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# CANADA

# MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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*On the Disuse of the Lancet in later times.* A paper read before the Medical Section of the Canadian Institute at Toronto, March 4, 1870. By WM. HENRY CUMMING, M.D., late Surgeon of the Provisional Army of the Confederate States.

At a recent meeting of this section our attention was called to the great change that has taken place of late years in the practice of physicians with reference to blood-letting. As to the change itself, there is, there can be, no doubt. Several of the members of this section stated that, for ten or twelve years past, they had not resorted to venesection. The records of many European hospitals agree in showing that the blood of patients is much less freely drawn now than in former days.

This fact being admitted, it is my purpose in this paper to account for it. Many persons attribute the change to *fashion*, and explain the present custom of physicians in this matter, just as they would the length of a skirt or the number of flounces in a lady's dress. They know that we (like the ladies) follow the Paris and London fashions, and they seem to suppose that they are alike dictated by caprice.

Others are found boldly asserting that this great change is due to the influence of Hahnemann and of that great system which, like a Newton in pathology, he discovered and made known. They declare that, while reviling him as a charlatan, we have yielded to the force of his logic and have approximated to his rules of treatment.

The best way to silence all these accusers is to show the *true causes* of the great change we all admit to have taken place. Thus will it be made evident that science, not caprice, has been our guide, and that these changes are a proof that we are *advancing*, not that we are *vacillating*. We hope to show that to persist in our former conduct would have been to shut our eyes to the truths now clearly revealed and to sacrifice the

best interests of our patients to a foolish determination to maintain a reputation for consistency. But we have not done so. We profess to give to the sufferers medical advice, and this medical advice is based upon the teachings of medical science.

The change to be explained has occurred within the last twenty-five or thirty years. It may be that I am somewhat influenced in the selection of this epoch, by the fact that it covers the whole period during which I have been in relation with the healing art. But I am sure that in 1837, when I began my medical studies in Europe, there was just begun a change which in ten or fifteen years had reached nearly all the leaders of our profession, and, indeed, the mass of intelligent practitioners. At that time the bleeders were in the majority among the eminent men, but they were beginning to hesitate in the free use of the lancet on many occasions. No one ventured to denounce phlebotomy, but there was a certain reserve in the expenditure of blood. Men began to talk about *spoliative* bleedings and the dangers connected with anæmic convalescence. The value of energetic innervation was acknowledged, and its dependence upon arterial blood of good quality was felt as it had not been felt before. Broussais had called typhoid fever, gastro-enteritis, and had prescribed general and local bleeding; but the public had lost faith in Broussais and his teachings. The Pathological-Anatomy School called the same disease dothimenteritis, and prescribed bleeding in moderation. But at that very time there were men, even among the clinical professors of the School of Medicine, who ventured the opinion that the proper name was not to be taken from a single symptom; that there was a preliminary disease long before the eruption on the skin or the enlargement of Peyer's glands could be observed, and that it was well to return to the name typhoid fever, and to look at the totality of the symptoms and no longer at one or two, exclusively. And these same men practised in the hospitals and among their own patients the expectant treatment, giving little or no medicine, supporting the strength by nutritious but liquid food, and attributing to this expectant treatment a success far above that obtained by the antiphlogistic plan. Fouquier gave a bottle of seidlitz water every other day, and seldom prescribed anything else.

For several years matters remained thus in suspense, the anatomists observing the intestinal lesions, and the more thoughtful men meditating on the great loss of strength, the eruption, the limited duration of the disease and its contagion. Thus meditating, they felt that the disease was not the eruption upon the skin, nor yet the intestinal disorder, but something earlier, more general, nay, well nigh universal in its influence. Soon after this came the discovery that, in inflammation, the proportion

of fibrin in the blood was always increased, often doubled and sometimes trebled, and, indeed, occasionally quadrupled, while in typhoid fever it was reduced to one-half, one-third, and even sometimes to one-fourth of the nominal rate. And yet so true and universal was the rule, that even in this now evidently non-inflammatory affection, if a true inflammation supervened, the proportion of fibrin was at once increased. In view of these facts the opinions of medical men had to undergo serious modifications. By them, without shame it might now be said, "*Tempora mutantur et mutamur in illis*"; or, as it has been well rendered—

"Men change with fortune, manners change with climes,  
Tenets with books, and principles with times."

The time had indeed come for a change in principles. The scalpel was now no longer the exclusive, nor even the most useful, instrument of pathological research. The balance, the test-tube, the filter, the microscope were employed not merely to observe the results in fatal cases, but to watch the progress of the disease in the cases which were not to have this disastrous termination. The two great fluids of the body (the blood and urine) were most earnestly studied. Just at this time (1841) organic chemistry made sudden and unexpected advances; the fruit of long years of patient and laborious analyses was gathered, and Liebig, and Gruelin, and Rose, and Lehmann, and Dumas, and Pelouze, and Boussingall, launched forth their startling hypotheses. It now seemed, for a season, as though pathology were about to become a branch of organic chemistry, and the human frame to be regarded as a curiously complex laboratory, in which molecular forces were contending for the mastery; that health was the result of a well-balanced contest, and that an undue preponderance of any of the combatants led necessarily to disease. The analogy of fermentation was employed to illustrate and explain many morbid processes, and the word zymotic was boldly introduced by Liebig into the realm of pathology.

Of course there was in this case, as there ever will be, a reaction against this unexpected invasion of our territory by these "outside barbarians." The loins of the vitalists were girded and they went to battle against this most material pathology and yet more material therapeutics. The chemists were driven forth the more readily that there was no discipline in their ranks, no acknowledged leader, and most discordant opinions and theories. But though the enemy had been expelled, the traces of the invasion are evident on every hand. Take, for example, rheumatism. Read the works of the best writers thirty or forty years ago, and see how differently we view this affection at the present day. What are the present controversies on the treatment of rheumatism? Do they turn

upon the number of ounces of blood to be removed and the number of times that venesection should be repeated? Does any one now doubt that the composition of the blood itself is at fault, principally by reason of impaired digestion, and that the suffering can be greatly relieved by the free use of alkalis? How can we now bleed patients four, five or six times in as many days, now when we believe that the nature of the blood itself is injured? We cannot expect to draw away all of a man's blood; what can we hope to gain by removing it at all? And now that we know the danger of the cardiac affections so intimately connected with this condition of the blood, must we not address ourselves to the work of correcting or neutralising, if possible, this condition? And now we use the test-tube and the filter and the microscope, and study the effect of our treatment in the constitution of the urine, varying our remedies with the observed results, as we formerly studied the buffy coat on the successive bleedings of the good old time, and used or gave up the lancet according to these appearances.

We have seen the traces of the influence of organic chemistry on our notions respecting the nature of rheumatism and its treatment. Let us look for a moment at a group of diseases once the most difficult to cure and wearing out the patience of the sufferer and of his physician. I refer to that of the tinea. Read a book twenty-five years old and see the confusion and inconsistency of men's views concerning these affections, alas! but too common among the wretched poor. But the microscope has come and shown to us the *trichophyton tonsurans*, the *achorion schöuleinii*, and the three species, *audouinii*, *mentagrophytes* and *furfur* of the genus *microsporon*, just as some years before it had made known the *acarus* as the cause of the itch. And now these troublesome affections last as many days as they did months, and are cured with certainty. Resisting for months and years all the appliances of art in former times, they yield in a few days or weeks to a treatment directed against the vegetable parasite. "*Sublata causa, tollitur effectus*," and having destroyed the spores of this troublesome group of plants, we feel that we have delivered our patient from his sufferings.

If any one wishes to know whether our changes in therapeutics are based on advances in true science, let him read any work on menstruation thirty years ago. He will thus learn that nearly all of what we now know respecting this important function has been acquired since that date. And is it to be wondered that a great change has resulted in our treatment of such cases? And so of *anæmia* and *chlorosis*. Nothing would tend more to encourage our young practitioners in the cultivation of medical science than an occasional comparison of its present condition

with its state fifty years ago. It will thus be evident that if there are many desiderata now, there are many more data than in former times, and that the practice of our profession is much more satisfactory than it formerly was. Thus cheered by a review of the past, they would look forward more hopefully, and expect new discoveries and improvements with each succeeding year.

But our purpose has been declared to be the justification of the abandonment of blood-letting in very many diseases. We have said that this change is the result of scientific advance, not of vacillation. And in order to show our confidence in this statement, we will accept the challenge uniformly given to account for the abandonment of blood-letting in pneumonia. This disease has not, like typhoid fever, been removed by the progress of science from the class of phlegmasiæ; we still regard it as an inflammation of the lung. And we undertake to show that the change in our treatment has resulted from improvements, and is therefore a ground not of shame but of joy and gratulation. It is because we have advanced in knowledge that we have altered our course of treatment. These improvements may be classed under five heads, viz. :—

1. Improvements in Diagnosis.
2.        "        Prognosis.
3.        "        Therapeutical Agents.
4.        "        Physiology.
5.        "        Pathology.

#### 1. IMPROVEMENTS IN DIAGNOSIS.

Formerly (fifty years ago) a patient suffering from a severe affection of the chest was declared to have either pneumonia or pleurisy. The distinction between these two was extremely difficult to establish, nor can we wonder at this, since a large number of pneumonias are complicated with pleurisy. So that, in the first quarter of this century, pleurisy, pneumonia, pulmonary congestion, bronchitis, pulmonary hæmorrhage, pericarditis and endocarditis, were liable to be classed as pneumonia or pleurisy, and this group, now so readily discriminated the one from the other, was a confusion and a mystery. If called at an early stage, the physician was unable to discriminate between the several affections, and in such cases the presence of pneumonia was inferred from a general consideration of the observed symptoms, rather than from any acknowledged diagnostic sign, none of which existed in those days at that early stage. But whether the pneumonia was single or double, whether in the upper, middle or lower lobe, or in two or in all three, whether complicated with pleurisy or not, all these were beyond his power of recognition.

What was to be done in such cases? The physician's duty evidently was to act as if the disease were grave, and bleed freely and repeatedly until the improvement was manifest. But if the case were already of three days' duration, and its history and symptoms clearly showed the existence of pneumonia, he still bled, because he did not know the relation between the date of the disease and the condition of the lung.

And what change has Laennec's discovery of auscultation made? First published in 1819, it remained for a long time confined to the Parisian hospitals. By many it was treated as a vain pretence, and fully twenty years elapsed before it became generalized in France. And when we consider how long a training, under good instruction and with a great variety of illustrative cases, is requisite to insure a sufficient skill even with the young student, it is not surprising that physicians of a mature age failed in the attempt, and were thus led to depreciate the value of auscultation.\* But, however slowly it at first made its way, it has now changed the whole face of the science and art of medicine so far as the

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\* But another reason must be assigned. It is painful to find fault with one so useful in his day as was Laennec. We know not what more brilliant discoveries are before us; but, looking back, we see none, in the whole history of medicine, from Hippocrates to our day (except those of Harvey and Jenner), worthy to be compared with those of Laennec. And yet, in that very work on diseases of the chest, which changed the whole face of the science in reference to these common and dangerous maladies, we find him dwelling with special enthusiasm and eloquence on the acoustic properties of the instrument employed, and exerting himself to show the advantages to be derived from its use in preference to the direct application of the ear to the walls of the chest. He thus unwittingly did more to hinder the general adoption of auscultation than could have been done by the most direct opposition to its claims. It is most difficult for the untrained ear to hear anything with the stethoscope, while no one can fail on applying the ear to the walls of the chest to recognise very soon the sounds to be observed. After having learned the various murmurs and souffles and tinkling and bird-calls by the ear a student is ready (if it is deemed necessary) to learn to recognize them, the stethoscope being interposed. But with the apparent necessity of *beginning* with this instrument, it is not surprising that it and the whole art of auscultation were often summarily condemned and denounced. For ourselves we are free to say that it would have been far better if the stethoscope had never been invented. A stethoscope, costing twenty-five cents, has been in my possession for more than thirty years, and I seriously doubt whether it was a good investment of that amount of money.

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We consider it in almost every case greatly inferior to the *naked ear* (if we may use an analogy from another sense) in the formation it gives, and we think it should be reserved for such cases (if such there be) as forbid the direct application of the ear to the walls of the chest.

diseases of the chest are concerned. By its aid, the physician, if called at the commencement of the disease, so as to be in time to hear the crepitant rhonchus, recognises not only the nature but the actual extent of the affection. He finds that it is confined to one lung or that it has invaded both, that one lobe only is suffering or that two or three are affected. He finds it complicated or uncomplicated with disease of the pleura or of the heart. Knowing that it is in this early stage, and recognizing its limits, he hopes to be able to avoid bleeding (the evils of which he knows) and yet to have a good result. Fifty years ago the patient would have been bled because his physician was ignorant of the actual state of affairs; now, he is not bled, because, the actual condition being clearly seen, it is deemed unnecessary.

But if called to see the case at the usual time (two or three days after the invasion of the disease), what is the difference between the ancient and the modern practitioner? The former saw that the case was severe, that it was progressing, and he bled. The latter sees that both lungs are affected, that the disease has reached its second stage and that he can do better than to bleed; or he finds that it has progressed still farther, and he does not venture to use this almost certainly fatal measure.

Or, on the other hand, he hears in various parts of the hepatized lung the *rhonchus crepitans redux*, and can tell the anxious friends that the worst is over, that convalescence has begun, and that it would be a wanton waste to remove any blood from the system. The writer is confident that this case is one of frequent occurrence.

It often happens, more especially in the cases of children, that a practitioner declares the case to be one of pneumonia, when on more careful examination it proves to be one of bronchitis. Indeed the exact definition of these two affections is sometimes extremely difficult, even to the skilful auscultator. It is in making these discriminations that the discovery of Laennec is invaluable. If, in a case of bronchitis, the physician fears that pneumonia is present, he will act as though he were assured of the fact, and in olden times many a case that was not pneumonia was misnamed and maltreated, and the successful result was recorded in favour of the very admirable effect of bleeding in pneumonia. In the Parisian hospitals the proportion of bronchitis cases has greatly increased, as a result of auscultation, and that of pneumonia has declined.

And here let me introduce a word of warning as to all records of a thirty years' experience in this disease. The questions at once arise, "Are these all real cases of pneumonia? Was the observer able, thirty years ago, to recognize with accuracy the various diseases of the chest? Did he not, in the earlier years of his observations, class many cases of

bronchitis and pleurisy with pneumonia?" The *personal element* in these observations is of great importance.

## 2. IMPROVEMENTS IN PROGNOSIS.

These will, in very many cases, account for the disuse of the lancet. Unless pneumonia invade a large portion of the lungs, it is not usually fatal, and we often find it improving and tending to recovery when first called to observe it. But at other times, we find it thoroughly limited, even though not improving. We observe healthy respiration up to the margin of the indurated portion not on one side only, but on all sides. The disease is evidently not spreading; the rest of the lung may be regarded as safe; it is a localised affection not seriously endangering the patient's life. It needs no desperate or heroic treatment; there is time and opportunity for other methods. If the patient be enfeebled by want or previous illness, the unalarmed physician quietly and calmly watches the case, and perhaps decides to give tonics and generous diet, even though there be evident inflammation.

On the other hand, the *gravity* of the prognosis may be such as to restrain the physician from venturing on any active treatment. So large a portion of the preliminary tissue may be involved, the pleuritic complications may be so serious, the heart may be gravely injured either in its muscular structure or its valvular arrangements, the pericardium itself may be so distended with serum or glued together by adhesions, that it is plain that nothing must be done that shall in any way lower the patient's strength. Every drop of the circulating blood will be needed in the desperate struggle between life and death. If the heart shall be able to maintain its action, if the nerve-force shall not fail, the patient may pass safely through. The physician dares not intervene; he must patiently await the issue.

## 3. IMPROVEMENTS IN THERAPEUTICAL AGENTS.

The discovery of better remedies has done much to induce physicians to abandon the practice of bleeding in pneumonia. Rasori's method was for a long time confined to Italy. It was only in 1821 that Laennec began to employ it, but such was the result that he soon abandoned bleeding except at the commencement of the treatment. He then immediately gave tartar emetic and continued to use it until convalescence was established. He inferred from his observations that the mortality of pneumonia under this improved treatment was only one-fifth of what it had been under the former method. Of course such an opinion of such a man could not fail to exert a wide influence, and his new treatment adopted by Andral, Récamier, Trousseau and enthusiastically commended to

the profession at large, rapidly extended itself over France, the continent, the British Isles, and crossing the Atlantic, reached these western regions. It is now nearly thirty years since the preparations of antimony have taken the place of repeated blood-lettings in the treatment of pneumonia, and it seemed impossible that there should ever be a return to the wasteful practice of former times.

#### 4. IMPROVEMENTS IN PHYSIOLOGY.

The study of the blood might well be expected to influence our estimate of its value; and nothing is more worthy of notice than the change among physicians in this respect. An excess of blood was a condition constantly recognised in former times (though seldom observed at the present day) and they did not hesitate to diminish the excess by venesection. The difficulty with which the blood is renewed was evidently unknown or not fully appreciated by our predecessors. They bled in pneumonia; the patient recovered, but it was a long and tedious process, and for months he was unable to resume his ordinary occupations. But so long as all pneumonias were bled, there was no opportunity for determining whether this long convalescence was due to the nature of the disease or to the treatment adopted. But so soon as the contra-stimulant method was employed, it was observed that one of its marked peculiarities was the abridgement of this period of weakness and inaction. As Trousseau said in 1833 (V. Antimoine, in Dictionnaire de Médecine, "a most important fact in the treatment of pneumonia by antimonials is that *there is no convalescence.*" It was then found that bleeding had done harm even in those cases where it had seemed most successful, and thus physicians became more and more inclined to "spare the vital fluid." Among the ill-fed, ill-clad and ill-housed poor, the process of repair is at all times difficult and tedious, and the difficulty is often increased by a too early resumption of their usual labours. Many a poor man can barely keep up his strength when there is no sickness and no loss of blood; how then can he be expected to repair any serious losses? Nor is this state of debility confined to the poor; the rich are often as feeble as their poorer brethren. It is gravely maintained by many physicians that Europe is now passing through an asthetic age and that the general vigour of the people is declining. Be this as it may, it is certain that we now assign to the blood a higher value than formerly, and are unwilling to shed it unnecessarily. We have learned to regard it as the great reservoir of constructive material and the true origin of nerve-force, on a full supply of which we depend for the rapid recovery of our patients. We see that while great immediate relief and apparent improvement result from bleeding in pneumonia, the relief is not permanent, and the distressing symptoms soon

return, requiring us to bleed again and again before convalescence is fairly established. And now the patient with a scanty supply of blood has to repair the damage done by the disease. When we consider the relation of the oxygen of the air to the work of nutrition, it is evident that any affection of the lung seriously interfering with the full aeration of the blood is a grave matter of itself. How important, then, that the blood should not be impaired in its composition by the removal of one-sixth, one-fifth or even one-fourth of its mass. And yet the common impression in the olden time was that the lungs having been hindered by the disease itself from performing their full duty, there was a positive advantage in diminishing the quantity of blood passing through them, and thus lightening their task. But when it is remembered that the quantity of blood cannot be diminished without lowering the energy of the nervous system, and thus lessening the force of the heart and the action of all the respiratory and circulatory and digestive organs, we readily perceive that the loss of blood must interfere with the work of restoration. Again, as the result of this general debility, the patient must be longer confined to his bed and debarred from general bodily exercise with all its useful results. The excreting organs, too, have an important work to perform, and any failure on their part will prolong the time of convalescence. At the close of a pneumonia we should wish to have the nervous energy great, the circulatory and respiratory and digestive and excreting systems all in active exercise, that the products of disease may be speedily eliminated and the needed repairs rapidly effected. Now the great advantage of antimony over blood-letting is that it involves no loss of that reservoir of force and materials from which all the organs must draw the supplies necessary for the performance of their various functions.

As the natural result of these changes in our views and conduct, convalescences are more rapid now than in former times; our patients are sooner able to resume their usual occupations; there are fewer relapses and fewer intercurrent affections. The period of convalescence is ever a season of danger. The nervous energy is so much reduced, the vital powers are so much lowered, that cold and heat are feebly resisted and the patient is at the mercy of the ordinary atmospheric changes. It is of great importance to his safety and welfare that the duration of this season of exposure and danger should, as much as possible, be shortened.

##### 5. IMPROVEMENT IN PATHOLOGY.

Before 1830 the history of pneumonia had been carefully studied in the fatal cases by means of *post mortem* observations; but these observations gave little information respecting the progress of the disease in its earlier stages and in its milder forms. By the aid of auscultation the

affection was now observed from its origin to its termination, whether that termination were in convalescence or in death. All the stages were studied and the transitions accurately observed. Thus was a complete knowledge of the history of pneumonia obtained in all its varieties of form and its different degrees of severity. It was possible to study not only the progress of the disease but that of convalescence. The gradual resolution of the inflammation, the ever-growing permeability of the recently-engaged tissue, were readily observed by the attentive listener. The disappearance of the blowing sounds, the constantly increasing size of the mucous bronchus gave intimation of the gradual restoration of the lung to a healthy state, until at length normal breathing re-appeared in regions from which it had been long absent. The extent of injured lung-substance could now be accurately estimated and the progress of restoration determined. The slightest check in the work of recovery might now be at once perceived, and suitable precautions immediately taken. There is no other internal region in which such *post mortem* observations can be made, and thus it is that we are better acquainted with the entire history of pneumonia than with that of any other internal affection. Indeed, as our observations are not limited to the surface of the lung but can penetrate into the depths of the organ, we can, in fact, learn more by the ear than if the walls of the chest were removed and the pulmonary surface lay exposed to view. It is in the lobular pneumonia of children that this superiority is most clearly marked, and without the aid of auscultation we should, in most instances, fail to recognize it. The feeling of certainty with which we conduct the treatment of a disease so severe, may well encourage us to press on in the work of discovery, that we may enjoy a like satisfaction in dealing with the affections of other internal organs.

Having been led to see the importance of most carefully husbanding the strength of our pneumonic patients in order that they may recover, we have learned that the same precautions are important in other inflammations, where extensive effusions have occurred which must be speedily removed else the injured organs will be unable to resume their functions. And thus the change in the treatment of pneumonia has produced great changes in the treatment of other diseases, and we have been led to conservative medicine as well as to conservative surgery.

#### CONCLUSION.

We have thus endeavoured to set forth in order the various influences which have conspired to effect this great change of treatment in pneumonia. We confess that it is difficult to examine them thus separately. They are in practice so involved and intertwined with each other that it is by no means easy to assign to each its due share ; and the history of

these influences shows that they have acted and re-acted upon each other from the beginning. The truth is that all these improvements were made at almost the same time. From 1819 to 1840 auscultation was discovered and generally adopted. During the very same period the use of antimony was extending itself from Italy to France and thence all over the continent and to Great Britain and America. During the next ten years (from 1840 to 1850) the discoveries in organic chemistry and physiology were made, teaching us much concerning the blood and its relations to functional energy. The thirty years from 1820 to 1850 embrace the period of scientific progress in the diagnosis, prognosis, therapeutics and pathology of this disease. And now that for a quarter of a century we have been reducing to practice the lessons then learned, the results give no ground for regret but for congratulations. The advance has been immense. We cannot hope to give to our younger readers any adequate notion of the changes that have resulted from the discovery of Laennec. The books written on diseases of the chest during the first quarter of this century will show the darkness that then prevailed on this subject. Practitioners may still be found, men of sixty or seventy years of age, who are by no means deficient in general intelligence, and who were deemed well-instructed young men thirty or forty years ago, to whom the diseases of the thorax organs are yet involved in all the mystery of former times. These are men who will yet treat an intercostal rheumatism as a pleurisy, and will consequently be in danger of greatly exaggerating the success of their treatment. To talk to such persons of recognizing lobular pneumonia, of determining in which lobe it exists and of estimating in cubic inches the amount of lung-tissue involved, is to incur the risk of being regarded as an impudent impostor. These, like the books we have mentioned, are the relics of a past age and serve to show how the times have changed since they were young. Another illustration of the improvement that has been made may be found in the difference now existing in the possibility of an exact and satisfactory diagnosis in diseases affecting the organs of the thoracic and those of the abdominal cavities. They are separated only by the diaphragm, but what a sudden change from daylight to twilight, or even to midnight gloom, as we pass from the one region to the other. And this great difference is due to the great advances in our knowledge of the diseases of the chest in these later times. Forty or fifty years ago no such difference existed. May we not indulge the hope that before the close of this century we or our successors shall find, as the result of discoveries not yet even foreshadowed, that the diseases of the abdomen will be as readily recognized and as accurately discriminated as those of the chest, and that the affections of stomach, bowels

liver, pancreas, spleen and kidneys will never be confounded? Our science is making rapid advances. We are ever learning new truths; our conduct *must* be modified by these discoveries. Let us not be ashamed of these changes, but rejoice in them; and let us hope that yet greater discoveries are before us, and that most important changes will follow.

*General Public Hospital, St. John, N. B. Case of Ligature of the Common Carotid Artery. Under the care of Dr. L. MACLAREN. Reported by Dr. Barteaux, Resident Physician.*

P. G, at 25 years, occupation, seaman, entered the Hospital with the following history:—

On 28th October, 1869, while acting as mate of a vessel, coaling at Cape Breton, an altercation occurred among the crew, during which he was severely beaten and stabbed. The injuries were not severe with the exception of three stabs received in the region of the right ear. These wounds were followed by copious hæmorrhage, syncope ensuing. He remained insensible for some hours after the injury, during which time the bleeding ceased, with the exception of a slight oozing from the ear.

The weakness and prostration consequent upon the injuries rendered him unable to assist in working the vessel to St. John, where she arrived on the 13th November, when he was admitted to hospital.

Nov. 13th.—On admission, general condition pretty good, looks pale; says he is gaining strength, but is still very weak. Considerable tenderness and swelling observable about right ear and angle of jaw. There is a slight purulent discharge from external meatus tinged with blood; the orifice filled with granulations. Has paralysis of right side of face; says he has a sensation of numbness on that side. Is unable to close right eye, and there is noticable depression of right angle of mouth, and considerable difficulty in mastication. The hearing of right ear entirely gone.

Full diet prescribed, with beef-tea and milk punch. Poultice to be applied to ear, and granulations touched with caustic-pencil.

Nov. 28th.—Has gained in flesh and strength; swelling of jaw increased; discharge from ear about the same in character and quantity until this morning, when there was a sudden discharge of bright blood from the ear, sufficient to saturate the poultice. Meatus examined and no issue can be detected. Slight pulsation can be felt about the angle of jaw and between the angle and articulation. Complains of severe pain about the ear. Hot fomentations to be applied.

Dec. 3.—Passed a sleepless night; pain very acute; swelling and

tenderness increased; discharge from ear slight; lower jaw fixed and immovable; deglutition difficult. Pulsation can be distinctly felt over a space reaching from the angle of jaw to malar prominence and backwards to mastoid process.

To have fomentations of poppy capsules, and sol. morph. mur. *pro re nata*.

6th. Had slept some during night, when at 3 o'clock a.m. was awakened by sudden violent discharge of blood from mouth and nose. The resident physician was immediately called, and digital compression of common carotid employed with ice to tumor. Partial syncope ensued when bleeding entirely ceased; rallied somewhat after administration of stimulants; no radial pulse can be felt. Pressure over common carotid by means of a spring truss was substituted for digital compression; the pulsation of tumor considerably lessened. A consultation of the staff of visiting physicians was called, and in consideration of his feeble and exhausted condition surgical interference was not deemed advisable at present. Pressure over carotid by means of truss to be continued and beef-tea and stimulants to be administered *ad lib*.

Dec. 7th.—Rested quietly and had some sleep; has rallied considerably; pulse 124, weak and compressible. Vomited some blood during the night and had several bloody stools.

Dec. 8th.—A consultation of the visiting staff was called to-day when ligature of the common carotid was decided upon. Chloroform was administered. The operation was performed by Dr. MacLaren, assisted by the hospital staff. An incision three and a quarter inches in length was made along the anterior border of the sterno-mastoid muscle, from the angle of the jaw, and the vessel exposed and ligature applied about an inch above the point where it is crossed by the omo-hyoid muscle. The wound was brought together by silk sutures and adhesive straps. Pulsation in the tumor ceased immediately upon application of the ligature.

Dec. 9th.—Passed an easy night; feels very weak; pulse 120. Slight sanguineous discharge from the ear, but no pain in tumor.

Dec. 12th.—Gaining strength: pulse more firm and general condition much improved. Wound on neck looks healthy. Discharge from ear more purulent in character.

Dec. 17th.—Looks well; says he feels strong and hearty. Wound in neck nearly closed; ligature still firm. Still slight discharge from ear; healthy pus; no blood. Horizontal decubitus still maintained. Pupils active; that of right eye rather more dilated than of left.

Dec. 25th.—Ligature came away this morning with the dressings.

wound looks healthy; granulations active. Appetite good; general condition improving.

Jan. 4th.—Continues to improve. There had been no discharge from ear for some days; complains of pain in right temporal region, not severe but continuous; general condition very good; gaining in flesh and strength.

Feb. 19th.—Discharged from hospital to-day. There is still a very slight discharge from wound in neck. He is now able to masticate without difficulty, the paralysis of face having entirely disappeared.

There is no perceptible tenderness in the region of the tumor and the swelling has entirely disappeared.

*Citric Acid in After-pains.* By J. B. CHAGNON, M.D., St. Pie, Province of Quebec.

It is over a year now since I have used the citric acid in parturient women after labour, and I am happy to say it has never failed to answer the purpose for which I have given it. It not only acts as a nervine, but also, according to my limited observations, as the best prophylactic against inflammations, such as *metritis*, *peritonitis*, &c.

The two following cases, among others, may be looked at as a good argument in its favour.

1. Mrs. E. G., a woman of a strong constitution, was confined in March last, of her sixth child. Had, in most all of her confinements, been subject to *metro-peritonitis*. Was taken with the same complaint the second day of her last accouchement. Ordered  $\nu$  grs. of citric acid dissolved in a wineglass full of water, to be taken every five hours. Symptoms abated at the fourth dose, and she made a very rapid recovery.

2. Mrs. Noël S., from a neighbouring village, was attended four years ago by Dr. Fuller, for a severe case of puerperal fever. She made a slow recovery.

Two years ago, I confined the same woman; her labour was natural, but she relapsed on the day following. I employed the usual mode of treatment in those cases; her convalescence was lingering.

In February last, she gave birth to another child, relapsed once more, when the disease was easily checked after a few doses of citric acid. The woman was about at her work in the third week.

*Remarks.*—Does the citric acid act on the system by absorption or through nervous sympathy? Its antiseptic property probably alters that condition of the blood which, in those cases, is so apt to lead to inflammation. This may account for its prophylactic property.

On the other hand, its most instantaneous action in relieving the after-pains would likely draw the observer in favour of the *nerve theory*. Further experiments, I hope, will demonstrate more clearly its proper action.

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*Momentary Extinction of Voice, caused by Lightning.* By J. B. Chagnon, M.D., St. Pie, Province of Quebec.

In July, 1868, came to my office a woman with the following history: Two days previous, during a thunder storm, she, according to her own expression, *swallowed the thunder!* a very hard thing to digest indeed.

She was stooping through a window, when, in the act of gaping, she felt a stunning shock all over her throat.

She dropped on the floor half suffocated, without being unconscious, remained about two minutes in that position: when her throat suddenly resumed its former condition, less the loss of vocal power

At the time I saw her, she felt yet a burning sensation through her larynx, especially when swallowing warm drinks.

As she was weak, I prescribed tonics and stimulants, with local application of mustard to the throat, and she was able to speak loud three weeks from date of shock.

*Remarks.*—I present this case to the medical profession more on account of rarity than special interest.

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## ONTARIO MEDICAL COUNCIL.

### ANNUAL MEETING.

The Ontario Medical Council commenced its Session at the City Hall, Hamilton, at twelve o'clock, on Tuesday, the 19th April. The report we subjoin will be found of considerable interest to the profession in Canada.

Shortly after twelve o'clock, the President, Dr. Clarke, took the Chair and called the Council to order.

The Registrar, Dr. Strange, called the roll, when the following reported themselves present, viz. :—Of Electoral Divisions, Dr. Edwards, Western and St. Clair; Dr. Hyde, Malahide and Tecumseth; Dr. Wm. Clarke, Saugeen and Brock; Dr. Covernton, Gore and Thames; Dr. Pyne, Erie and Niagara; Dr. Hamilton, Burlington and Home; Dr. Agnew, Midland and York; Dr. McGill, King's and Queen's; Dr. Dewar, Newcastle and Trent; Dr. Day, Quinte and Cataraqui; Dr.

Mostyn, Bathurst and Rideau; Dr. Brouse, St. Lawrence and Eastern. Of the Universities and Colleges: Dr. Oldright, University of Toronto; Dr. Berryman, University of Victoria College; Dr. Aikins, Toronto School of Medicine; Dr. Hall, University of Trinity College; Dr. Lavell, Royal College of Physicians and Surgeons, Kingston. Homœopathic Representatives: Dr. Campbell, Toronto; Dr. Field, Dr. Allen, Dr. Adams. Eclectic representatives: Dr. Hopkins, Dr. Cornell, Dr. Carson, Dr. J. J. Fall.

The Registrar then read the minutes of the previous meeting held in Toronto.

The President explained why the Council had been called together earlier than usual. He then called upon the Council to elect a President for the ensuing year.

DR. STRANGE took the chair, and the following resolutions were put:

Moved by DR. MOSTYN, seconded by Dr. Covernton, that Dr. Brouse be elected President for the ensuing year.

Moved by DR. BERRYMAN and seconded by Dr. Pyne, that Dr. Clarke be re-elected President of the Council.

DR. MCGILL and Dr. Hamilton supported the first motion, urging it as a matter of justice to the eastern part of the Province.

DR. BERRYMAN thought that Dr. Clarke had claims upon the Council; he had worked assiduously from the inception of the Medical Bill, and had served only nine months, and was therefore as yet President and could claim the position for three months longer.

DR. CAMPBELL, (Hom.) supported the amendment, and thought that the Council would consider it their duty to re-elect him. His party would prefer Dr. Clarke, as he seemed more disposed to do them justice.

DR. CLARKE remarked that he had at one time thought he might if re-elected as President be of service in his visit to Great Britain, where a movement is on foot to secure a Central Examining Body and other important changes, but he now preferred not to be a candidate.

DR. BERRYMAN withdrew his motion with the consent of his seconder and in accordance with the wish of Dr. Clarke.

DR. BROUSE was thereupon elected unanimously.

DR. BROUSE was conducted to the Chair by the retiring President. He returned thanks for the honorable position in which they placed him. He hoped that all matters to be introduced would be discussed in an orderly and business-like manner. There was much of importance to be considered, and it was desirable to proceed with all dispatch.

Moved by DR. HYDE, seconded by Dr. Edwards, that Dr. McGill be elected Vice-President for the ensuing year.

Moved in amendment by DR. DAY, seconded by Dr. Campbell, that Dr. Covernton be Vice-President for the ensuing year.

A lengthy discussion ensued, some members urging that Dr. McGill's past services to the profession, in securing the present Medical Bill, should receive, at the hands of the Council, some recognition, and that his election to the position of Vice-President would be but an act of simple justice.

DR. AGNEW remarked that, if "securing the Medical Bill" were viewed as a "service" to the profession, then the Homœopathic leader had strong claims upon the majority of the Council. He thought, as a coalition had taken place among the supporters of the Bill, that a section of the coalition was badly treated by its friends. He fully expected that at least one of the posts of honour would have been offered to a certain wing of the coalition.

DR. CLARKE said he would nominate one of these gentlemen. Would Dr. Agnew second the nomination?

DR. AGNEW said he was not a party to the coalition, they had no claims upon him; but he thought the Homœopathic and Eclectic sections of the Council might claim some of the honours from their *friends*.

DR. COVERNTON wished to decline, but at the earnest request of members of the Council he allowed his name to remain. The vote was taken and resulted in Dr. Covernton's election by a vote of 16 to 9.

The Council then adjourned to meet again at three o'clock.

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#### FIRST DAY—AFTERNOON SESSION.

The Council resumed business at 3 o'clock. The President in the Chair.

DR. W. CLARKE thought the Council would expedite business if they would sanction the continuance of the present standing Committees instead of electing new ones. He moved, seconded by Dr. Campbell, that the standing Committees continue for the present year. Carried.

DR. BERRYMAN presented the report of the Executive Committee, which consisted of a minute of the proceedings at the various meetings of the Committee, in the *interim* of the sessions of the Council, referring more particularly to matters appertaining to the examination of candidates and unfinished business of the Council. The great length of the report, and the fact of the business intrusted to the Committee having been finished, are our reasons for not publishing it in full. We would merely remark that it contained, amongst other things, a protest by Drs. Aikins and Dewar against certain decisions of the Committee, allowing

examiners to take part in examining candidates in branches other than those especially allotted to them by the council at its last meeting.

Upon motion of Dr. MCGILL, seconded by Dr. Wm. Clarke, the Council resolved itself into a committee of the whole, Dr. Oldright in the Chair, for the purpose of considering the report of the Executive Committee.

Before entering into the consideration of the clauses DR. AIKINS desired to draw the attention of the Council to the very large amount of money expended by the Executive Committee in its proceedings.

DRS. CLARKE and BERRYMAN considered such a remark, at this stage, as a gross insult, and wished to know what was meant by it. A desultory discussion was indulged in as to the desirability of having the report referred back to the Executive Committee for condensation,—or to the Educational Committee,—and as to what action the Council could take upon the matter. The following was moved by Dr. Lavell, seconded by Dr. Bethune:—That the proceedings of the Executive Committee be considered in detail in the order in which the meetings were held. Carried.

While the first clause was under discussion it was urged by Dr. Berryman that as important business, based upon the decisions of the Executive Committee, had been transacted, and as that Committee did not come to submit recommendations, but to report how it had discharged its Executive duties, the Council could not do anything else than accept the minutes and discharge the Committee.

The last clause was then read and the report adopted.

The Treasurer, Dr. Aikins, presented his report, which, upon motion of Dr. Wm. Clarke, seconded by Dr. Oldright, was referred to the Finance Committee.

Moved by DR. MCGILL, seconded by Dr. Campbell, that Drs. Campbell, Hopkins, Clark, Aikins, Lavell, Berryman, Covernton, and Hamilton, be a Committee to draft and report what amendments are required,—if any,—to the Medical Act; the Committee to report to this Council before the close of the present session.

In moving this resolution, Dr. MCGILL said he did not wish it to go forth that he was desirous of continually amending our Act. He claimed to have prevented the introduction of several objectionable amendments presented to the House. The Bill was, on the whole, a good one, and a great boon to the community and to the profession; and, if fairly worked, must raise the medical profession to a *status* never yet attained in any country. The object in bringing this resolution before the Council was to have amendments, (if needed), to emanate from the Council, and not to be sprung upon the Legislature by an individual member of the Council or in the interests of any section of the Council.

Dr. LAVELL thought there was a possibility of tinkering too much with the Act, and that by and by they would not be able to recognize their own offspring. Although the Act was not just what they wished, the Council had made it work well, and he believed it was advisable to give it a longer trial; their opinions as to what the amendments should be would be then more definite and mature. For these reasons he thought it advisable to leave the Act as it is.

Dr. HAMILTON agreed in the main with the views expressed by Dr. Lavell. He thought it was advisable to leave the matter *intact*.

Dr. PYNE fully endorsed what had fallen from Dr. Lavell.

Dr. CAMPBELL, though he had seconded Dr. McGill's motion, felt that that gentlemen had placed him in a somewhat anomalous position by the speech that he had just made against his own motion. He thought the Bill had great defects, when different persons put different constructions upon the same clauses of the Bill. Dr. Campbell read the clause referring to the subjects for special examination by the different systems in the Council, and remarked that the spirit and letter of the law had not been faithfully carried out towards the Homœopathic and Eclectic members of the Council. What was needed was an explanatory Act; they demanded it, and they would have it. The Eclectics agreed with him in this. In going before Parliament for an amended Act he represented the wishes of one-third of the Council; who felt themselves greatly aggrieved by the interpretation that had been put upon the Act by a majority of the Council.

Dr. CLARKE said that Dr. Campbell's conduct towards this Council was unbecoming. He had said that he represented the views of "one-third of this Council." He denied that Dr. Campbell had any right to represent the views of a portion of the Council, or that any man could express the views of the Council or of any part of it without being delegated to do so. That a part of this Council had no right to appear before Parliament, asking for changes which the Council did not sanction. He denied that Dr. Campbell represented the Eclectics at all, or even three of the Homœopathic members. If he did, then there had been held a *caucus*, which he thought the members of those two systems had no right to hold. It was casting distrust upon the Council or expressing the belief that the Council would not carry out justly the Act.

Dr. CARSON (Eclectic) explained that no *caucus* had been held.

Dr. CLARKE contended that Dr. Campbell had arrogated to himself the position of Representative, and that he falsely stated that he represented one-third of the Council.

Dr. CAMPBELL said that though no *caucus* had been held he was put in possession of their opinions in the matter through the Post office.

Dr. CARSON said in reply to Dr. Clarke, that the chief objection that the Eclectics had to the Act was that, while all their students passed before Allopathic examiners, none of the Allopathic students were examined by them.

Dr. OLDRIGHT referred to the action of Dr. Clarke before the Parliamentary Committee to which was referred Dr. Campbell's Bill of amendments last session. He said that Dr. Clarke had assured that Committee that at the next meeting of the Council the Homœopaths and Eclectics would be allowed to take part in the examinations of our students, (of the general profession,) and that the other assumed grievances would be redressed. This had been the origin of the troubles in the Executive Committee, Dr. Clarke having pledged himself and the Council to a certain course.

Dr. CLARKE denied that he had pledged the Council.

Dr. OLDRIGHT could not see much difference between the expression "pledge" and "assurance" so far as the individual power of the (then) President went.

Dr. FIELD, (Homœopath,) said in reply to Dr. Clarke's assertion, that they (the Homœopaths and Eclectics), "did not dare accuse them of unfairness," that they had a right to be distrustful of them. If this Council was,—as it was reasonable to suppose it to be,—a reflex of the feeling and spirit that animated the medical profession of Canada, it would be sheer madness not to doubt. They had been studiously and assiduously treated with contempt. The regular profession affected to look down upon their qualifications with disdain, and to treat their claim to honour and respectability with derision. This feeling was unmistakably evinced at the last meeting of the Canada Medical Association, by refusing to admit to membership a Homœopathist or Eclectic. Their own members were expelled from the Association for consulting with the Homœopathists, and could only be reinstated by humbly confessing their sins, and promising, like obedient though erring children, never to do the like again. (Laughter and confusion—Dr. Clarke denying that he had ever made any such promise.) If Dr. Clarke's own words were to be taken, they had a right to distrust; for he remarked that "in ten years the Act would snuff them out of existence." He assisted in preparing and carrying through a Bill that he believed would wipe out the Eclectics and Homœopathists in ten years. Then what is the meaning of Dr. Lavell's remark about making medicine a test question at the next election, and that they were not going to have lawyers and farmers talking physic in

Parliament? (Oh! oh!) It certainly indicates that his intentions are not the most pacific towards somebody, (Oh!) and he would not be likely to object to those members of Parliament who speak in their behalf. He can only refer to the friends of Homœopathy, whom he intends to leave at home at the next election. (Dr. Lavell denied that he meant any one in particular,—the remark was general.) Dr. Field, in justice to the Board of Examiners, said that he had the most perfect confidence in their honour, and believed that students of every medical faith would receive a fair and impartial examination at their hands; (Cries of hear, hear;) but the composition of the Board may change,—probably will; and although medical men are proverbial for their honour, still all are not *honest*; and if they felt disposed, they have the opportunity to deal unfairly. If everything is to be done fairly and in good faith, let us have it down in black and white, and thus remove the temptation to do otherwise.

The Council then adjourned.

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#### SECOND DAY—MORNING SESSION.

The President (Dr. Brouse) took the chair at 10 o'clock.

The Report of Dr. WICKSON, Matriculation Examiner, was presented by the Registrar. He reported three examinations held, at which 39 candidates presented themselves, of whom 37 were successful in passing, and two were rejected. He suggested a change in the days for holding the examinations; and also recommended certain changes in the subjects, to be prepared prior to the preliminary examination.

Dr. STRANGE, Registrar, reported to the Council that Mrs. Dr. Stowe had applied to him to know whether she would be allowed to register.

The matter was considered by the Council. The feeling was almost unanimous that females should be admitted to practice on the same grounds as males, and on no other. By some, however, it was not considered advisable to express any decision until some woman presented herself, who had complied with the requirements of the Council. It was argued that as there was now nothing in the rules to bar the way to females, there was no need of making any express regulation regarding them, and that if such were done, it would seem like an invitation to them. The Registrar had already given all requisite information to Mrs. Stowe.

A resolution was carried to the effect that women would be permitted to register on the above conditions.

Moved by Dr. PYNE, seconded by Dr. DAY, That the ex-President be member *ex officio* of all the committees.

The Council then adjourned till 3 o'clock, to allow the committees to complete their reports.

## AFTERNOON SESSION.

The President in the chair.

Dr. AGNEW, in the absence of other business before the Council, called attention to the fact that a committee was struck at the last meeting to consider a code of ethics.

Dr. COVERNTON said that nothing had as yet been accomplished. He would call it together as he now understood that he was Chairman of that Committee.

Moved by Dr. CLARKE, seconded by Dr. HYDE, That for the future no public prosecutor is to act under the resolution of the last Council without the sanction and direction of the President. Carried.

Dr. BERRYMAN, explained that his opinion was that a Committee on Ethics would effect nothing, that it would be a mere matter of sentiment, and be attended with but little benefit.

Dr. DEWAR thought we had nothing at all to do with the matter in the Council. The duties of the Council were very different from that of telling the profession how they were to act.

Dr. ALLAN thought the Council should at least enter its protest against the conduct of members of the profession in regard to their "blowing their own trumpets," in the matter of advertising, &c.

Dr. MOSTYN introduced the Report of the Registration Committee.

The Council resolved itself into a Committee of the whole, Dr. Lavell in the Chair, to consider the report.

Dr. CLARKE thought it was very unfair to regular registered practitioners to have, as was reported, to practice alongside with a large number of unregistered practitioners.

Dr. DEWAR referred to examples in his locality, in which the Judge refused to acknowledge a practitioner as a medical man because he was not registered.

Dr. BERRYMAN believed in vested rights, and he believed that if the case to which Dr. Dewar referred had been carried to a higher court, he would have been sustained if he had paid his fee for Provincial License.

Dr. HALL and Dr. HAMILTON both differed from Dr. Berryman in the matter of vested rights. Parliament could take away rights and substitute other rights in their stead.

Dr. ALLAN said either those who have registered have been wronged in paying their registration fee, or otherwise those unregistered should be compelled to register.

Dr. AGNEW did not think that we could compel any of those licensed

practitioners to register. Many practitioners of the very highest standing utterly refused to comply with the Act. He had heard two strong reasons given for this course. One was that the law should not have been made retro-active in its operation, old practitioners claimed that their former Provincial Licenses could not be abrogated, and that they were entitled to free registration. The other reason was one with which he could heartily sympathize, namely, contempt for the motley college of Physicians and Surgeons the Act had created. In the meantime the law was set at defiance, and in the absence of any other means of enforcing it than resorting to prosecutions, the Act might be pronounced a failure, and we had virtually arrived at "free trade" in medicine.

Dr. MCGILL asked what action can this Council take? These men cannot collect by law, cannot hold certain positions in these respects—these are the only punishments. He deprecated attempting to prosecute, but he thought it was really too bad that the 500 out of the 1,800 practitioners had not registered.

Dr. CLARKE read from the Act, showing that no man can practice as a medical man, and by not being registered he is not qualified and is liable to all the penalties.

Dr. HAMILTON thought there was a great diversity of opinion in reference to what power the Act grants. Before any action should be taken they should consult a law officer of the Crown.

Dr. OLDBRIGHT pointed out that certain men, such as "Dr. Andrews," of Toronto, adopt a course in which it is difficult to secure a hold upon them, viz—in not charging for their services or advice, but making up for it by charging for their medicines. The only way to deal with them would be by introducing a suitable clause into the Act, regarding Chemists and Druggists, now under consideration of Parliament.

Dr. DAY referred to another case of an individual who never was able to obtain, and perhaps would never be able to obtain, a diploma here; yet he practises and imposes upon the public by issuing posters and flaming advertisements, representing himself as a great physician. This man had, however, long ago received a license, and, by means of it, registered, and, by force of law, was able to secure arrears for six years past. This man was a perfect quack. Something was needed to prevent this sort of thing.

Dr. CAMPBELL pointed out that no penalty existed for practising without registration, but for falsely pretending to be registered.

Dr. BERRYMAN read a clause not affected by the existing Act, found in Con. Stat. cap. 103, sec. 57, that would apply to the point in question.

Dr. HAMILTON thought the Committee had failed to show it was necessary that the Registrar should live in Toronto.

Dr. BERRYMAN considered that, as the Registrar's business was chiefly through the Post Office, it mattered but little where he resided.

Dr. COVERTON explained that Dr. Aikins had frequently to come to Hamilton to do business with the Registrar. It was, therefore, to enable them to consult and transact business with as little disadvantage to each other as possible that Toronto was named.

Dr. AIKINS cited instances where the difficulty was very great in consequence of the Registrar and Treasurer residing in different cities. He frequently, of necessity, had to go to Hamilton to transact business at a loss to himself, while if the Registrar lived in the same place as the Treasurer, these things would not be occurring. The two officers should reside in the same place, whether it be Hamilton, Toronto, or any other place.

Dr. HAMILTON advocated the fixing of the place of meeting in Toronto, and would be willing yet to aid in erecting a building for their own use. (Hear, hear.)

The clause in regard to changing the location of the Registrar to Toronto, was lost.

Dr. BERRYMAN moved, seconded by Dr. CAMPBELL, That Dr. Strange be re-appointed Registrar for the ensuing year. He spoke in the highest terms of the Registrar, remarked upon the neat condition of the books, his indefatigable exertions while present with the Examining Board at Kingston, called attention to that Board's recommendation in reference to him, and closed with a strong appeal to the Council to re-elect one who had so faithfully and efficiently performed his duties.

Dr. CAMPBELL said from the position he had previously held as President of the Homoeopathic Board, and from being one of the examiners at Kingston, he was in a position to speak knowingly of the efficient discharge of the Registrar's duties, his uniform courtesy, and of his fitness for continuing in the position. He paid a high compliment to Dr. Strange for his untiring energy on behalf of the Council.

Dr. AGNEW thought the list prepared by the Committee should go to a vote, as it would give much greater satisfaction to the profession at large.

If the office of Registrar were to continue to become vacant annually, no doubt respectable members of the profession would be constantly applying, and they should receive courteous treatment from the Council. The recommendation of the Committee should be acted upon,—otherwise the election of Registrar is a farce.

Dr. OLDRIGHT read a letter entering the complaint of a gentleman who had waited five weeks after writing several letters, and had abstained from practice at great inconvenience to himself. This was since the last meeting of Council. He referred to a number of cases occurring before that time. He thought such delays should not occur. He moved, in amendment, that Dr. George Wright, of Toronto, be appointed.

Dr. STRANGE replied to the charge of Dr. Oldright. He explained that when he took the position, he had no proper register; no proper forms of certificates were in his possession; some seven hundred letters came in during three weeks. Now he had done all that mortal man could do under the circumstances; he had tried to keep pace with work; he had lost more in his private practice than he had obtained from the Council. Delay, under the circumstances, was unavoidable.

Dr. OLDRIGHT said his opinions were somewhat modified by the remarks of Dr. Strange; he would therefore withdraw his motion. He did not, however, feel convinced that such long delays were entirely unavoidable. He hoped they would not continue. The other names were withdrawn, and Dr. Strange was re-elected unanimously. The Committee rose and presented their Report as amended, which was adopted by the Council.

Dr. MCGILL presented a partial report of the Education Committee. The Council was resolved into Committee of the whole. Dr. Adams in the Chair. The report was passed by the Council.

An adjournment was then moved and carried.

#### EVENING SESSION.

The Council met at 7.30 o'clock, the President in the Chair.

Dr. COVERNTON suggested that the Registrar should read the result of the recent examinations. They were read; from which we note that 59 subjected themselves to the examinations, 14 for the primary alone, 22 for the primary and final, and 23 for the final alone.

Dr. BERRYMAN introduced the following motion, seconded by Dr. Aikins, That the registration fee charged to those who lately passed their examination at Kingston be remitted.

Dr. BERRYMAN and Dr. AIKINS both strongly advocated the remission of the fee, \$10, which then left them to pay \$50 after their course of study had been completed.

Dr. CAMPBELL said the Council was not in a position to afford to lose those fees.

Dr. BERRYMAN maintained that it was but an act of justice to those young men, as they were led to believe that no registration fee would be demanded. The Legislature never intended it.

Dr. AIKINS explained that in the Council's proceedings there was no reference to a scale of fees. There was not a single reference to it; it was but a renewal of Dr. Parker's Act. The fee should not be exacted without intimation given to the students.

Dr. MCGILL did not see why they had gone back to Dr. Parker's Act. He was glad that Dr. Campbell had introduced the matter, and gave his reference to the financial position of the Council. The trouble, pain, degradation and humiliation has been that our young men too easily get into it; if the portals of the doors of those Colleges had been more closely guarded, our young men without sufficient education would not have flooded the country. If the Council could only realize and weigh it, they would call those who had been instrumental in introducing the changes, blessed, and their children after them. (Laughter.) He went so far as to say, that if no school existed, but students were compelled as aforetime to appear before the Medical Board, they would be better prepared than under a system of competing schools. The old Medical Board was a terror to the student, because there was a greater liability of being "plucked." It would be a great boon to the country if not another student passed for ten years to come. (Laughter.) The fees should not be lessened, but increased. He would be bound to say that never had teaching been more effectually done than during the last year.

Dr. ALLAN said it was evident that Dr. McGill had never run a medical college. (Laughter.) What we want is *ability*, and not money. It was a notable fact that those who were flush with money at college were those who did the least, and were sometimes backwards in comparison to others with less of the "needful." The result of raising your fees will be to drive students to the United States.

Dr. HYDE explained that though there was nothing stated in the minutes in regard to the fee, it was nevertheless in the Act, and being there he saw no injustice in demanding the fee.

Dr. DAY said that the Finance Committee in considering these matters never intended to exact it.

Dr. DEWAR pointed out that regular practitioners paid before 1870 \$5; after that \$10, and if regular practitioners paid that fee, graduates could not expect to be exempted.

The amendment which reads as follows, was carried:

Moved by Dr. COVERNTON, and seconded by Dr. McGill, That students who have passed the examination before the Board of Examiners of the Medical Council shall receive, without further fee, the license of the College of Physicians and Surgeons of Ontario, but shall be subject like any practitioner to the payment of the sum for registration.

Moved by Dr. OLDRIGHT, seconded by Dr. Mostyn, That whereas it is unjust that medical men should be required to attend, as skilled witnesses, at any Court of Law, without compensation for the same; and, whereas, notwithstanding the fact that there is eminent authority in support of the opinion, that "any person called upon by a party to give his opinion on a matter on which he is peculiarly conversant from the nature of his employment in life, must be paid by the party who selects him," prominent officers of the Crown are nevertheless disposed to withhold payment in these cases.

Resolved, That this Council do use its influence to secure the rights of the medical profession in this respect, and that a joint Committee be appointed, consisting of the President, Drs. Grant and Mostyn, and of Drs. McGill, C. B. Hall and Aikins, to bring the matter under the consideration of the Dominion and Local Legislatures.

Various members of the Council gave their experience in connection with the Courts.

Dr. OLDRIGHT referred to many instances of medical men being compelled to give their *professional* services at trials, and sustaining much loss and inconvenience without any remuneration. He referred to three criminal cases during the past twelve months in which he had been obliged to attend without compensation. Where a medical man was called upon merely to testify to certain facts in connection with a case which he had witnessed the case was different from giving his opinion as a *skilled* witness.

Dr. DEWAR said he always got his bills certified by the County Attorney, and the Judge ordered them to be paid.

Dr. CAMPBELL instanced a case where a doctor was compelled, accompanied by a constable, to go and view the dead body of a child, and to give his opinion in reference to its death, who, when compelled to speak, said he would give his opinion, and that was that the child was dead. (Laughter.)

The President mentioned a circumstance in which the doctor had persisted in refusing, and the Judge was about committing him to gaol, but, feeling somewhat doubtful, gave the doctor the benefit of the doubt. He thought the profession ought to test the matter.

Dr. HAMILTON firmly believed that after the oath was taken a doctor was bound to tell the *whole* truth, whether it was his professional belief or otherwise.

Dr. DEWAR said that it would be remembered that in Scotland the profession obtained for such service a guinea a day.

Dr. DAY had lost about three weeks' time once, and at his own

expense, attending upon a case in the courts, without receiving any satisfaction whatever.

Dr. CLARKE did not agree with Dr. Hamilton. He believed doctors could refuse to give strictly professional opinions, and that the oath did not require that of him. It should be borne in mind that the evidence of medical men was most material in sometimes preventing criminals from getting free.

The motion was carried.

Dr. MCGILL'S resolution, appointing a committee to prepare amendments to the Ontario Medical Act, was then taken up and the discussion resumed. Several members spoke in favour of the motion, after which it was adopted. On the resolution being declared carried it was immediately

Moved by Dr. AGNEW, seconded by Dr. C. B. HALL :—

*Resolved*—That it be an instruction to the Committee named in Dr. McGill's resolution, that no amendments to the Ontario Medical Act will be satisfactory that do not provide for the repeal of so much of the Act as unites the Homœopathic and Eclectic bodies with the "Members of the Profession other than those" aforementioned.

Dr. AGNEW remarked that it was not his intention to review the ground he had taken last year on a similar motion. A decided expression had then been given adverse to the repeal of the Medical Act. But since that time a considerable section of the Council had applied to the Legislature for a supplementary Act, and he thought that and other circumstances he could name gave him, (Dr. Agnew), a good and sufficient reason for believing that a change of sentiment had taken place among those who formerly sustained the Act. His object, then, was to give the Council an opportunity of affirming its present views in regard to the question of the repeal of the Ontario Medical Act.

Moved in amendment by Dr. OLDRIGHT, seconded by Dr. MOSTYN,

That, whereas a movement has been inaugurated to incorporate the regular profession of the whole Dominion, a committee be appointed to co-operate with the Committee of the Canada Medical Association, in obtaining an Act for that purpose; said committee to consist of Drs. Day, Lavell, Grant, Hamilton and Mostyn.

In moving this amendment Dr. OLDRIGHT stated that he would be sorry to lose the boon which had been conferred upon the profession and the public in the shape of a central examining board. At the same time, he and many other members of the profession objected to the union of incongruous elements which now existed. The Bill proposed at the last meeting of the Canada Medical Association would secure the advantages of our present act, and would remove its objectionable features. Several

members of the Council who were now present,—Drs. Clarke, Aikins, Dewar, and Berryman,—had fallen in with the proposition, and had accepted positions upon the Committee of the Canada Medical Association appointed to draft the bill; so that he hoped they would now vote for the motion.

The amendment was put and lost.

Dr. OLDRIGHT asked for the yeas and nays.

To this Dr. CLARKE and one or two others objected, but the demand was insisted upon, with the following result:

**NAYS**—Drs. Edwards, Hyde, Wm. Clarke, Covernton, Pyne, Hamilton, Agnew, McGill, Dewar, Berryman, Aikins, Campbell, Allen, Field, Springer, Adams, Hopkins, Carson, and Hall—19.

**YEAS**—Drs. Day, Mostyn, Oldright, and Lavell—4.

Dr. OLDRIGHT rose to speak to the original motion of Drs. Agnew and Hall, when a discussion arose as to this being in order, Drs. Clark, Berryman, Dewar and McGill contending it was not right to speak to a motion after an amendment to it had been lost. The President ruled that Dr. Oldright was in order.

Dr. OLDRIGHT then proceeded to remark that he would now support the original motion. The members of the Council who were present at the Association Meeting had not there said a word against the proposal.

Dr. BERRYMAN, (interrupting), refused to be called to account for things done in the Canada Association.

Dr. OLDRIGHT hoped he would be allowed to explain his reasons for now voting for the motion. The gentlemen referred to had acted in bad faith. When they were appointed on the Committee of the Canada Medical Association it was distinctly understood that the object was to incorporate the regular profession of the Dominion. They had then said nothing against such a step. Dr. Clarke had said it would not carry in our Local Legislature, but personally favoured it. The others also favoured it. They now spoke against it and rejected it. To vote for the original motion was now the only way left to relieve the profession from the present forced coalition.

Dr. AGNEW's motion was then put and lost on a division.

The Council then adjourned.

#### THIRD DAY—MORNING SESSION.

The Council met at 10 o'clock, the President in the chair.

Dr. COVERNTON moved, seconded by Dr. MCGILL, "That it is essential, to enable students to acquire a thorough practical knowledge

of their profession, to have extended to them a far greater opportunity for clinical instruction than our hospitals now afford, otherwise the increased requirements from the Committee on Education of this Council will, of necessity, drive them to the United States, to the very great injury of our tried and excellent colleges." To accomplish so desirable an object, it will be necessary to seek from either the Local or Dominion Legislature an increased grant for the several hospitals of Ontario attached to existing schools,—free gifts alone from deceased benefactors, municipal grants, and the generosity of the public being in this country quite inadequate to the wants of the Profession and the public. Abundant evidence was furnished to the Board of Examiners that the didactic teaching of our several schools was equal to any, and superior to most, on this continent, and all that remains to complete their excellence is much greater opportunity for clinical teaching. In moving this resolution the mover said that he was only discharging an imperative duty in bearing tribute to the evidence so abundantly furnished us in conducting the examinations, of the excellence and efficiency of our Canadian Medical Schools, and that it is only a simple act of justice to the Professors and Teachers of these schools, who in their anxiety to co-operate with the general profession, in the work of raising the standard of efficiency of future practitioners, voluntarily abandoned their right of examining, and joined with the general profession.

Dr. MCGILL and Dr. AIKINS both explained that patients, no matter how urgent their case, had to pay, either personally or by a guarantee from some municipality, until they came on the "free list." The latter explained that there were but fifty free beds in the institution.

DR. C. B. HALL did not think it wise, in seeking aid to these hospitals, to speak of them as belonging to the cities in which they are situated: they are provincial institutions, and should be regarded as such. They are for the sick from the country, as much as for those from the cities. The Legislature should aid them as provincial institutions, and would be more likely to do so, regarding them as such.

DR. CLARKE was strongly opposed to this view of the matter. The government had withdrawn the grant from the Toronto Hospital on account of the misconduct of medical men connected with it. He made fierce onset on the schools and the medical men of Toronto in reference to the hospital. He remarked that the schools had not, as was stated, come forward for the purpose of getting a central medical board; they were driven into it.

Dr. BERRYMAN did not wish any such charges as had fallen from Dr. Clarke to go forth uncontradicted. He denied that the Government had

refused the grant on account of the bad conduct of medical men in connection with the Hospital. It was also denied by Dr. Aikins. These gentlemen, as well as Dr. Lavell, repeated and sustained the assertion that the schools had been foremost in moving for a central examining board.

Dr. OLDRIGHT heartily endorsed Dr. Hall's remarks. He was aware that more by far came from the country than from the city unpaid for. The reason for this being that poor people were shipped off from country places without any guarantee, or any knowledge of one being required. They were thus thrown upon the charity of the city.

The following resolution were then introduced by Dr. Aikins and discussed in committee of the whole. First, that the following be an Executive Committee to prepare all items of business to be brought before this Council, and that they make their report on the first day of each session immediately after the reading of the minutes. That members desirous of bringing forward any matter do furnish the said Council with their views before the meeting of the Council, and that no other business be brought before the Council except with the consent of the majority of members present: Drs. Lavell, Dewar, Berryman, Wm. Clarke, Adams, Aikins, R. H. Clark, and Pyne.

Dr. AGNEW objected to the motion, which would compel any member before submitting a motion, to obtain the consent of the Executive Committee or of the majority. He was amazed at Dr. Aikins, who called himself a "liberal," proposing a measure that would muzzle his opponents, and stifle discussion. No doubt Dr. Aikins had the majority at his back and could carry them with him, but he (Dr. Agnew) did not hesitate to say that if such a resolution were adopted, he would scorn to belong to such an illiberal body, and would consult his own dignity and his independent sense of right by withdrawing from the Council. He would move in amendment, seconded by Dr. ———

*Resolved*:—That it is a well understood principle, in all *free* deliberative bodies, that every member has an undoubted right to originate business.

Dr. DEWAR was in favour of the motion, as so much time was lost in mere idle discussion.

Dr. CLARKE was strongly in favour of a committee being appointed.

Dr. OLDRIGHT protested against the motion. Gentlemen had, as an argument in its favour, alluded to the parliamentary custom of arranging and printing the order of business. This motion proposed something very different. It proposed to exclude all measures unless they first obtained the sanction of the Executive Committee. It would be considered an

iniquitous thing in any parliament if members were debarred from introducing measures except through the Ministry and under their sanction. As to the blind embodied in the proviso: "except by the consent of the majority," it was evident that it would take as long to discuss the propriety of submitting a measure, as to discuss the measure itself. It would, however, allow the Executive Committee to rush its own measures through, and then press for an adjournment. If they wished to expedite business he would suggest that as far as possible all matters to be referred to committees be handed in to the President a week or two before the meeting of Council. Great delays might have been obviated had this been done as regards the finance committee.

Dr. AIKINS (reluctantly) accepted Dr. Agnew's motion.

To this clause Dr. CAMPBELL moved, seconded by Dr. CORNELL, the following amendment:—

That an Executive Committee, composed of six members, be appointed to be elected in the manner following: Each member of the Council present shall name one, and the six having the largest number of votes shall be members of said Committee, but that there shall be at least one representative of the Homœopathic members and one of the Eclectic members in the said Committee.

This amendment was lost, the Homœopathic and Eclectic members voting for and those belonging to the general profession against it.

When the motion for the adoption of the original clause was read, Drs. Campbell and Adams protested strongly against the very great injustice that was being done to the Homœopathic and Eclectic members, who each constituted one-sixth of the Council, and on the Committee just appointed they should receive the same consideration—that is, the Committee, consisting of one representative member of the Homœopaths and one of the Eelectics should have four of the Allopaths. But it was larger than that. It was, they claimed, an injustice to them, and one to which they would not submit. Dr. Campbell would enter a protest.

The original resolution as amended was carried.

The next clause that passed was as follows:—

That the same Executive Committee do proceed at once to publish a circular containing all the necessary information for the guidance of pupils, &c., a copy of which is to be sent to each registered practitioner in Ontario, and one hundred to each medical school in Ontario.

The third clause passed, viz:—That the same committee be empowered to fill any vacancy in the Examining Board or offices of the Council before its next meeting, arising from the death or resignation of any of the parties herein referred to.

The fourth clause passed as follows:—That members of such Committee, resident in Toronto, shall not receive any remuneration, and that non-resident members shall be paid \$3 per day and their railway or other travelling expenses.

The next clause reads—That this Council recommend that matters to be submitted to Committees of the Council be, as far as is possible, handed to the President one week prior to the meeting of Council, in order to expedite the work of the said committees.

Sixth—That the duties of the said Executive Committee shall be to take cognizance of and action upon all such matters and things as require immediate interference between adjournment of the Council and its next meeting.

The next clause passed, That all such matters and things as may be thus done by the Executive Committee, shall be subject to the revision of this Council.

After the Committee rose,

Dr. BERRYMAN moved, seconded by Dr. AIKINS, That the resolution just read in Committee, in regard to the formation and duties of the Executive Committee, be adopted.

Before this motion was put, Dr. Campbell entered the following protest:

We, the Homœopathic and Eclectic members of Council, protest against the action of Committee of the Council in nominating an Executive Committee in which our members are not fairly represented; and that the said Committee should not be composed of more than six members, and that the Eclectic and Homœopathic members of the Council ought to have the privilege of naming their representatives upon said Committee.

(Signed) H. C. Allen, Wm. Springer, J. Adams, G. C. Field, D. Campbell, Homœopathic members; G. A. Carson, J. J. Hall, S. S. Cornell, Eclectic members.

The Council then adjourned, to meet at 4 o'clock.

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#### THIRD DAY—AFTERNOON SESSION.

The President, Dr. BROUSE, in the Chair.

Moved by Dr. CLARKE, seconded by Dr. COVERNTON, That this Council would recommend that whenever a Chair of Medicine be established in Toronto, as understood and practised by the Homœopathic and Eclectic schools, the certificates of attendance upon lectures delivered from such chairs should be recognized as a sufficient qualification for admission to examination upon the theory and practice of medicine as understood by these schools. Carried.

Dr. MCGILL introduced another report from the Education Committee.

The Council resolved itself into a Committee of the Whole, Dr. Day in the chair. A desultory discussion arose on the matter as to whether a change in a part of the curriculum would necessitate obtaining the sanction upon the whole curriculum from the Governor. It was decided that all that was necessary was to submit the amendments for his approval.

The clauses of the report were passed that referred to the final examination, and that referring to the requisites for obtaining diplomas. When the clause was considered that was to define who were to be admitted from the United States colleges. Dr. Berryman said he had an amendment which he wished to move. He had placed in his hand tickets of the kind referred to, and they failed to certify attendance at lectures. These were from a leading college in the States, and moreover the colleges were not in the habit of certifying attendance: He then read the amendment, which fixed the necessary attendance here of American graduates at two full courses. Dr. Covernton was favourable to our recognizing attendance at some colleges in the United States. Some of them were very efficient, especially from the clinical advantages to be derived from the hospital. Dr. Allan sided with Dr. Covernton, and thought that in the colleges, which they would recognize, a certain number of courses of lectures should be received, instead of the same number here. Dr. Berryman was much opposed to our doing anything of the kind. Dr. Cornell considered it would be unfair at the present crisis, to exact more than one year of the American graduates in medicine; it was the unanimous understanding at the Council's meeting in Toronto. A motion was put that the Committee rise and report progress, and ask leave to sit again, which was done.

The Council then adjourned.

#### EVENING SESSION.

The President in the Chair. Dr. Oldright temporarily filled the Registrar's place, that gentleman being absent.

The Council again resolved itself into Committee of the Whole to consider the Education Committee's Report, Dr. Day in the chair.

Dr. OLDRIGHT, who had been speaking before the adjournment in regard to the American colleges, continued: He said the proposed change would entail great trouble and would be but of little advantage. It would be necessary to find out the length of the course in each of the colleges it was proposed to recognize. Some of the colleges had very short courses of, say, three or four months. He gave an example of a student

being a year away from Canada and securing a certificate of two years attendance upon a medical course of lectures in the States. Such cases he considered were frauds. We should protect our students, not invite them to go away from our colleges.

Dr. CLARKE said that it would be a great injustice to the Schools here to recognize the courses in the American schools. It would induce students to go over there, put in three of their years, and pass but the last here. It lays down the principle that they are only compelled to spend one year here. The grave question must be decided as to what colleges we are to recognize.

Dr. DEWAR, seconded by Dr. AIKINS, would affect a compromise by a motion to this effect:—

That graduates and students from recognized colleges in the United States shall be required to attend one full course of lectures in one of the medical schools of Ontario, and such other course or courses as may be necessary fully to complete the curriculum established by the Council; and they shall also be required to pass the matriculation examination in accordance with the rules laid down by this Council.

Dr. MCGILL said we all wanted to give protection to our colleges, but Dr. Berryman's amendment was going to the extreme, and would shut out medical reciprocity. The result of such extreme action would be to shut out American young men from our colleges.

Dr. FIELD considered it unfair to try to compel our students to stay here. There was, if any where, a hardship to the Homœopathic and Eclectic. They must go to the United States, attend lectures, three courses there and two here—it should be the merit of the individual.

Dr. AIKINS said the Council could see difficulties under the present resolution. Large numbers attend four courses of lectures in their colleges. Gentlemen could pass four and a half months at one place, and a second course of a few weeks sometimes, and thus put in the courses specified, not occupying much more, in all, than two years, and come here to graduate. He would be sorry to say that students would not derive from such a man as Dr. Gross, Professor of Surgery in Jefferson College, in one and a half months as much information as many of our students derive here from one course on surgery. He supported Dr. Dewar's amendment.

Dr. BERRYMAN wanted to know distinctly what Dr. Aikins meant by three courses in the United States. The courses are very different in different colleges—sometimes four months and even less. Is it right that they should pass three such courses there in lieu of three here, where we are compelled to give one hundred lectures in a course? It was really

offering an inducement to students to go away. It would result in closing our medical schools. He appealed to them to protect the schools of Canada.

The amendment of Dr. BERRYMAN was put and lost.

Dr. DEWAR'S amendment was then voted upon and carried.

Dr. DEWAR moved an amendment to a clause to the effect that candidates be orally examined before the whole Board of Examiners.

Dr. DEWAR stated that it would be only fair to the student and to the examiners that he should be examined orally *before*, and not *by* the whole Board of Examiners. Students are apt to be nervous at such examinations, and he thought it would make matters worse if they were examined by each and every one of the Board. He knew of no teaching body who examined in such a manner.

Dr. CLARKE said he had submitted to an examination by several examiners.

Dr. COVERNTON had also been compelled,—in an oral examination before the London College,—to submit to an examination by three or four examiners. He did not think the students were intimidated at Kingston.

Dr. OLDRIGHT wanted to know if there was any accompanying written examination in those cases mentioned by Drs. Covernton and Clarke.

Dr. COVERNTON said there was no written examination.

Dr. CARSON suggested that a teacher being an examiner should not examine students on a branch that he was not teaching.

Dr. AIKINS wished them to remember that examiners were chosen for their fitness. He never saw a candidate passed around to different examiners. He found that gentlemen who were well up did not, as a rule, fear the examiners, who, though they might, as a matter of courtesy, be allowed to examine, should not be compelled by statute.

The PRESIDENT, who was out of the chair, remarked that he could not endorse Dr. Aikins' idea. He thought that Dr. Dewar and Dr. Aikins ought to withdraw the amendment.

Dr. DEWAR'S amendment was then put and lost.

The original clause passed.

The Committee then rose, reported progress, and asked leave to sit again.

The Council then adjourned till 9 o'clock Friday morning.

## REVIEWS AND NOTICES OF BOOKS.

*Modern Therapeutics. A compendium of Recent Formula and Specific Therapeutical dissections.* By GEORGE H. NAPHEYS, A.M., M.D. one of the Editors of the Half-yearly Compendium of Medical Science, Chief of Medical Clinic of Jefferson Medical College, &c., &c. Philadelphia, S. W. Butler, M.D., Montreal: Dawson Bros.

This is a small work designed to assist the busy practitioner in rapidly putting himself in possession of the principal new facts which have of late been determined with reference to the therapeutics of any given disease, and also in finding precise directions for the best mode of employment of new drugs in different affections. The idea of the work originated, as the author tells us in his preface, from the favourable reception accorded by the profession to his publication in the "Medical and Surgical Reporter" of a "Therapeutical Bulletin" arranged on a similar plan. This plan is not that generally adopted in compilations of formula, to place the applications of and prescriptions for each drug under the heading of such drug, but to make the name of the disease sought to be treated the heading, and under this to bring the different new drugs and modes of application of the same which have recently been brought to the notice of the profession as serviceable in such diseases. The arrangement, we think, is a good one, as it enables one more rapidly and surely to arrive at the information sought for. The subject is divided into eight parts for convenient reference, viz: Diseases I. of the nervous system, II. of the respiratory system, III. of the circulatory system, IV. of the digestive apparatus, V. of the urinary organs, VI. of the blood, VII. of the skin, VIII. Venereal diseases, together with formulæ and doses for hypodermic medication and inhalations, and a short article on the new narcotic hydrate of chloral. In all cases the names are given of the authors or lecturers from whom the statements made are taken and the compiler is not of course at any time responsible for the views advanced. In the majority of cases we cannot fail to agree with the author in the selections he has made from the various modern authorities on any given subject, but there are a few instances in which we think that the perusal of the article by a junior in the profession (and it is especially they who would be guided by such a book) would tend only to mislead as to the real sentiments of the best informed men on these subjects. Some such cases we shall presently cite, but will first point out a few others in which we think the selections made

with care and discrimination and from which we believe valuable information may be obtained in a small compass. For example, under the head of acute rheumatism, that dreadful disease concerning the proper treatment of which every experienced medical practitioner must feel extremely anxious, we have a *resumé* of all the modern plans of treatment together with what is extremely valuable, a short account of the mode of treatment, with results from the same, at each one of the great British Hospitals; concerning the treatment of the skin affections, the prescriptions given are very complete and up to the practice of the day. The use of the rubber cloth cut to fit different portions of the body, strongly recommended by Prof. Hebra of Vienna, in the cure of eczema is brought rather prominently into notice; many others we might give, but these must serve as examples. On the other hand, having looked up the important subject of pneumonia, we confess to having been surprised to find the most prominent plan, to the exclusion of most valuable remedial agents, given to a prescription for ant et pot. tart.  $\frac{1}{4}$  gr. hydrary chlor. mit. gr.  $\frac{1}{2}$ ; every five or six hours, only to be discontinued when the gums begin to get sore, we do not think this is in accordance with "modern therapeutics." Again we find under the title of gastric ulcer, an affection for which much can be done in the way of alleviating many of the distressing symptoms caused by it, that only one formula is given, viz.: A pill composed of argent. nitrat. and ext. opii. which is not at all "modern" and inferior to many other remedies. A curious passage is to be found in the article on hypodermic medication. In treating of the use of morphia in this way it is stated that the average dose ranges from  $\frac{1}{8}$  gr. to  $\frac{3}{4}$  gr. which of course is perfectly correct; then under the caption of *cautions* to be observed in its use by this method, great stress is laid upon the care to be taken to avoid injecting the solution directly into some of the superficial veins; to back up this strong caution, the experience of one Dr. Messbaum is adduced; this worthy injected hypodermically into himself, *two grains* of acetat of morphia and as he states "felt as if he should die in a few minutes;" the only wonder is that he did not. The same person states "during the last two months I have undergone a frightful experience, twice in my own person and three times in the case of my patients." This "frightful experience" is attributed by Dr. Messbaum to the accidental penetration of a superficial vein by the nozzle of the syringe, but we are strongly of opinion (though aware that alarming results have on very rare occasions followed the hypodermic use of morphia even in very moderate doses) that in his cases it resulted almost entirely from the excessive dose. Although this view is stated in a foot note yet we think altogether too much prominence

has been given to the want of success of one person in the use of the hypodermic syringe, and we fear that such undue stress having been laid upon this almost imaginary danger would tend to deter many, who have not had much experience in this way of giving morphia, from its more frequent employment and thus deprive them of a very powerful method of using the narcotic and a method which in many cases cannot be replaced. Altogether, though the book has faults and is by no means perfect, still it is worth having and on very many subjects will well repay perusal.

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*A Practical Treatise on Mechanical Dentistry.* By JOSEPH RICHARDSON, D.D.S., M.D., formerly Professor of Mechanical Dentistry and Metallurgy in the Ohio College of Dental Surgery: Second edition very much enlarged, with one hundred and fifty-nine illustrations: Philadelphia: Lindsay and Blackiston. Montreal: Dawson Bros. 1869.

The subject of this work being the *mechanical* measures with which it is necessary to be acquainted before being able to do the work of a practical dentist, we confess we do not feel so much at home in passing an opinion upon it as if it had to do with topics related to actual surgery. This much, however, we may say, viz: that as a text-book, or book from which the beginner may learn the art from its commencement, it has always stood well with the dental profession both in the United States and in Canada; and as far as we are able to judge it is likely to sustain the good opinion the public have formed of it. This is the second edition, and the additions made since the last, bring it down to the present day. The last chapters of the book are devoted to a description of an apparatus for the closure of cleft palate, for which considerable success is claimed. We do not believe however that the results obtained from wearing any such instrument have ever equalled and doubt if they ever will equal, those got from a successful operation for staphylorrhaphy. In this opinion, we are fully borne out by recent writers on this subject in the mother country and in Europe, when the operation for closing the cleft palate has been more frequently practised than in America, and the results have favourably borne out the opinions first entertained of it by Roux, Dieffenback, Warren and others.

## PERISCOPIC DEPARTMENT.

## Midwifery and Diseases of Women and Children.

## REFLEX VOMITING DURING GESTATION SUCCESSFULLY TREATED BY BROMIDE OF POTASSIUM.

A young woman, advanced five months in her first pregnancy, came under treatment, having fallen upon the ice, striking upon and bruising her right knee. Shortly after, she felt faint and sick, and lost three or four ounces of blood from the vagina. The second day after the fall she was taken with labor pains. It was at this time that Dr. S. was summoned; on examination found the os undilated, the surrounding parts considerably tender and inflamed. Opiates soon relieved the pains, and she had a good night's rest. The next day severe vomiting occurred, which all ordinary remedies failed to quiet. The patient seemed at death's door; still vomiting; could take nothing into the stomach which would be retained. Dr. Spear resolved at last to have recourse to bromide of potassium; ordered it in ten grain doses every hour. The relief was immediate; five doses were given. Vomiting was arrested, and the patient rapidly recovered, still going on with her pregnancy as if nothing had occurred.—*Journal of the Gynecological Society of Boston.*

## Medicine.

## HOW OPIUM CONTRACTS THE PUPIL.

By NATHANIEL ALCOCK, L.C.P.I., Assistant-Surgeon 35th Regiment.

Experiment has taught that division of the third nerve causes extreme dilatation of the iris, and section of the sympathetic its intense contraction, proving thereby that these nerves are antagonistic. The apparently excessive action of either on the removal of the influence of one shows that, in the natural condition, their powers are balanced, but subject to continual variation by calls for additional exertion of nerve force, animal or organic, arising out of collateral requirements.

That the circular fibres of the iris, though supplied by branches of a voluntary motor nerve, should be beyond the control of the will, is intelligible from the fact that they are opposed in the radiating fibres by an equal nervous power coming from an involuntary source, and that the effort of the will is unable to call forth such excess of force as can overcome the resistance. Omitting, then, the results of paralysis of either nerve, which are obvious, contraction of the pupil is but the excess of active motor power over natural tension.

Dilatation is the excess of tension over the active motor power. The former is produced by inflammatory irritation of the brain, by mechanical stimulus applied to the third nerve, and by tetanus. The latter succeeds compression of the brain and epilepsy, in which "the pupils are dilated during the fit, and it is very remarkable how this is associated purely with the epileptic condition." (Dr. Wilkes, *Medical Times and Gazette*, January 16, 1869.)

The influence of the sympathetic on the iris is analogous to its recognised office of preserving the tone or natural tension of the capillaries. The paralysis caused by its section allows dilatation of the capillaries and contraction of the pupil, the third nerve being then unresisted; while its irritation, as in epilepsy, produces contraction of the capillaries and dilatation of the pupil, the third nerve being overcome by the extra nerve-power evolved. By this can be explained the varied actions of those different drugs which are grouped under the head of narcotics, and hence may be derived an index of their value and appropriateness in the treatment of disease. The familiar symptom of contracted pupil in poisoning by opium, and the same effect more recently produced by Calabar bean, demonstrate that in these drugs we possess powerful sedatives of the sympathetic system, which can thus relax the capillaries, a consequence long since admitted by the use of the former in full doses to cut short the first stage of ague, and of late by the administration of the latter to combat the condition of tetanus. On the other hand, the dilatation of the pupil induced by belladonna and hyoseyamus shows that by these substances we are afforded means probably of narcotising the motor tracts, but more certainly of stimulating the sympathetic to increased action, thereby lessening the calibre of the capillaries and dilating the pupil.

A case, copied from the *Medical Record* by the *Medical Press and Circular*, March 24, 1869, in which the poisonous effects of subcutaneous injection of morphia were counteracted, when life seemed extinct, by a similar use of solution of atropia, proves that these are antidotes. The antagonism of nicotine to strychnia is probably also thus explained.

Eliminating, then, the consequences of paralysis, the state of the pupil furnishes us with an index for recognising the narcotism or stimulation of either of the two great nervous centres, the animal or organic. Out of this reasoning arises the question whether the accepted theory, "that the brain during sleep is anæmic," be not open to doubt, which I hope to discuss in another paper.

North Fort, Liverpool.

# Canada Medical Journal.

MONTREAL, MAY, 1870.

## THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA AND THE DRUGGISTS.

At the semi-annual meeting of the College of Physicians and Surgeons of Lower Canada, held in this city, on the 10th May, instant, a petition was presented by certain druggists doing business in this city, requesting the privilege of enregistration, without the necessary curriculum demanded by the College, on the plea that they had been in actual business before the passing of a certain Act which bears on this point. It was decided that the College had no legal authority to grant the petition, but it was determined to seek for that authority from the Legislature.

This action of the Druggists was brought about, in consequence of the difficulty they found in obtaining an Act of Incorporation, which would be of service to them, at the last session of the Provincial Parliament of Quebec, as much stress was laid on the fact that nearly all those who sought to obtain legislative incorporation were actually practising their professions as druggists and apothecaries without license. This has induced us to search out the various Acts bearing on the question of license of druggists and apothecaries, to practice their profession in Lower Canada or the Province of Quebec.

In the year 1847, the Physicians and Surgeons of Lower Canada sought and obtained an Act of Incorporation. Up to this period, the profession had been regulated by a certain Act or Ordinance passed in the 23th year of his late Majesty King George III, Cap. 8. This act or ordinance was repealed by the Act of 1847, except that portion which related to the selling, vending or distributing by retail of medicines in Lower Canada.

This was done purposely to give the druggists and apothecaries an opportunity of securing an Act for themselves. If our readers will refer to the medical journal of that day "the British American Medical Journal," Vol. 3, page 109, they will find the following editorial remarks under the caption of "The Incorporation of the Medical Profession of Lower Canada:"

“In consequence of a strong remonstrance on the part of the druggists and apothecaries of this city, and the assurance given by them, that they would forward a measure for their own incorporation as a Pharmaceutical Society, at the ensuing session of the Legislature, all the clauses of the Bill relating to them have been expunged. We have not the slightest objection to this proceeding on their part; for we have long thought that, considering their number, their respectability and the specific objects of their pursuits, they should be specially endowed with powers peculiar to themselves.”

According to the Act of 1847, Cap. 71, Consolidated Statutes of Lower Canada, Section 4. “The said board of governors shall be the the Provincial Medical Board, in which capacity they shall meet for the examination of candidates, &c.” Thus the functions of the Provincial Medical Board were continued, and vested in the College of Physicians and Surgeons, and they were the legally constituted body to carry out the remaining portions of the Act and Ordinance passed in the 28th year of his late Majesty, King George III, which had reference to the licensing of druggists and apothecaries.

The druggists and apothecaries missed their opportunity, and neglected to obtain an Act of incorporation; doubts arose as to the validity of the license of the College of Physicians and Surgeons so that very few of those engaging in business sought and obtained the license. This was regarded as a great oversight, and, inasmuch as the druggists continued to ignore the College, and, furthermore, failed to submit a Bill for the management of their own affairs, the College sought and obtained an amendment to their Charter. This Act, which was assented to on 30th June, 1864, may be found at chapter 51, of the Statutes of 1864. By the provisions of this Act, “section sixteen of Cap. 71, Consolidated Statutes of Lower Canada, is hereby repeated, and the following shall be substituted therefore, and read in lieu thereof:

“No person whatever shall carry on the business of apothecary, chemist and druggist in Lower Canada, who shall not have obtained a license from the Provincial Medical Board, which license the said Board are hereby authorized to grant to any person applying for the same, who shall have passed such examination in pharmacy as the Board may deem satisfactory.

“And whereas, persons desirous of obtaining licenses to sell and distribute medicine by retail in Lower Canada have from time to time presented themselves before the Provincial Medical Board, and on passing satisfactory examinations have obtained such licenses, and doubts have arisen as to the validity of such licenses, it is enacted that all licenses to

sell and distribute medicines by retail in Lower Canada which may have been heretofore granted by the Provincial Medical Board shall be held to be valid and sufficient, &c. &c."

After the passing of this Act the College after due notice amended their bye-laws. This was in 1865, and the following is the regulation under which the druggists and apothecaries are governed at the present day. It is to be found at clause viii of the Bye-laws, Rules and Regulations of the College of Physicians and Surgeons of Lower Canada as amended July, 1865: "The candidate for Pharmacy must also furnish proof that he has attended at some University, College, or incorporated school of Medicine or Pharmacy, within His Majesty's Dominions, lectures on the following branches:

Chemistry, Materia Medica and Pharmacy,—two six months courses of each.

Botany one three months' course."

This then is the law on this subject as it exists. In the first place we have the Act or ordinances passed in the year 1787, which was continued in force so far as regarded the vending or distributing of drugs by retail, until repealed by the Act of 1864. By the Act of 1864, the Provincial Medical Board are authorized to grant a license to any person applying for the same, who shall have passed such examination in Pharmacy as the Board may deem satisfactory. Such license shall be entered in the books of the College and shall entitle the holder to carry on the business of apothecary, chemist and druggist, in Lower Canada. But there is no mention of a curriculum, still it must be stated that in the Act of 1847, the College of Physicians and Surgeons are authorized to regulate the study of "Pharmacy, by making rules with regard to the preliminary qualifications, duration of study, curriculum to be followed, and age of the candidate applying for license." *Consolidated Statutes of Lower Canada* cap. 71, 1 sec., clause 9.

We think the College of Physicians and Surgeons were wrong in deciding that they had no power to act in the matter of examination, and it will be a farce to seek from the Legislature powers which they have held since the year 1864.

On the other hand the druggists and apothecaries are in anything but an enviable position and such of them who do not hold a license would perhaps find it a matter of legal difficulty to enter a court of law to recover a just debt for medicines distributed and sold. If in any case a plea was filed that the plaintiff was unlicensed, the case would be dismissed, a ruling which has been held by several judges in cases where

medical practitioners have sued for recovery of their bills for professional services rendered, without holding the legal authority of license.

With regard to the apothecaries and druggists obtaining an Act of Incorporation, we most fully endorse the views held by the late talented editor of the *British American Medical Journal* in the editorial remarks quoted above with this addition that twenty-three years have more than quadrupled their number, and that the druggists and apothecaries of this part of the Dominion are as a class reliable, trustworthy and thoroughly conversant with the details of their profession. A large number of these gentlemen have no license, but this can easily be remedied. We certainly think that as a scientific body they are quite capable of managing their own affairs; there may have been objections to the bill which was submitted to the Legislature last session, but we sincerely trust that they will endeavour to frame a bill which will be of general use, as they are too important a body to be left without legislative protection. It is in everyway desirable that they should be incorporated, nor can we see what just grounds can be urged against their having the management of their own affairs.

We have taken some considerable trouble in searching up the various Acts with a view of thoroughly ventilating this subject and shall be happy to receive for publication the opinions of any of the gentlemen interested in this matter.

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The *Lancet* of May 14th, says: "Dr. Matthews Duncan, will we understand, succeed to the professional chair in the University of Edinburgh, vacant by the death of the late lamented Sir James Simpson."

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We have received the Annual announcement of the Medical Faculty of McGill University for 1870-71. The Session will open on Monday, the 3rd of October, at Eleven a.m.

*REPORT of Cases treated at the St. John "General Public Hospital"  
for the year ending 31st December, 1869.*

DISEASES.	Admitted.	DISCHARGED.					Died.	Remaining.
		Cured.	Relieved.	By request.	Disorderly.	Incurable.		
Abscessus.....	9	8						1
Anosmia.....	3	3						
Aneurisma Aortic.....	1							
"    Tranm.....	1							1
Anchylosis.....	3		3					
Anthrax.....	1	1						
Amenorrhœa.....	12	2						
Asthma.....	1							1
Ambustio.....	6	5	1					
Arthritis.....	1		1					
Bronchitis.....	6	5	1					
Bursitis.....	1	1						
Chlorosis.....	1	1						
Cataracta.....	1					1		
Contusio.....	2	2						
Cerebritis Ch.....	1					1		
Carcimona Pylor.....	1						1	
"    Manma.....	1			1				
"    Linz.....	1							
"    Femeris.....	1	1	1					
Caries Sternun.....	1	1	1					
"    Femeris.....	1		1					
Constipatio.....	1	1						
Conjunctivitis.....	5	3	2					
Cicatrix.....	1	1						
Delirium Tremens.....	7	5		2				
Diphtheria.....	1						1	
Diarrhœa.....	2	2						
Debilitas.....	3	2	1					
Dyspepsia.....	1		1					
Epithelioma.....	1	1						
Erysipelas.....	3	2						1
Embolismus.....	1						1	
Epilepsia.....	3	2	1					
Enteritis.....	1						1	
Eczema.....	2	2						
Ebriositas.....	3	3						
Febris Typh.....	14	13					1	
"    Interm.....	1	1						
Fractura Humeris.....	3	1	1					2
"    Radins.....	2	2						
"    Cast.....	4	4						
"    Tib. Co.....	1	1						
"    Tib. et Fil.....	3	1	1					2
"    Maxillœ.....	1	1						
"    Ilum.....	1	1						
"    Femer. Co.....	1						1	
"    Clavicle.....	1	1						
"    Patella.....	1	1						
"    Metatarsus.....	1	1						
Gelatio.....	4	3						1
Gastritis.....	3	2		1				
Hematemesis.....	1	1						
Hysteria.....	5	5						
Hepatitis.....	2	1					1	
Hemoptysis.....	1		1					
Hernia.....	2	2						
Hydrocœde.....	1	1						
Herpes.....	1	1						
Hœmorrhoides.....	1			1				
Hydrocephelus.....	1		1					
Iritis.....	2	2						
Icterus.....	2	2						
Luxatio Humeri.....	1	1						
"    Femeris.....	1	1						

## REPORT, &amp;c.—Continued.

DISEASES	Admitted.	DISCHARGED.					Died.	Remaining.
		Cured.	Relieved.	By request.	Disorderly.	Incurable.		
Metritis.....	1	1						
Melancholia.....	2		2					
Morbus Coxa.....	4	2	1					1
“ Brightii.....	1						1	1
“ Cordis.....	3		1				2	
Menorrhagia.....	1				1			
Neuralgia.....	2							
Necrosis.....	8	3	4					1
Ozæna.....	1	1						
Ophthalmia.....	2	1						1
Orchitis.....	1	1						
Paralysis.....	13	1	7	1		2	1	1
Phthisis.....	18		6	1		1	7	8
Pleuritis.....	1						1	
Prostatitis.....	1	1						
Pneumonia.....	14	10	1				2	1
Prolapsus Lim.....	2	1	1					
Poisoning Opium.....	2	2						
Periostitisi.....	1	1						
Rheumatism.....	13	10	1					2
Rubrola.....	11	10					1	
Scabies.....	4	4						
Subluxatio.....	1	1						
Syphilis.....	17	11	3					3
Scarlatina.....	9	6					3	
Synovitis.....	4	3	1					
Tonsillitis.....	2	2						
Tetanus.....	1						1	
Ulcus.....	14	9	3					2
Vulnus.....	14	12	2					
Total.....	314	200	50	7	1	5	26	25

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Absence on the Frontier during the Fenian raid, has delayed the issue of this number. A quantity of original matter received is also crowded out.