business and discussion, there is a sentimental side as well. It is pleasant to meet again, to see familiar faces, some from far off corners of the province, and perhaps one or two from across the border, to renew acquaintance, and have a talk. We of St. John are glad to see you all again, and bid you cordially welcome.